CAPABILITY 14: Responder Safety and Health

The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

This capability consists of the ability to perform the following functions:
- **Function 1**: Identify responder safety and health risks
- **Function 2**: Identify safety and personal protective needs
- **Function 3**: Coordinate with partners to facilitate risk-specific safety and health training
- **Function 4**: Monitor responder safety and health actions

**Function 1: Identify responder safety and health risks**

Assist in the identification of the medical and mental/behavioral health risks (routine and incident-specific) to responders and communicate this information prior to, during, and after an incident.

**Tasks**

This function consists of the ability to perform the following tasks:

- **Task 1**: Prior to an incident, identify the medical, environmental exposure, and mental/behavioral health risks that may be faced by staff responding to the public health incident in conjunction with partner agencies and based on jurisdictional risk assessment. *(For additional or supporting detail, see Capability 1: Community Preparedness)*

- **Task 2**: Prior to an incident, identify subject matter experts and other informational resources that can be used by public health staff to make health and safety recommendations to the Incident Safety Officers or lead agency.

- **Task 3**: Prior to an incident, and as applicable during an incident, work with subject matter experts to develop information on potential acute and chronic health conditions that may develop/occur during and after an exposure.

- **Task 4**: In consultation with the Incident Safety Officer and subject matter experts, participate in the formulation of recommendations to the Incident Commander regarding responder-specific risks to be addressed in incident action plans.

- **Task 5**: Distribute safety materials to public health responders through daily briefings at the onset of, and throughout an incident, in consultation with the Incident Safety Officer and jurisdictional subject matter experts. *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning)*

**Performance Measure(s)**

At present there are no CDC-defined performance measures for this function.

**Resource Elements**

*Note: Jurisdictions must have or have access to the resource elements designated as Priority.*

**P1: (Priority)** Written plans should include documentation of the safety and health risk scenarios likely to be faced by public health responders, based on pre-identified jurisdictional incident risks, which are developed in consultation with partner agencies (e.g., environmental health, occupational health and safety, jurisdictional Local Emergency Planning Committee, risk-specific subject matter experts). This documentation should include the following elements:

- Limits of exposure or injury necessitating response
- Job-specific worker safety guides (e.g., radiation, heat, fire, and infrastructure damage resulting in other chemical release)
- Potential for post-event medical and mental/behavioral health follow-up assessments

**Suggested resources**

- Environmental Protection Agency guidelines: [http://www.epa.gov/radiation/rert/pags.html](http://www.epa.gov/radiation/rert/pags.html)
- Jurisdictional National Weather Service Office: [http://www.weather.gov/stormready/contact.htm](http://www.weather.gov/stormready/contact.htm)
P2: **(Priority)** Written plans should include documentation that identifies public health roles and responsibilities related to the jurisdiction's identified risks, that was developed in conjunction with partner agencies (e.g., state environmental health, state occupational health and safety, and hazard-specific subject matter experts) and emergency managers. This documentation should identify the protective equipment, protective actions, or other mechanisms that public health responders will need to have to execute potential roles. Roles for consideration may include the following elements:

- Conducting environmental health assessments
- Potable water inspections
- Field surveillance interviews

Recommend inclusion of the following groups, at a minimum:

- State versions of Environmental Protection Agency
- State Radiation Control Programs: [http://www.crcpd.org/Map/RCPmap.htm](http://www.crcpd.org/Map/RCPmap.htm)
- State Occupational Safety and Health Agency

**Suggested resources**

- Jane’s Chem-Bio Handbook
- American Conference of Governmental Industrial Hygienists Threshold Limit Values and Biological Exposure Indices Guide
- CDC Radiological Terrorism: Just in Time Training for Hospital Clinicians: [http://emergency.cdc.gov/radiation/justintime.asp](http://emergency.cdc.gov/radiation/justintime.asp)
Function 1: Identify responder safety and health risks

Resource Elements (continued)

S1: Public health staff who will participate in planning for responder risks (e.g., planners, environmental health staff, preparedness staff, and epidemiologists) should have awareness-level training on population monitoring to identify risks and recommendations for personal protective equipment.

S2: Public health staff participating in the role of Incident Safety Officer should take the National Incident Management System ICS-300 course.

S3: Public health staff participating in responses where Level A equipment is to be used should have Level A awareness and technical response training.

E1: Have or have access to Level D basic safety equipment, such as the following:
- Coveralls
- Gloves
- Boots/shoes, chemical-resistant steel toe and shank
- Boots, outer, chemical-resistant (disposable)
- Safety glasses or chemical splash goggles
- Hard hat
- Escape mask
- Face shield
- N95 or dust masks (surgical masks)

If participating in a clinical scenario, public health staff should have or have access to standard precautions, including gloves, gowns, and masks and goggles or face shields.

Suggested resources
- Occupational Safety and Health Administration, general description and discussion of the levels of protection and protective gear: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9767

Function 2: Identify safety and personal protective needs

Coordinate with occupational health and safety and other subject matter experts, based on incident-specific conditions, to determine the necessary personal protective equipment, medical countermeasures, mental/behavioral health support services and other items and services, and distribute these, as applicable, to protect the health of public health responders.

Tasks
This function consists of the ability to perform the following tasks:

Task 1: Prior to an incident, and as applicable during an incident, work with subject matter experts (e.g., state environmental health, state occupational health and safety, hazard-specific subject matter experts, and emergency managers) to identify responder safety and health resource requirements (e.g., equipment needs).

Task 2: Prior to an incident, and as applicable during an incident, and in conjunction with subject matter experts, formulate recommendations to public health responders regarding personal protective equipment that are consistent with local jurisdictional requirements.

Task 3: Coordinate with partner agencies to provide medical countermeasures and/or personal protective equipment to public health responders, if indicated by the incident. (For additional or supporting detail, see Capability 8: Medical Countermeasure Dispensing)
CAPABILITY 14: Responder Safety and Health

Function 2: Identify safety and personal protective needs

Performance measure(s)
At present there are no CDC-defined performance measures for this function.

Resource Elements
*Note: Jurisdictions must have or have access to the resource elements designated as Priority.*

**P1: (Priority)** Written plans should include recommendations for risk-related personal protective equipment for public health responders that have been developed in conjunction with partner agencies (e.g., state environmental health, state occupational health and safety, and risk-specific subject matter experts).

Suggested resources

**P2:** Written plans should include processes (either led by public health agency or delivered via partnerships with the appropriate lead agency, i.e., state/local occupational safety and health lead) that assure that public health responders are fit-tested and medically cleared to use personal protective equipment indicated for their particular response role, both prior to and at the time of the incident.

**P3:** Written plans should include protocols and processes to access (e.g., through mutual aid agreements or other mechanism) backup/cache equipment for incident response, including identifying sources of additional equipment and expertise both within and outside of the jurisdiction. These protocols and processes should follow emergency management request procedures. *(For additional or supporting detail, see Capability 9: Medical Materiel Management and Distribution)*

**E1: (Priority)** Have or have access to personal protective equipment that is consistent with the identified risks in the jurisdiction and associated job functions of public health response personnel. This equipment should meet nationally recognized standards as defined by the InterAgency Board for Equipment Standardization and Interoperability (https://iab.gov).

Note: If public health departments elect to purchase personal protective equipment for their responders, they must follow state, Occupational Safety and Health Administration, CDC’s National Institute for Occupational Safety and Health, and other applicable regulations regarding the storage, dissemination, fit testing, and maintenance of such personal protective equipment.

Suggested resource

Function 3: Coordinate with partners to facilitate risk-specific safety and health training

In conjunction with partner agencies, facilitate the inclusion of risk-specific physical safety, mental/behavioral health, and personal protective equipment topics (based on jurisdictional risk assessment) into public health responder training to prepare responders for the incident.
CAPABILITY 14: Responder Safety and Health

Function 3: Coordinate with partners to facilitate risk-specific safety and health training

Tasks
This function consists of the ability to perform the following task:

Task 1: Prior to an incident, and as applicable during an incident, work with subject matter experts to determine/recommend risk-specific training (both training for protective actions as well as training for response to exposure or injury).

Performance Measure(s)
At present there are no CDC-defined performance measures for this function.

Resource elements
Note: Jurisdictions must have or have access to the resource elements designated as Priority.

S1: (Priority) Public health staff required to use N-95 or other respirators as part of their response role should undergo respiratory function testing.

Suggested resources
- Professional Training and Certification in Spirometry Testing and Respiratory Health Surveillance, a National Institute for Occupational Safety and Health-approved Program for Health Professionals
- National Institute for Occupational Safety and Health Spirometry Initial Training and National Institute for Occupational Safety and Health Spirometry Refresher Course

S2: (Priority) Public health staff that perform responder functions, as well as staff identified as surge-capacity personnel, should have documentation of training, with documentation updated a minimum of once per year. Documentation should include training date and manner of delivery (e.g., formal training or “train the trainer”). Formal training examples include CDC courses and CD or DVD-based courses, with completion verified by a formal demonstration.

S3: Awareness and technician refresher courses depending upon responder role. [Public health staff participating in HAZWOPER incidents should have Occupational Safety and Health Administration HAZWOPER initial 40 hour and annual 8 hour refresher training (OSHA 29CFR 1910.120).]

Function 4: Monitor responder safety and health actions

Conduct or participate in monitoring and surveillance activities to identify any potential adverse health effects of public health responders.

Tasks
This function consists of the ability to perform the following tasks:

Task 1: Conduct or participate in exposure, mental/behavioral health, and medical surveillance of public health incident responders before, during, and after an incident. (For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)

Task 2: Coordinate with healthcare partners to facilitate access to and promote the availability of medical and mental/behavioral health services for responders, either on-site or off-site as applicable to the incident.

Task 3: Provide guidance to partner organizations to help conduct monitoring of any responder staff for medical/mental/behavioral incident-related health outcomes.

Task 4: Utilize surveillance data and other applicable inputs from partner agencies to provide recommendations or considerations for any changes related to the use of personal protective equipment (e.g., to alter, suspend, or terminate any activity or personal protective equipment usage judged to improve the outcome or be an imminent danger or immediately dangerous to life and health). (For additional or supporting detail, see Capability 6: Information Sharing)
**Function 4: Monitor responder safety and health actions**

**Tasks (continued)**

**Task 5:** Support the Public Information Officer and partner agencies to implement risk-communication strategies that communicate risks to responders after the completion of the acute phase of an incident. Include risks known pre-incident and those discovered during and after the acute phase. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination and Capability 4: Emergency Public Information and Warning)*

**Performance Measure(s)**

At present there are no CDC-defined performance measures for this function.

**Resource Elements**

*Note: Jurisdictions must have or have access to the resource elements designated as Priority.*

**P1:** *(Priority)* Written plans should include process and protocols for how the public health agency, in conjunction with lead partners (e.g., occupational health and safety) will participate in surveillance activities to monitor levels of environmental exposure, environmental effects on the responders, and/or incident-related injuries. *(For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)*

Suggested resources

- NIOSH Deepwater Horizon Initial Roster Form: [http://www.cdc.gov/niosh/topics/oilspillresponse/pdfs/NIOSH-Roster-Form-English-051210.pdf](http://www.cdc.gov/niosh/topics/oilspillresponse/pdfs/NIOSH-Roster-Form-English-051210.pdf)
- Procedures for Recruiting Volunteers for Investigative Studies from the NIOSH Deepwater Horizon Response: [http://www.cdc.gov/niosh/topics/oilspillresponse/recruiting.html](http://www.cdc.gov/niosh/topics/oilspillresponse/recruiting.html)

**P2:** Written plans should include a process or protocol to coordinate with partner agencies for medical-readiness screening of potential public health responders at the time of an incident to detect symptoms that may affect medical readiness (e.g., cough, cold, heat stress, and emotional stress).

Suggested resources

- Medical Pre-Placement Evaluation for Workers Engaged in the Deepwater Horizon Response: [http://www.cdc.gov/niosh/topics/oilspillresponse/preplacement.html](http://www.cdc.gov/niosh/topics/oilspillresponse/preplacement.html)
- Medical Pre-Placement Evaluation Indicators for Health Professionals: [http://www.cdc.gov/niosh/topics/oilspillresponse/indicators.html](http://www.cdc.gov/niosh/topics/oilspillresponse/indicators.html)

**P3:** Written plans should include a process and protocols for how the public health agency (in conjunction with lead healthcare and mental/behavioral health partners) can promote the availability of medical and mental/behavioral health services.

**E1:** *(Priority)* Have or have access to a registry database of responders who were exposed and/or injured during an incident. This database should be updated at a frequency appropriate to the incident.