2016 Force Protection: Health and Safety Plan [HASP][1]

Office of Emergency Management

Operational Medicine Program
National Disaster Medical System

Authorized: January 1, 2016
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(Version 1.0 December 18, 2015)

[1] This plan is intended for use by National Disaster Medical System staff only. It is being shared through ASPR TRACIE as an example of a federal agency occupational health and safety plan.

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Certification Statement

The use of PPE has been assessed for operations covered under this HASP, as required by the Occupational Safety and Health Administration (OSHA) at 29CFR1910.132 (d), and this review is so certified by the OEM/NDMS Safety Officer, Joseph A. Cocciardi, PhD, MS, CSP, CIH, REHS/RS, on December 18, 2015.

The OEM/NDMS Respiratory Protection Program meets the requirements of the U.S. Department of Labor; OSHA; as specified at 29CFR1910.134 (Respiratory Protection), and is adopted by reference to this HASP.

The OEM/NDMS Infection Control Program meets the requirements of the U.S. Department of Labor, OSHA, as specified at 29CFR1910.1030 (Bloodborne Pathogens), and is adopted by reference to this HASP.

The OEM/NDMS Protection of Workers from Ionizing Radiation Program meets the requirements of the U.S. Department of Labor: OSHA, as specified at 29CFR1910.95 (Ionizing Radiation) and is adopted by reference to this HASP.

The OEM/NDMS Exposure Assessment Program meets the requirements of the U.S. Department of Labor: OSHA, as specified at 29CFR1910.1020 (Access to Employee Exposure & Medical Records) and is adopted by reference to this HASP.

This HASP meets the requirements of the U.S. Department of Health & Human Services (HHS); Occupational Safety & Health Manual (12/31/2013).

This HASP meets the requirements of the U.S. Department of Labor, OSHA for Emergency Response Plans for Operations covered by the Hazardous Waste Operations and Emergency Response Standard (HAZWOPER) AT 29CFR1910.120.(q).

Joseph A. Cocciardi PhD, MS, CIH, CSP, REHS/RS — December 18, 2015

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December 18, 2015

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2015 Force Protection: Health and Safety Plan [HASP]

SECTION A: INTRODUCTION:

This Health and Safety Plan (HASP) outlines the basic safety and health requirements for the U.S. Department of Health and Human Services (HHS) workers involved in response and recovery operations during the **2016 Response Season[2].** The HASP provides requirements for worker safety and health protection at mobilization, IRCT, and Field Operation sites, including pre-event staging, development of Bases of Operation and Federal Medical Stations and ongoing Medical Response and Support actions including Disaster Mortuary Operations performed by Disaster Mortuary Operations Response Team(s) (DMORT), and Disaster Veterinary Operations performed by National Veterinary Response Team(s) (NVRT). It includes site characterization and decontamination requirements for operations adjacent to CBRNE events or potential events, and as such meets OSHA Emergency Response Plan requirements for Hazardous Waste Operations and Emergency Response (HAZWOPER), for appropriately trained and certified teams (DMORT-WMD). Individual Unit Safety Officers are responsible for implementation of this HASP, including site-specific procedures to protect their employees and patients.

This HASP was developed using risk management principles to provide the greatest level of protection for the greatest number of workers at risk. Specific operations or locations may contain actual or potential hazards not considered in this HASP and may require greater level(s) of protection. It is the responsibility of each field location/team commander to designate a SAFETY OFFICER (competent person[3]) to assess and implement this HASP prior to initiating response activities, and identify site specific safety requirements. Technical support for Safety Officers is provided by Incident Response Coordination Team (IRCT) Safety Officers, and the Emergency Management Group/Operational Medicine Program: Health and Safety Manager.

The HASP addresses health and safety hazards associated with the 2016 Hurricane Response Season[4]. Specific hazards are identified in a Hazard Evaluation and Risk Assessment (HERA), developed for each response.

[2] This plan is additionally approved for use at HHS/NDMS training activities, such as conducted at the FEMA Training Facility: Anniston, Alabama, as well as other emergent responses.

[3] OSHA defines a "competent person" as "one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them." (29CFR1926.32(f))

[4] The 2016 Pacific Hurricane (typhoon) Season initiates May 1, 2016. The 2016 Atlantic Hurricane Season initiates June 1, 2016. Both conclude on November 30, 2016.

Pre-deployment safety and medical information, training and acclimatization information is found in the HERA for each event.

The HASP addresses the tasks identified in the Worker Safety and Health Support Annex ("WSH Annex") to the National Response Framework (NRF), and follows applicable regulatory guidelines of the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), and U.S. Department of Health and Human Services; Centers for Disease Control and Prevention: National Institute for Occupational Safety and Health (NIOSH).

- **HEALTH & SAFETY PROGRAM MANAGEMENT:**

  Overall coordination of the HASP is tasked to the OEM/NDMS Operational Medicine Program (OPMED) and it is implemented through the ASPR Office of Emergency Management: Emergency Management Group and IRCT Safety Officer(s). Field implementation occurs through team and agency Safety Officers responsible through the chain of command to team leaders. Each field team and agency will assign a qualified Safety Officer[3] for operations conducted under this HASP. An IRCT Chief Medical Officer (CMO) and IRCT Behavioral Health Specialist are assigned to the IRCT and provide technical assistance in the development and implementation of this HASP as required.

- **REPORTING REQUIREMENTS: ACCIDENTS, ILLNESSES AND MAJOR HEALTH AND SAFETY EVENTS:**

  Accidents/illnesses and major health and safety events are reported through the HHS system, with initial investigations occurring by Safety Officers. This protocol is described below, and identified in Table I. Individuals completing HHS/NDMS "Safety 101" receive this information thru training.

  1) Accident occurs and emergent care is provided (onsite) per NDMS-ICS 206. Motor vehicle accident/illness investigations or HHS defined major incident information is provided to IRCT SOFR. EMR entries are completed where appropriate with daily fusion analysis.

  2) Designated SOFR with individual involved, completes investigation and determines OSHA recordability or reportability. OSHA 301 is electronically completed through the Employees' Compensation Operations Management Portal (ECOMP) System, (https://www.ecomp.dol.gov/), for electronic reporting, and is processed for electronic notifications.

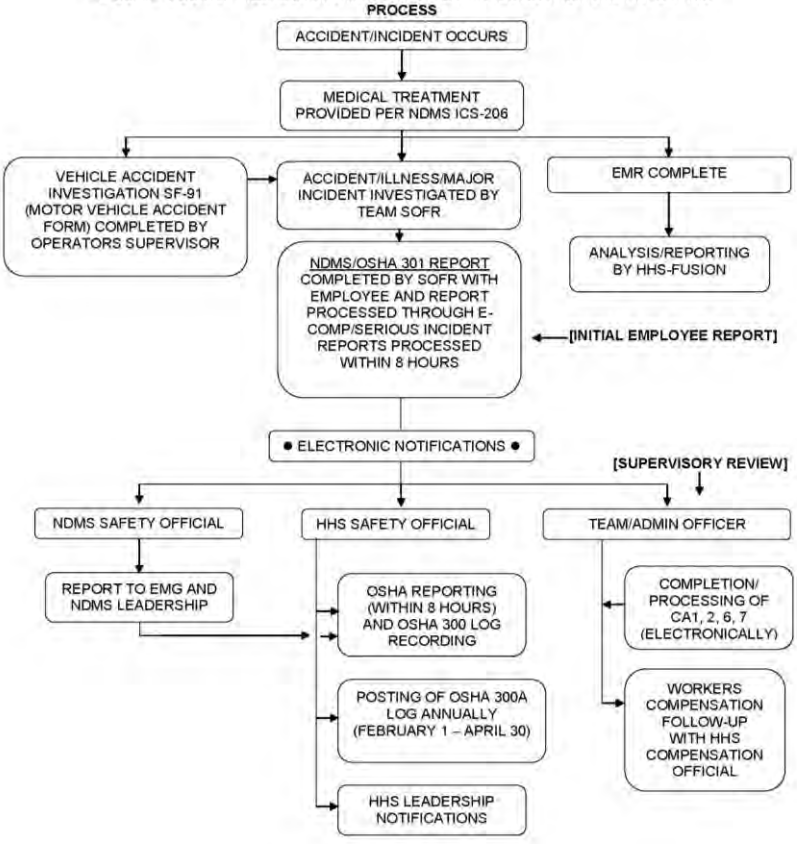
3) All fatalities and catastrophic events are immediately reported through the system to the HHS Chief of Safety per the HHS Policy on serious incident reporting by the NDMS Safety Officer (http://intranet.hhs.gov/occupa_safety/Serious%20Incident%20Reporting.html).

   (Note: For vehicle accidents, a SF-91 is completed and reviewed by the SOFR, vehicle accident reports may not require an OSHA 301, however are reported to the SOFR). Vehicles with greater than $5,000.00 in damage or that are deemed of no value (totaled), regardless of cost, meet the criteria of a serious incident and will be reported to the HHS Chief of Safety per this procedure and HHS Policy on Serious Incident Reporting.

4) Electronic Notifications: Electronic reporting occurs by the employee and is confirmed/processed by the designated SOFR. Notifications occur, and the team level Administrative Officer is electronically notified (for completion of WC forms and follow-up). All reports are processed to the OEM/NDMS Safety Officer and OSHA record-keeper for classification as a recordable or reportable OSHA event.

   This accident investigation process is identified in Table I, below:

TABLE I
"E-COMP" ACCIDENT/ILLNESS AND MAJOR INCIDENT INVESTIGATION AND REPORTING PROCESS



➢ WORKER RIGHTS AND RESPONSIBILITIES:

It is the responsibility of each team/section to provide a safe and healthy workplace. It is the responsibility of employees to comply with established work rules and to use assigned personal protective equipment (PPE).

Responders who identify hazards shall immediately notify their supervisor. **RESPONDERS MAY REFUSE TO PERFORM TASKS THAT PLACE THEM IN IMMINENT DANGER, IF THE PROCEDURE BELOW IS FOLLOWED.** Imminent Danger is defined as, a hazard that puts the responder or others at immediate serious risk of death or physical harm before the danger can be eliminated. If a responder identifies an imminent danger situation, the following procedure must be followed:

- Notify supervisor(s) and request corrective action or request protection until the hazard can be eliminated. Team Safety Officers may assist with this process.
- **Refuse work if imminent danger is not corrected** (an inspection by the IRCT or other appropriate Safety Officer will occur immediately upon any report of imminent danger, to confirm the hazards and applicable corrective action).
- Responders who file complaints will not be subject to discrimination as a result of exercising their rights.

➢ WORK RULES:

All responders must adhere to the following work rules:

- Follow safety and health policies at all times, as issued by HHS and described in this HASP.
- Follow supervisors' instructions and adhere to the chain of command.
- Follow personnel accountability instructions; check-in and check-out, per HERA.
- Obtain vaccinations and medical pre-approval in conformance with the HERA for each deployment, and report vaccination status upon rostering as "available" and check-in to the NDMS response. **It is recommended that all response personnel maintain/carry FORM CDC-731 (formerly PHS-731) INTERNATIONAL CERTIFICATE OF VACCINATION. When deployed internationally, this form is required to be carried.** When carried, FORM PHS-731 should be maintained with NDMS identification cards or U.S. Passport (International Response). Yellow fever vaccine is required to be noted on this card by International Health Regulations.[5] Vaccination requirements for NDMS medical personnel include: Hepatitis B, Seasonal Influenza, and an annual TB Skin test (PPD), for medical personnel and Hepatitis B vaccinations for Logistics personnel who will handle infectious waste. Additional vaccination

[5] World Health Organization (WHO): International Health Regulations, Geneva, Switzerland, 2005.

recommendations are identified in the HERA for each response, and typically include MMR and TDAP immunizations for all deployed personnel.

- Promptly report all injuries, accidents, illnesses and near misses. Seek medical attention as needed. Maintain constant awareness of surroundings.
- Report all unsafe conditions. Do not perform tasks until proper safety and health controls are put into place. Responders may refuse to perform tasks that expose them to an **imminent danger, if the procedure described above is followed.**
- Wear all personal protective equipment (PPE) needed and assigned for the task, as well as the issued NDMS identification card at all times.
- ALWAYS WORK USING THE **BUDDY SYSTEM!** Maintain continuous awareness/contact with assigned BUDDIES.
- Comply with the Prohibition of Tobacco Use in HHS occupied facilities, which prohibits use of all tobacco products at all times, including interior and exterior spaces, parking areas, private, and HHS vehicles. This action complies with the 2009 Family Smoking Prevention and Tobacco Control Act.[6]

SECTION B: EMERGENCY PROCEDURES:

All site SAFETY OFFICERS will develop and train staff and post EMERGENCY and EVACUATION PROCEDURES at team locations or worksites on Form NDMS-ICS-206 and NDMS ICS-208 (See Appendix A), which will minimally include:

- **Medical Emergency Protocol.**
- **ALERTING mechanisms and procedures, EVACUATION SIGNALS, EVACUATION ROUTES and RALLY POINTS (PRIMARY AND DISTANT), and ACCOUNTABILITY procedures and protocol to be implemented in the event staff are unaccounted for.**
- **SHELTER IN PLACE locations and requirements, GO-KIT materials to be taken to shelter in place activities, communications equipment and emergency protocol while SHELTER IN PLACE activities are occurring.**
- **Site specific HAZARDS, SANITATION and SECURITY PROTOCOL.**

SECTION C: JOB HAZARD ANALYSIS (JHA): ICS 215(A) AND HAZARD CONTROL:

Prior to the posting of site specific Form NDMS-ICS-208, a site Hazard Analysis will be completed by Site Safety Officers for each site, minimally complying with this HASP. Safety Officers may strengthen requirements of the HASP if required based on site specific information. The NDMS/ICS-215A will focus on risks to workers as well as patient and responder safety and health. Each identified hazard is addressed with

[6] Public Law III-31: HR 1256: Family Smoking Prevention and Tobacco Control Act.

appropriate mitigation strategies. Any hazard control measures identified by site Safety Officers will be approved by team/site commanders and must be specific, clear, concise, and practical. They will be implemented through training. These are placed on an ICS-215A form (Incident Action Plan Safety and Risk Analysis Form) (See Appendix A); typical to the NIMS system.

- Identified Hazards will be addressed according to the **hierarchy of controls,** listed below in descending order; as required by OSHA:

  - **Elimination** or substitution of less hazardous tasks or materials.
  - **Engineering Controls:** Physical mechanisms to reduce or eliminate exposure to hazards, such as installation of a guard on moving parts OR physical restriction of a work area.
  - **Work-Practice or Administrative Controls:** Work rules or procedures that lessen the probability of an accident, illness or exposure, such as limitations of work hours.
  - **Personal Protective Equipment (PPE):** Provision of protective equipment and garments. This is the least desirable method of protection.

SECTION D: PERSONAL PROTECTIVE EQUIPMENT (PPE):

The use of PPE has been assessed for operations covered under this HASP, as required by the Occupational Safety and Health Administration (OSHA) at 29CFR1910.132 (d), and this review is so certified (See Certification Statement, page iii). Equipment is selected for the hazard and must be properly fitted for the employee. Responders will be trained by SITE/TEAM SAFETY OFFICERS in the equipment's use and limitations, as well as proper donning and doffing techniques. Equipment must be inspected before each use by the user and repaired or replace as needed. PPE shall be maintained and stored in a clear and sanitary manner, as specified by manufacturers of the equipment. Sites shall maintain adequate supplies for timely replacement of lost, worn or broken PPE.

Personal PPE, when allowed, must meet the referenced standards in Table II, below, and will be confirmed as such by Site Safety Officers. Optional use of all respirators, including personal respirators, other than filtering face pieces (i.e. N-95 respirators) is prohibited by this HASP. Prior to optional use of N-95 respirators, site safety officers will perform an evaluation to ensure no additional risk is caused by the respirators use, and provide information as found at 29CFR1910.134: Appendix D (Optional Respirator use) to each employee requesting such use.

Individuals completing HHS/NDMS "Safety 101" or HHS/NDMS "Safety 102" complete OSHA training requirements for HHS/NDMS approved PPE.

The following PPE will be used during response and recovery operations covered under this HASP, for the activities specified:

TABLE II PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS			
ACTIVITY	**LOCATION**	**PPE REQUIRED**	**COMMENTS**
Medical, Veterinary and Mortuary Operations.	All sites.	**Nitrile gloves** or double gloves (Note: Cut puncture resistant gloves required under nitrile gloves for mortuary operations during autopsy), **face/eye protection and N-R-P-95 respirators. N-P-R-95 respirator use is mandatory within 6' of Influenza Like Illness (ILI)** patients OR as otherwise specified by the Safety Officer. All use will comply with the NDMS Respiratory Protection Plan.	Standard Blood borne Pathogen Protocol is required, including universal precaution. Individuals completing HHS/NDMS "Safety 101/102"training complete annual respiration training and fit testing. (Note: Upgrade to P-100 respirators for Ebola patients is authorized and may be approved on-site by the SOFR.)
Mortuary or other approved Operations at CBRNE events. Aerosol generating activities (i.e. Autopsy) proximate to Ebola patients. Tactical Medicine Operations: performed by TAC MED personnel	All Sites: Note: A specific Emergency Response Plan covering mortuary operations relative to CBRNE events may be published. Note: A site specific analysis (NDMS-ICS-215a) will be performed to ensure appropriate	Impervious full body coverage including boots/gloves, as specified by the Site Safety Officer or additional Emergency Response Plan (ERP). PAPR – with CBRNE cartridges [change schedule; 4 hours unless otherwise specified] for	**Level C** operations with PAPR (or full face respirator for TAC MED operations) are approved for this activity, when performed in compliance with this HASP or ERP created for a specific event. Heat stress protocol is required (Section G) for all individuals

TABLE II PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS			
ACTIVITY	**LOCATION**	**PPE REQUIRED**	**COMMENTS**
	equipment is in place for each Tactical Medicine program.	CBRNE activities. PAPR with HE cartridges for Ebola activities [change schedule: 30 days or as breathing resistance is encountered.] Full face negative pressure respirator with CBRNE cartridges for TAC MED operations.	utilizing impervious clothing. Note: The OEM/NDMS Respiratory Protection Program authorized ESCAPE Respirators when approved by the site SOFR, and escape respirator training provided. P-100 respirators are authorized for Ebola activities and other events when approved by the SOFR. Note: Ballistic full body covering eye and face protection is required for TAC MED operations.
Activities requiring foot protection.	Field activities at all sites.	Sturdy closed-toe, ankle supporting ASTM class PR work shoes (puncture resistant).	Note: ASTM Class I/C-75 (Note: [Impact/compression resistance] work shoes are required for Logistics personnel performing equipment movement activities). Work shoes are required to be provided by the responder and are inspected by SOFR prior to each mission.

TABLE II PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS			
ACTIVITY	**LOCATION**	**PPE REQUIRED**	**COMMENTS**
Activities requiring eye/face protection.	A.) Medical/Mortuary Operations where standard BBP precautions are implemented; and all activities where a P-100 respirator is used.	A.) Safety glasses with side shields; Type I; Cat. B-F, ANSI certified or item "C" below.	Safety glasses are approved for particulate material. Upgrade to vented safety goggles is approved for liquids or BBP.
	B.) Medical/Mortuary Operations where standard BBP precautions are implemented and additional protection is identified by trained medical or safety personnel;	B.) Face Shield; Type II; Cat. N.	Face shield (Type II) must be used in conjunction with safety glasses or goggles specified above (Type I).
	C.) Chemical mixing or refueling and Tactical Medicine Operations.	C.) Safety goggles with or without ventilation Type I: Cat. G-K, ANSI certified.	
Activities requiring body protection from bloodborne pathogens or disease causing agents.	Medical Operations/Mortuary Operations, if additional protection is identified as required by trained medical or safety personnel.	Fluid resistant gown or body covering; double gloves if required by Safety Officer. An impermeable apron may be added to this ensemble by the site Safety Officer.	A Heat Stress Program: Section G of this HASP, is required if impervious clothing is utilized. Note: Double gloving may be eliminated by the SOFR if a decontamination procedure does not require it.

TABLE II PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS			
ACTIVITY	**LOCATION**	**PPE REQUIRED**	**COMMENTS**
Activities requiring ballistic body protection.	Tactical Medicine Operations	Ballistic helmets, NOMEX flash resistant full body covering, ballistic rated goggles and body armor.	Body armor will meet NIJ level III requirements.
Activities requiring hand/arm protection.	Medical Operations and Mortuary Operations.	Nitrile, 2 mil gloves.	Gloves must be latex free.
	Mortuary Operations during autopsy.	Cut/puncture resistant ANSI (Cat 3) (minimum gloves, under 2 mil nitrile gloves).	
	Logistics: Equipment Movement.	Puncture/cut resistant ANSI: Cat 3 (minimum) gloves.	Personal work glove must meet this standard, and be approved by the Site Safety Officer. These may be provided by the responder.
Activities requiring reflective clothing.	Activities on or adjacent to roadways or vehicle movement activities.	ANSI – Class I Covering	Responders are separated from traffic; <25 mph).
		ANSI – Class II Covering	Traffic areas; <50 mph
		ANSI – Class III Covering	Traffic areas; >50 mph

SECTION E: HEALTH AND SAFETY TRAINING:

All personnel engaged in response operations and others as identified will receive initial/annual safety training designated by HHS/NDMS[7] as “Safety 101” or “Safety 102”.

[7] Personnel who complete certification and testing of HHS/NDMS “Safety 101/Safety 102” complete OSHA required initial and annual training, including those applicable to Hazard Communication (29CFR1910.1200); Hazardous Waste Operations and Emergency Response Awareness (29CFR1910.120)[3]; Personal Protective Equipment (29CFR1910.132) and Bloodborne Pathogens (29CFR1910.1030) as well as general HHS safety and accident/illness prevention and reporting. Didactic training on the use of respirators and fit testing must be completed in the field.

Additionally deploying personnel, will receive training specific to the site/operation being performed by the Site/Team Safety Officer. Minimally, this training will include:

- **Emergency** procedures, **EVACUATION SIGNALS** and **PRIMARY** (immediate) and **SECONDARY** (distant) **RALLY POINTS** for emergency situations, and **SHELTER IN PLACE** procedure.
- **Accountability** procedures both during typical operations and subsequent to evacuations.
- **Specific Safety, Health, Sanitation and Security** Procedures, as specified in this HASP or identified on Form NDMS-ICS-208. This includes Hazard Communications information on hazardous chemicals on site.

Site-specific training includes an overview of conditions specific to the locales where the responder will be deployed.

- **SAFETY MESSAGES,** developed by the Site Safety Officer, will be briefed daily to ALL staff. **SAFETY MESSAGES** may be provided by the IRCT Safety Officer and are also found in the daily IAP. **SAFETY BULLETINS** are issued by the NDMS Operational Medicine Program developed for theatre wide distribution.

SECTION F: GENERAL SAFETY AND HEALTH REQUIREMENTS:

➢ HAND AND POWER TOOLS:

Tools shall be inspected prior to use by the **Logistics Section.** Damaged or defective tools shall be repaired or taken out of service. Tools shall be used only for their intended purpose.

Ladders shall be inspected prior to use by the **Logistics Section.** Damaged or defective ladders shall be taken out of service.

➢ ILLUMINATION:

Minimum illumination of all walkways/exit passageways shall be 5 foot candles. **Minimal illumination of all work surfaces, including areas where medical operations are performed, shall be 30 foot candles.** All other work areas shall be lit minimally to 10 foot candles. The IRCT Safety Officer can provide access to testing equipment.

➢ IONIZING RADIATION:

This section implements the HHS/NDMS policy on protection of workers from ionizing radiation. Individuals in areas where X-Ray equipment will be used will be offered the following protection:

- Female workers will be provided an opportunity to declare PREGNANCY (and this declaration will be documented by the Team Medical Directors).
- SIGNS, as required by OSHA (29CFR1910.1096) will be posted at all X-Ray locations and all equipment used by trained technicians in compliance with manufacturer's instructions. **CAUTION** is the signal word for radiation areas.
- All exposures will be monitored and exposures maintained below 1.25 REM/quarter. A report of exposure (ionizing exposure calibrations) will be developed by the IRCT SOFR for all individuals in X-Ray areas, and this information maintained by the NDMS Operational Medicine Program.

- Non-Ionizing radiation hazards (e.g. microwave, antenna forms) will be reviewed by the IRCT Safety Officer and prudent practices followed, to maintain exposures as low as reasonably achievable (ALARA).

Individuals involved in activities where other ionizing radiation hazards exist (e.g. terrorism incidents) will have additional safety activities prescribed by the event/IRCT SOFR. These actions are covered in the HHS/OEM Ionizing Radiation Protection Plan.

➢ HAZARDOUS WEATHER:

IRCT and Team Safety Officers will implement the below Hazardous Weather Protocol:

Basic Principal: Anticipate a high-risk situation and move to a low risk situation.

IDENTIFY SAFE HAVENS FOR ALL ACTIVITIES DAILY!!! PUBLISH HAZARDOUS WEATHER PLANS WITH SAFETY MESSAGES.

- **Watches:**
  - Utilize NOAA weather radio for upgrades to warnings OR have commercial communication systems available to monitor for severe weather. Each NDMS deployed team should process a NOAA weather radio.
  - Know safe spots in buildings and routes to them. Document safe havens on NDMS ICS-208.
  - Ensure you have a signal for staff to communicate the hazardous condition (move to SAFE location) and a means to communicate with Command (cell/radio).

- **Warnings:** Suspend operations when a hazard has been identified:

  - LIGHTENING: Use the 30/30 rule: Shut down outdoor operations when lightning is six (6) miles away; (five (5) seconds from lightning sighting equals one (1) mile. If you see lightning, count to thirty (30); if you hear thunder prior to the 30 seconds, move to a safe haven for 30 minutes. Follow critical equipment safeguard procedures.
  - TORNADO: If underground shelter (safe haven) is not available, move to an interior room. Do not shelter under a highway underpass.
  - FLASH FLOODS: Do not walk or drive through floodwaters. Do not operate electrical equipment in these areas. Move to areas identified above flood plain (safe haven).
  - SEVERE THUNDERSTORM: Seek shelter in interior structures (safe haven) (NOT TENTS). Stay away from windows. Do not use electrical appliances. (Note: NDMS Tents [western shelters], when properly installed and secured, are designed to withstand winds of 50 mph. All hurricane categories and tropical storms produce winds potentially above these levels. These shelters will not be occupied during hurricanes or tropical storms.
  - EARTHQUAKE: Get under a sturdy desk or table and hold it. Stay clear of windows, shelves and cabinets. Stay inside (safe haven). See Post Seismic Event Protocol below.
  - WINTER WEATHER: Prepare winter kits, have communications equipment available and travel using the buddy system when a winter storm warning has been identified.

- POST STORM:

  - Turn off utilities and provide first aid per your plan (ICS-206). Notify Command of your status.
  - Go to your outdoor or safe rally point and stay clear of electrical wires and debris. Assume all wires are live and remain 10' (minimum) away.
  - Shelter in place for winter storm activities

➢ **POST SEISMIC EVENT PROTOCOL:**

Seismic events, as well as major physical stressors (wind, flooding, snow, tsunami) require evaluation prior to re-occupancy of buildings. OEM-NDMS Safety Officers cannot perform jurisdictional building inspection, however, can screen structures according to current Applied Technology Council (ATC-20/ATC-45) and Federal Emergency Management Agency (FEMA) Guidelines, with decisions confirmed by Structural Engineers as soon as possible (request ESF #3 support as early as possible in these situations).

Actions are specified in Table III, below.

TABLE III DANGER SIGNS AFTER STRUCTURAL STRESS EVENTS		
EVENT	**SIGN**	**ACTION**
Flood or winds, earthquake (anticipate earthquake and aftershocks)	Partially collapsed building, walls out of plumb/partially collapsed.	Do not occupy entire building.
	Gaps at walls/ceiling; or translateral cracks (substantial diagonal cracks running from the edge of square level openings).	
	Eroded or undermined foundation (geotechnical hazards).	
	Structural member damage (doors jammed or damaged beyond use).	
	Falling hazards from structural components.	Identify and restrict fall hazard zone.
	Post flood electrical hazards.	Refer to an electrical professional. Do not use electrical service until appropriately certified.
	Hazardous conditions (mold-chemicals – asbestos – flaking paint).	Refer to hazardous materials specialist through IRCT prior to building occupancy.

Know the placards associated with building inspection subsequent to flood, winds, or earthquakes.

Know the Urban Search and Rescue (USAR) onsite building identification system.[8]

STRUCTURE MARKING SYSTEM

Begin by using orange spray paint or lumber crayon to draw a 2-foot box. Then use the box to alert subsequent rescuers to building conditions or earlier findings.

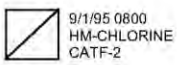
Damage is minor with little danger of further collapse. Structure is safe for search and rescue operations.

Damage is significant. Shoring, bracing or removal of hazards is necessary.

Structure is not safe for search and rescue operations. Remote search operations may proceed at significant risk. Safe havens and evacuation routes should be established.

Direction to safely enter building.

HM Hazardous material is present. Type of hazard may also be noted.



Write date, time, hazardous materials present and team identification on the right-hand side of the box. For example, this building was searched Sept. 1, 1995, at 8a.m., chlorine was found, and the search was conducted by Los Angeles County CATF-2.

SEARCH MARKING SYSTEM

Search operations are currently in progress. (ORANGE)

Personnel have exited the structure. (ORANGE)

Left quadrant – Team identifier.
Top quadrant – Time and date team left the structure.
Right quadrant – Hazards found.
Bottom Quadrant - Number of live and dead victims still inside the structure. *Written in Black Marker or lumber crayon/chalk*

[8] Source: Federal Emergency Management Agency Urban Search and Rescue Task Force System.

➢ WORKING ON OR NEAR WATER:

Working on or near water presents an anticipated drowning risk. When working on or near water, the following SAFETY PROTOCOL is required:

- UTILIZE U.S. COAST GUARD APPROVED Personal Flotation Device (PFD) and select the proper device:
  - TYPE I: Inherently buoyant: Use for off shore operations.

USE THIS TYPE IF YOU ARE ON A BOAT.

  - TYPE II/TYPE III: Near shore vest and floatation aides.

USE THIS TYPE IF YOU ARE ON OR CLOSE TO SHORE.

- Test your PFD (IN THE WATER) prior to initial use and inspect it every time you wear it. Let it dry, if wet.
- WORK USING THE BUDDY SYSTEM: CALL FOR HELP AS SOON AS NECESSARY USING YOUR EMERGENCY SIGNAL.
- PLACE A THROWABLE RING BUOY (TYPE V) EVERY 200 FEET ALONG SHORELINE AND PRACTICE THROWING THE DEVICE. ENSURE A LIFESAVING SKIFF IS AVAILABLE.

SECTION G: MEDICAL SERVICES AND FIRST AID:

First aid services and provisions for medical care shall be identified and posted at each site on Form ICS-206, Force Health Protection Plan (See Appendix A). The form will be signed by each Site Medical and Safety Officer.

➢ PSYCHOLOGICAL FIRST AID AND BEHAVIORAL HEALTH:

Individuals' psychological responses to a stressful or traumatic incident(s) are quite variable. It is normal for a worker to experience some psychological distress during and/or after a deployment. Transient, short-term psychological distress is anticipated with return to normalcy expected with no or a very limited mental health intervention provided. In few instances, the traumatic exposure was significant and a return to normalcy is impeded. In these instances engaging in an evidence based/supported mental health intervention sooner than later has been shown to be efficacious.

Psychological First Aide Training is a requirement for all deploying personnel.

The best practice to mitigate on-going psychological distress is for workers to talk about their experiences and feelings, maintain normal eating and sleeping habits, exercise and eat well balanced meals, drink plenty of non-caffeinated non-alcoholic beverages and take breaks when possible. Workers should communicate with friends, family and loved ones and also reach out to community or faith-based organizations. Teams are encouraged to do a post-deployment follow-up to identify members who may benefit from more formal interventions.

Safety Officers and Team Medical Directors should encourage responders and facilitate the above actions on a daily basis while deployed, and ensure they are included in demobilization plans.

Behavioral Health emergencies are to be reported through the chain of command as employee illnesses and actions identified. Behavioral Health emergencies are reportable incidents. The IRCT CMO maintains a Behavioral Health Officer, contacted through the IRCT.

All HHS personnel have access to the Federal Employee Assistance Program, which can be accessed at 800-222-0364 or on-line at www.FOH4you.com.

EAP
We care, just call.
800.222.0364

- **ALCOHOL AND DRUG USE AND ABUSE:**

  Persons who are under the influence of alcohol, certain prescription medications, or illicit drugs may present a safety hazard to themselves and others. Individuals exhibiting signs or symptoms of impairment shall be prohibited from work activities by supervisors and team commanders. Alcohol consumption is prohibited during active missions. **Operating motor vehicles is prohibited by HHS within eight (8) hours of alcohol consumption[9].**

  Responders must be cognizant of **phototropic medications**, as well as the ability of heat (core body temperature) to affect health, when using medications. This includes use of medication that may pre-dispose individuals to heat stress.[10]

  Subsequently, all responders should report all medication use to team pharmacists or Medical Officer for advisory information, when operating in field conditions, and follow recommended actions.

- **MEDICAL & PHYSICAL PRE-RESPONSE REQUIREMENTS:**

  Pre-response requirements for personnel are identified by the NDMS CMO in the HERA. These include acclimatization activities, vaccinations, medical pre-screening and approval to use personal protective equipment and respirators. Body Mass Index and associated Work Capacity Testing is also specified as a pre-response requirement for NDMS personnel. Personnel required to use respiratory protection will be medically pre-approved for its use in compliance with the NDMS Respiratory Protection policy.

  Acclimatization information is contained within this HASP, and applies to both HOT and COLD environments.

  All deploying personnel must meet both medical and physical requirements for each response. These are identified below with additional requirements specified in the HERA for each potential deployment.

[9] U.S. Department of Health & Human Services: Occupational Safety & Health Manual: Chapter 14: Vehicles; Washington, DC. December 2013

[10] The American Academy of Clinical Toxicology notes that the following drugs predispose individuals to heat illness: All typical antipsychotics, all atypical antipsychotics, all tricyclic antidepressants, atropine, benztropine, cyclobenzaprine, diphenhydramine, hydrochlorothiazide, furosemide, metoclopramide, methylphenidate, oxybutynin, prochlorperazine, promethazine, scopolamine, spironolactone, amphetamines, cocaine., (Levine, M. et al: Influence of drug use on morbidity and mortality in heatstroke. 2012 J Med Tox 8(3): 252-257)

- **MEDICAL CLEARANCE PROCESS FOR RESPONSE PERSONNEL:**

All deployed personnel must participate in the medical clearance process. Responders self-assess their health readiness based on below information, and report information prior to rostering.

Profile 1 or 2 personnel are immediately available for deployment.

Profile 1 – no medications, health conditions listed in the HERA are not present, acclimatized, appropriate work capacity has been documented and BMI <25: **Can deploy immediately**.

Profile 2 –health conditions listed in the HERA are not present, acclimatized, can be off medications for two (2) weeks without short or long term problems, appropriate work capacity has been documented and BMI <35: **Can deploy immediately**.

Profile 3 –health conditions listed in the HERA ARE present, **OR** cannot be off medications for two (2) weeks without short or long term problems, **OR** BMI of 35 or greater.

- **Can deploy only after CMO reviews issues and approves deployment**.

Profile 4 – **Cannot deploy due to health related conditions.**

- **REQUIRED SELF-ASSESSED WORK CAPACITY FOR DEPLOYING PERSONNEL:**

All field staff must be fully ambulatory over uneven terrain with their personal gear. Self-assessed work capacity appropriate for activities must be reported. (Note: if actual work capacity testing is performed, a prior medical approval is required.)

a. "Light" – **(Available for Classroom or Administrative activities)**: be able to walk one (1) mile <16 minutes over level ground. **[175W Work Capacity]**

b. "Moderate" – **(Available for Field-Medical and Logistics Activities. All personnel performing any field activities must report at this level)**: be able to walk two (2) miles <30 minutes, carrying 10 percent of body weight up to a maximum of 25 pounds **[300W Work Capacity]**

c. "Arduous" - **(Available for activities performed in impermeable clothing/respirators or Logistics Field Activities with continuous lifting.** Be able to walk three (3) miles <45 minutes carrying 20 percent of body weight up to a maximum of 45 pounds **[415W Work Capacity]**

- **MEDICAL RECORDS RETENTION:**

All exposure characterizations, air and exposure sampling (including noise and light recordings) are considered medical records[11]. As such, medical records will be maintained in compliance with U.S. Department of Labor standards, and individuals who may be exposure notified of this existence and right of access on an annual basis. Medical recordkeeping is coordinated through the Operational Medicine Program, and is documented in the NDMS "Access to Employee Exposure and Medical Records" policy.

- **WORK-REST REGIMEN, FATIGUE:**

Extended work shifts, unusual work hours and lack of sleep all contribute to fatigue. Safety Officers will review deployment schedules to ensure the following requirements are met, as specified in Table IV, below.

A work-rest regimen is also an important element in the prevention of heat stress.

Finally, appropriate rest and fatigue management is required for deployment travel safety and all deployed personnel must meet response specific travel safety requirements as published by EMGOPS and referenced in the HERA.

TABLE IV
FATIGUE MANAGEMENT GUIDELINES

STRESSOR	GUIDELINE	ACTION
Extended Work Shifts	• Always ensure 1 hour rest for every 2 hours worked in any 24 hour period. **DO NOT SCHEDULE WORK MORE THAN 16 HOURS IN ANY 24 HOUR PERIOD** • Ensure and maintain 12 hour shifts, unless approved by command.	Any variations must be approved by Command – for life safety purposes. Note: Personal driving time is included in this 16 hour work restriction.
Extended Work Week	• Schedule 24 hours of time-off at 60-72 hours of work.	Discuss with Supervisors and implement thru Command.
Varied Work Shifts	• Provide rest immediately prior to initial "rotating" shift (e.g. movement from first to second or third shift). • Maintain shifts through deployment, where possible. • Limit night shiftwork for individuals who do not work these shifts.	Discuss with Supervisors and implement thru Command.

[11] U.S. Department of Labor: Occupational Safety and Health Administration: 29CFR1910.1020.

➢ DEPLOYMENT TRAVEL SAFETY:

Deployment and demobilization of resources present special safety challenges subsequently Deployment Travel Risks and Hazards will be evaluated for each deployment and recommendations for identified concerns or preclusions to travel advised by qualified Safety Officer(s) PRIOR to deployment travel.

EMG Operations will conduct evaluations in consultation with a qualified Safety Officer (e.g. EMG SOFR) during deployment and demobilization of resources. This section provides guidance for conducting the assessment prior to directing or approving initial movement of responders.

The high operational tempo of early response operations, and the rush to return home when demobilized, may result in personnel traveling in hazardous environmental or geographic conditions or when excessively fatigued. Appropriate hazard evaluation and risk assessment measures and safety consultation will facilitate the EMG identifying acceptable limits, mitigating risk, and ensuring all involved understand safe travel parameters.

- Procedures:

a) EMGOPS will ensure a **travel Risk Assessment is performed** when initiating deployment travel coordination with Regional Emergency Coordinators (RECs), Field Operations, EMG Travel, teams and individual travelers (including teams and personnel from both NDMS and DCCPR).

b) EMGOPS will consult with EMG Travel, RECs, the Federal Health Official, and others as required to identify **hazards/risks of deployment travel** particularly during the phases of response when urgency is a significant attribute.

c) **A travel Safety Recommendation** will be provided by EMGOPS addressing conditions and mitigation measures below. This recommendation will receive concurrence from EMG Safety.

d) EMGOPS, EMG Travel, and EMG Safety will coordinate with other EMG stakeholders to ensure staff and leaders throughout the EMG and Office of Emergency Management provide the explicit safety guidance to deploying personnel and teams using multiple media and formats to include written/published orders and Hazard Evaluation and Risk Assessments (HERA), Safety Bulletins and verbal instructions.

e) Supervisory RECs will ensure their staffs are familiar with these procedures and understand their personal responsibilities and constraints during deployment travel. Use of additional drivers or navigators (other RECs or

members of Regional Incident Support Teams (RIST) or delay of travel is encouraged when risk is increased.

f) **Conditions and Mitigation Measures:** Published mitigation measures to travel safety concerns will be based on the below. All personnel traveling to support a response operation must be clear about the options open to them in the event the travel conditions are more hazardous than anticipated, or the conditions exceed their individual safety/comfort tolerance.

1) Do not initiate travel if personal/physical contraindications are noted. This includes the physical/medical ability to perform the travel indicated, including preclusions due to prescription medication prohibitions to driving or travel activities.

2) Delay travel if alcohol has been consumed in the previous eight (8) hours[8].

3) Ensure both safety related and redundant communications equipment as noted for the response – are available with the traveler.

4) Delay initial travel if conditions are not safe; as identified in recommendations by the local authority. Terminate travel or re-route travel to an alternate destination and wait for conditions to clear/improve; request EMG Travel to secure a hotel room if conditions worsen during travel or if advised so by local authority.

5) Coordinate to have two (2) or more travelers/drivers in vehicles traveling overnight, in austere conditions, or when hours of service (e.g. driving) exceed recommendations.

6) Ensure hours on duty/hours of service restrictions as noted in the travel safety recommendations are maintained – typically no more than four (4) hours without a rest break and no more than 12 hours of consecutive travel activity.

7) All HHS personnel including travelers will be briefed/trained on proper protocol to refuse Hazardous Travel assignments.

8) The CMO/SOFR will ensure that travel restrictions/requirements and recommendations are included with HERA provided to all responders during the all deployment activities, subsequent to all initial responses.

9) The EMG SOFR identified will provide concurrence on Travel Safety Recommendations.

- **WORK REGIMEN, COLD**: 

This protocol is designed to protect deployed personnel from hypothermia and cold injuries, and describes conditions under which it is believed nearly all responders can be exposed to cold without adverse health effects[12] (i.e. prevention of core body temperature from falling below 96.8ºF (36ºC) and to prevent cold injuries to extremities, with no single exposure to a cold environment producing a drop in core body temperature below 95ºF (35ºC).[13]

The program details specific activities to evaluate work, perform site environmental monitoring, perform medical screening and workforce training, perform workforce monitoring and identify work assistance and restriction actions, when the potential for hypothermia and cold injuries exist.

Work regimens in cold environments are initially evaluated when temperatures below 60.8ºF (16ºC) are expected. This evaluation includes a determination of level of work (metabolic output) and sedentary state of responders, (as well as the need for fine manual dexterity). It requires an identification of special work conditions requiring protection, aside from those identified in this procedure.

Environmental conditions (temperature and wind speed) are subsequently monitored for all temperatures below 60.8ºF (16ºC) and both temperature and wind speed (and subsequent equivalent chill temperatures [ECT]) are recorded and used to implement this plan for all environments below 30.2ºF (See Table V, below).[14]

[12] This section is a substantive compilation of two (2) thermal stress programs; The Monitoring and Measurement Program of the National Oceanic and Atmospheric Administration (NOAA), U.S. Department of Commerce/ Meteorological Services of Canada (2001), and the Threshold Limit Values of the American Conference of Governmental Industrial Hygienists (2012). It additionally contains research information developed by the U.S. Army Research Institute of Environmental Medicine, Natick, MA.

[13] Maximum severe shivering develops when body temperature drops to 95ºF (35ºC), a dangerous condition requiring immediate termination of exposure to cold. Useful mental and physical work is limited when severe shivering occurs.

[14] Wind speed recordings are measured at a height of 5 feet per NOAA NWS protocol. All temperature readings are dry bulb.

TABLE V
COOLING POWER OF WIND ON EXPOSED FLESH EXPRESSED AS EQUIVALENT TEMPERATURE (UNDER CALM CONDITIONS)*

Estimated Wind Speed (in mph)	Actual Temperature Reading (°F)											
	50	40	30	20	10	0	−10	−20	−30	−40	−50	−60
	Equivalent Chill Temperature (°F)											
calm	50	40	30	20	10	0	−10	−20	−30	−40	−50	−60
5	48	37	27	16	6	−5	−15	−26	−36	−47	−57	−68
10	40	28	16	4	−9	−24	−33	−46	−58	−70	−83	−95
15	36	22	9	−5	−18	−32	−45	−58	−72	−85	−99	−112
20	32	18	4	−10	−25	−39	−53	−67	−82	−96	−110	−121
25	30	16	0	−15	−29	−44	−59	−74	−88	−104	−118	−133
30	28	13	−2	−18	−33	−48	−63	−79	−94	−109	−125	−140
35	27	11	−4	−20	−35	−51	−67	−82	−98	−113	−129	−145
40	26	10	−6	−21	−37	−53	−69	−85	−100	−116	−132	−148
(Wind speeds greater than 40 mph have little additional effect.)	*LITTLE DANGER* In < hr with dry skin. Maximum danger of false sense of security.				*INCREASING DANGER* Danger from freezing of exposed flesh within one minute.				*GREAT DANGER* Flesh may freeze within 30 seconds.			
	Trenchfoot and immersion foot may occur at any point on this chart.											

* Developed by U.S. Army Research Institute of Environmental Medicine, Natick, MA.

Equivalent chill temperature requiring dry clothing to maintain core body temperature above 36°C (96.8°F) per cold stress TLV®.

Subsequently actions found in Table VI are implemented. A typical work regimen is defined as four (4) hours. Work and warm up schedules, when required to be adjusted are described in Table VII, below. The Cold Work Management Process is described in Table VIII, below.

TABLE VI
TEMPERATURE/ECT LEVELS AND ACTIONS

Temperature/ECT	Action[15]
60.8ºF (16ºC)	• Initiate workplace environmental temperature monitoring and perform work evaluation and identification of special work conditions. If fine work is performed with bare hands >20 minutes, establish procedures for hand warming. • Provide gloves for sedentary work. • Identify older responders or those with circulatory concerns and provide (extra) insulation or reduced work regimens between warming.

[15] Note: At all temperatures responders with extremity pain should have increased warming schedules and responders with severe shivering should have work terminated and warming initiated.

TABLE VI TEMPERATURE/ECT LEVELS AND ACTIONS	
Temperature/ECT	**Action[15]**
40ºF (4ºC) ECT	• Ensure insulating, layered dry clothing impervious to water is used. • Provide gloves for light work (if manual dexterity is not required). • Provide windbreaker or windshield if windy (>5 mph). • Provide vapor barrier boots or change socks and felt insoles if they become wet. • Provide specialized procedures or protection if work will occur with evaporating liquids or those with a boiling point just above ambient temperatures. • Provide water repellent outer layer of clothing for MODERATE/HEAVY work in wet environments and change as it becomes wetted.[16]
35.6ºF (2ºC) ECT	• **IMMEDIATELY** change wet clothing and treat for hypothermia.
30.2ºF (-1ºC) ECT	• Measure and record ECT every four (4) hours. • Cover metal handles of tools/control bars.
19.4ºF (-7ºC) ECT	• Provide gloves for MODERATE work. • Provide warning to responders when cold surfaces are in reach. • Provide heated warming areas and utilize them per TABLE V and if indication of hypothermia is present. Outer layers of clothing should be removed in warming area and wet clothing changed. Warm fluids should be supplied (the intake of coffee (diuretic) should be limited).
10.4ºF (-12ºC) ECT	• Use of buddy system is required. • If HEAVY work is performed, adjust work/rest regimen to prevent heavy sweating and/or allow for wet clothes changes. • Develop acclimatization schedule lasting days, for new responders in cold environments. • Minimize sitting or standing still. • Ensure worker safety training occurs.
0ºF (-17ºC) ECT	• Provide mittens for deployed personnel.
-11ºF (-23ºC) ECT	• Provide medical certification for responders.

[16] If areas of the body cannot be protected sufficiently to prevent sensations of excessive cold or frostbite, protective items should be provided in auxiliary heated versions OR work suspended until weather conditions improve.

TABLE VI TEMPERATURE/ECT LEVELS AND ACTIONS	
Temperature/ECT	**Action[15]**
-25.6°F (-32°C) ECT	• No continuous skin exposure (i.e. lifesaving work only occurs).

TABLE VII
WORK/WARM-UP SCHEDULE FOR A 4 HOUR SHIFT

Air Temperature/Sunny Sky		No Noticeable Wind		5 mph Wind		10 mph Wind		15 mph Wind		20 mph Wind	
°C (approx.)	°F (approx.)	Max. Work Period	No. of Breaks	Max. Work Period	No. of Breaks	Max. Work Period	No. of Breaks	Max. Work Period	No. of Breaks	Max. Work Period	No. of Breaks
-26° to -28°	-15° to -19°	(Norm. Breaks)	1	(Norm. Breaks)	1	75 min	2	55 min	3	40 min	4
-29° to -31°	-20° to -24°	(Norm. Breaks)	1	75 min	2	55 min	3	40 min	4	30 min	5
-32° to -34°	-25° to -29°	75 min	2	55 min	3	40 min	4	30 min	5	Non-emergency	
-35° to -37°	-30° to -34°	55 min	3	40 min	4	30 min	5	Non-emergency			
-38° to -39°	-35° to -39°	40 min	4	30 min	5	Non-emergency					
-40° to -42°	-40° to -44°	30 min	5	Non-emergency							
-43° & below	-45° & below	Non-emergency Work should cease		Work should cease		Work should cease		Work should cease		Work should cease	

- Work Evaluation:

  Work evaluations identify the metabolic rate (expressed in Watts [W]) of the activity to be performed, and subsequent actions (Table VI) are based on the work evaluation results. Work categories include:

  Sedentary Work: Metabolic Rate 115 W (sitting)

  Light Work: Metabolic Rate 180 W (light manual work, driving and occasional walking)

  Moderate Work: Metabolic Rate 300 W (sustained arm, hand, leg or trunk work and normal walking)

  Heavy (Arduous) Work: Metabolic Rate 415 W (manual labor, shoveling, pushing, pulling and fast walking)

- Medical Monitoring:

  If initial evaluations of work identify concerns for older responders or those with circulatory system concerns, additional insulating clothing or increased warming regimens will be considered for these individuals.

  Individuals who will work continuously (e.g. greater than one (1) hour) in temperatures of <-11ºF (-23ºC) ECT will be approved for work by a licensed healthcare professional.

  At all temperatures, responders with extremity pain or other hypothermic symptomatology will have warming regimens increased. Responders with severe shivering will have work terminated and warming initiated, and will not return to work activities without a medical approval to do so.

- Special Work Conditions:

  Special work conditions may require actions aside from those identified in this protocol and include work in refrigerated rooms, and cold work performed in concert with toxic substances or vibration causing equipment.[17] It includes work with evaporative liquids,[18] cryogenic fluids or those with a boiling point just above ambient temperatures. An evaluation of the need for eye protection (UV – glare protection and ice/snow eye protection) should be performed, as a component of the initial work evaluation.[19]

- Worker Training:

  When Work Regimen, Cold, procedures are implemented worker/responder training occurs and includes:

  - Safe work practices in cold environments, including the contents of this procedure and the results of the work evaluation performed.
  - Recognition of frostbite, hypothermia or excessive cooling when shivering does not occur.
  - Proper re-warming procedures and first aid.
  - Clothing and protective equipment practices for cold environments.

[17] All work in refrigerated areas should be engineered to eliminate wind/drafts, or wind protection (e.g. shields or windbreakers) provided. Toxic substance exposure or vibration in concert with cold environments may require a reduction in Occupational Exposure Limits (OEL) or an adjustment to work regimens.

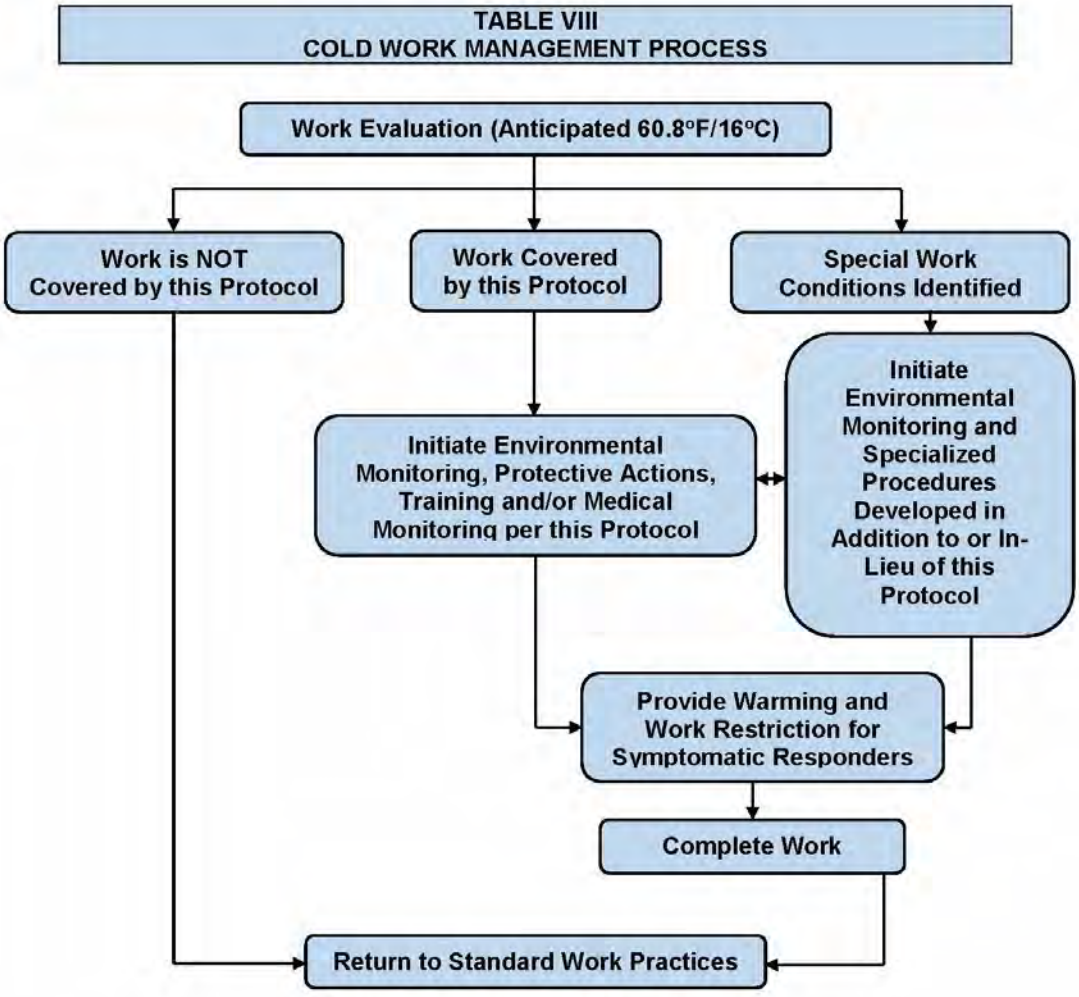
[18] Work with evaporative liquids requires special protection to avoid soaking of clothing or gloves.

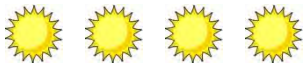
[19] Eye protection, when provided should include UV-A/B protection and meet ANSI Z87.1 requirements for spectacles with side protection which are impact rated. These are labeled Z87+UV, glare.

- Proper eating/drinking habits for cold environments.
- Medical conditions which would increase risk of hypothermic events.
- Where to acquire additional information or ask questions about cold weather work activities.

- Environmental Monitoring And Recording:

  Workplace monitoring initiates at 60.8°F (16°C). At 30.2°F (-1°C), environmental monitoring occurs at 4-hour intervals, and ECT is calculated, recorded and used for all action points. All ECT below 19.4°F (-7°C) will be recorded/posted.



- **WORK REGIMEN, HEAT:** 

Excessive heat presents a serious hazard for employees, especially when coupled with high humidity. When the body is unable to cool by sweating, heat-induced illnesses such as heat exhaustion and the more severe heat stroke can occur. High temperature and humidity, direct sun or heat, limited air movement, impervious clothing, physical exertion, poor physical condition, some pharmaceuticals and inadequate tolerance for hot environments are all factors that can lead to heat related illnesses.

Heat Stress is the net load to which personnel may be exposed from the combined factors, identified above. As the heat stress approaches human tolerance levels, the risk of heat related disorders increases.

Heat Strain is the overall physiological response resulting from heat stress dissipating excess heat from the body.

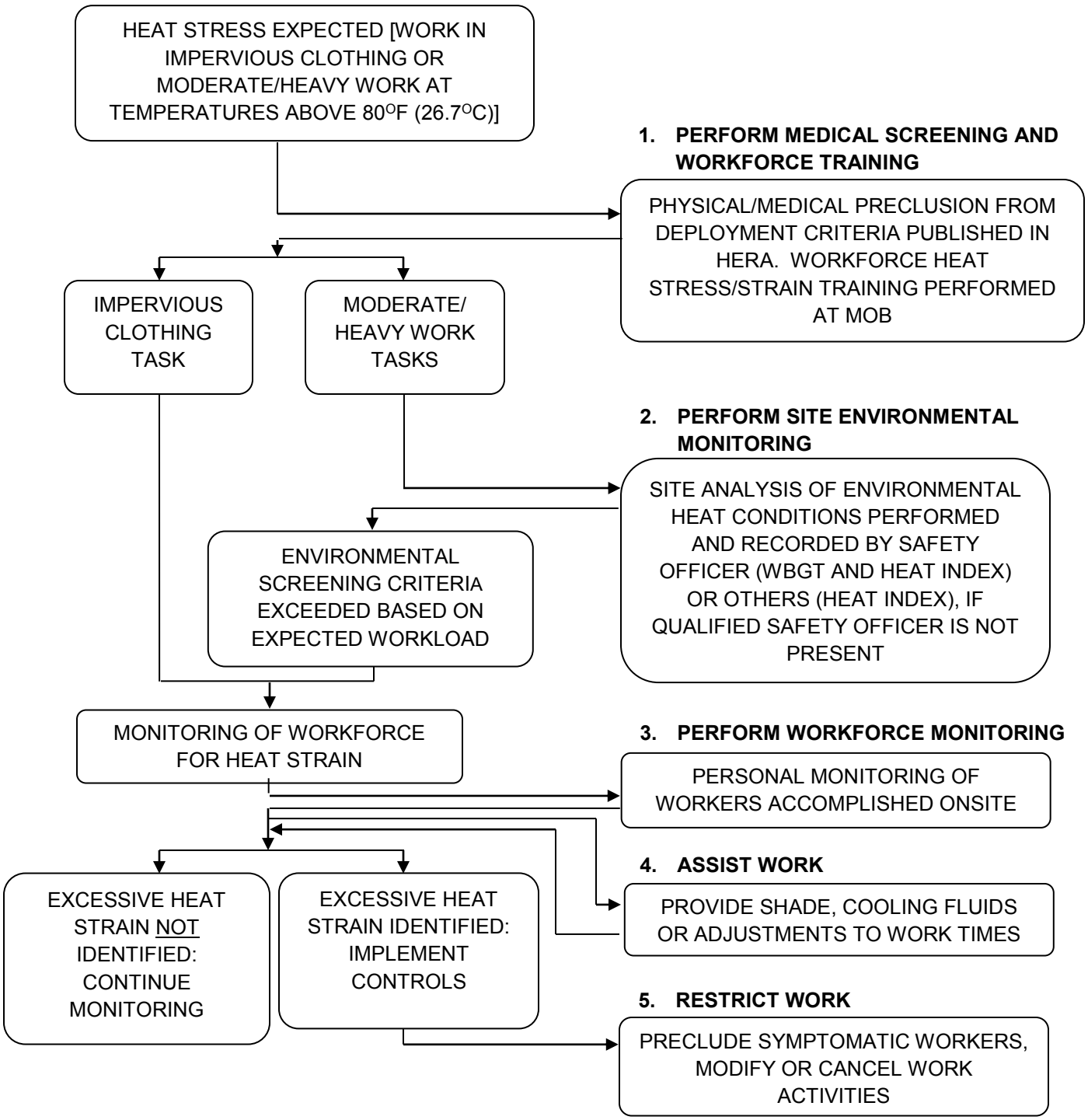
Acclimatization is the gradual physiological adaptation that improves an individual's ability to tolerate heat stress. **Acclimatization is defined as two (2) hours per day, five (5) of the previous seven (7) days (10 of previous 14 days) in similar temperatures to those expected on deployment, performing similar workloads to those expected (light, moderate, heavy).[20]**

This Program, developed in compliance with current best practices provides guidelines to which it is believed all heat acclimatized, adequately hydrated, un-medicated healthy workers may be repeatedly exposed without adverse health effects[21,22]. It includes medical qualification of individuals who will operate with heat stress, as well as the analysis of site-specific environmental conditions by Safety Officers to identify when screening criteria are exceeded and additional limitations to site work activities (including personnel monitoring) will occur for both non-acclimatized and acclimatized workers. Additionally, this Program requires training of all deployed personnel concerning heat stress and strain, including hydration requirements, signs and symptoms of heat strain, and administrative actions to be implemented in the event heat stress triggers are exceeded.

The HHS/ASPR OEM heat stress evaluation process and program is described in Table IX, below.

[20] Light work is considered office (e.g. IRCT) activities; responder medical deployments in austere conditions are considered moderate workloads (300W); activities performed in impervious clothing and logistics activities which include intense arm/trunk work, carrying and manual labor such as pushing or pulling loads are considered heavy workloads (415W or greater).
[21] American Conference of Governmental Industrial Hygienist (ACGIH): Threshold Limit Vales and Biological Exposure Indexes: Heat Stress and Strain; Cincinnati, Ohio 2011.
[22] U.S. Public Health Service: CDC; National Institute for Occupational Safety and Health (NIOSH): Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities, Chapter 8, October 1985.

TABLE IX
HEAT STRESS/STRAIN MANAGEMENT PROCESS



Note to Table IX: Impervious clothing includes limited use vapor barrier coveralls (e.g. Tyvek Suits); moderate work includes sustained/moderate hand or arm work (e.g. Triage and Medical Activities performed on deployments). For analysis purposes, activities performed in impervious clothing is considered heavy work; heavy work includes intense arm or trunk work, carrying, and manual labor such as pushing or pulling loads (e.g. Moving Equipment/Erecting Tents).

- Medical Screening and Workforce Training: Heat illness prevention initiates with an analysis of the medical conditions, which would preclude participation in a response, due to HEAT STRESS. It is published by the Operational Medicine Program based on the specific response scenario. Medical requirements or restrictions are published in the **Hazard Evaluation and Risk Assessment (HERA)** for the response. Responders are restricted from the response OR specific response activities when **HERA** medical screening criteria are exceeded.

  When the Heat Illness Prevention Program is implemented, activities include the **TRAINING** of ALL responders in expected heat stress and strain issues. Minimally, this includes:

  - Physiology of heat stress, heat strain and acclimatization; signs and symptoms of heat related disorders and actions to take when symptomatology appears.
  - Recommended acclimatization actions and activities.
  - Recommendations to wear light colored loose fitting, wicking clothing (if identified as SAFE, by Safety Officer).
  - Actions and activities to be avoided during expected heat stress/strain.
  - Recommendations for hydration for both normal and "hot" work.
  - Effects of certain medications, which may compromise cardiovascular, blood pressure, body temperature regulation, renal or sweat gland function, and abuse of alcohol or other intoxicants.
  - The Heat Stress/Stain Program, including specific controls available.
  - Opportunities and rights of workers to request shade/cooling.
  - Locations to acquire additional information concerning HEAT STRESS/STRAIN or ask questions during deployed times.

- Site Environmental Monitoring: Site environmental monitoring performed by Safety Officers identifies environmental thresholds at which additional protective measures will occur, based on wet bulb, dry bulb and ambient globe temperatures, an index of the environmental contribution to heat stress (air temperature, radiant heat, air movement and humidity). When screening values are exceeded, monitoring of the workforce or restriction of work may be required. When trained Safety Officers are not present, or when WBGT equipment is not available, the heat index, though not as accurate, may be used to approximate WBGT indexes and triggers for action. WBGT monitoring equipment is available through IRCT SOFR for all response actions in hot environments, typically environments with anticipated ambient temperatures of >80°F (26.7°C).

WBGT are calculated using the following formula:

With exposure to direct sunlight: $WBGT_{OUT} = .7T_{NWB} + .2T_g + .1\ T\ db$

Without exposure to direct sunlight: $WBGT_{IN} = .7T_{NWB} + .3\ T_g$

Where

T_{NWB} = *Natural Wet Bulb Temperature*
T_g = *Globe Temperature*
T_{db} = *Dry Bulb (Air Temperature)*

When values in Table X are not exceeded, there is little risk of exposure to heat stress. If values are exceeded, workforce monitoring and the assistance with or restriction of work occurs.

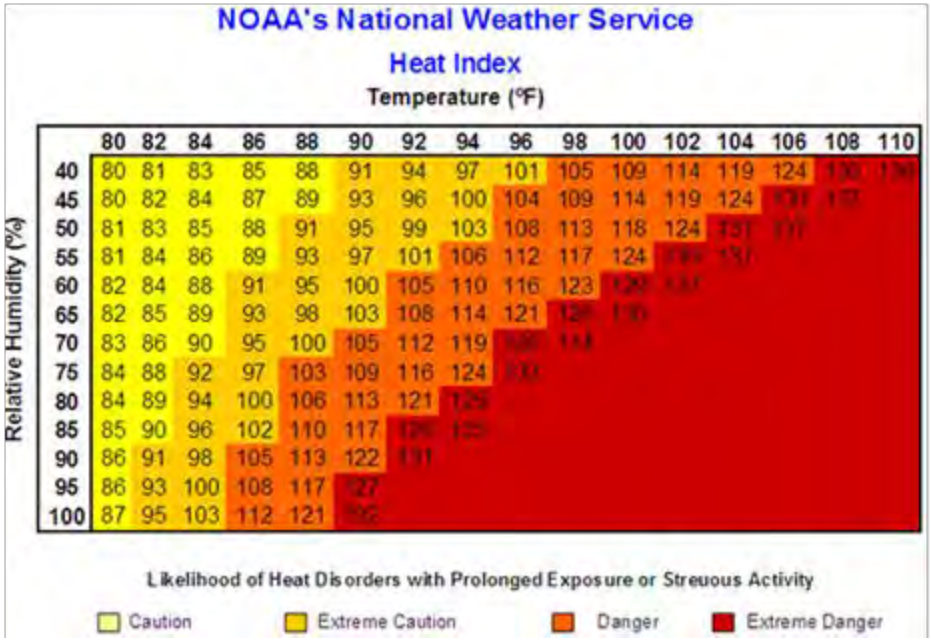
TABLE X
SCREENING CRITERIA (ENVIRONMENTAL THRESHOLDS REQUIRING ADDITIONAL PROTECTIVE ACTIONS) WBGT (F)

		Threshold Limit (Acclimatized)[1]		Action Limit (Non-Acclimatized)	
Work % in Work/Rest Cycle[1]		Moderate Work	Heavy Work	Moderate Work	Heavy Work
	75% - 100%	82.4 (28ºC)	----	77 (25ºC)	----
	50% - 75%	84.2 (29ºC)	81.5 (27.5ºC)	78.8 (26ºC)	75.2 (24ºC)
	25% - 50%	86 (30ºC)	84.2 (29ºC)	80.6 (27ºC)	77.9 (25.5ºC)
	0% - 25%	88.7 (31.5ºC)	86.9 (30.5ºC)	84.2 (29ºC)	82.4 (28ºC)
	0%	WBGT of > 90ºF (32.2ºC) and Heat Index of > 121ºF (49ºC)			

Note 1: Acclimatization is physical activity under physical conditions similar to anticipated work, five (5) of the last seven (7), or ten (10) of the last fourteen (14) days. Noticeable loss of acclimatization occurs after four (4) days without acclimatization activities.

Note 2: When WBGT is not available, the following heat index action points may be used. These are conservative action points: Heat Index of <90ºF (32.2ºC); Heat Index of <103ºF(39.4ºC); Heat Index of <121ºF (49.4ºC); Heat Index of >121ºF (49.4ºC). A reduction of one (1) level flag should be imposed upon non-acclimatized workers.

Table XI



- Workforce Monitoring: Workforce monitoring initiates when environmental indicators listed in Table X (or Table XI) have been surpassed and Assist Work Protocol implemented. It is designed to limit heat strain. Workforce monitoring occurs through pulse measurements, performed at the timeframes indicated in Table XII below. Recording of measurements from individual workers is encouraged.

TABLE XII
PHYSIOLOGICAL MONITORING REQUIREMENTS
ADJUSTED TEMPERATURE CALCULATIONS FOR OUTDOOR EMERGENCY RESPONSE ACTIVITIES

Adjusted (WBGT) Temperature (°F)	Physiological Monitoring (Time in Minutes)	
	Normal Work Clothing	Impermeable Clothing (TYVEK)
<90	45	15
<87.5	60	30
<82.5	90	60
<77.5	120	90
<72.5	150	120

(Source: U.S. Public Health Service, Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities[21])

A rapid pulse of >104 bpm will require a rest period and a shortened work period by 1/3 (subsequent work regimen). Return to work subsequent to rest cycles occurs when a resting pulse has been achieved (i.e. <104 bpm), unless additional indications of excessive heat strain are present.

- Assist Work Protocol: Assist Work Protocols are implemented onsite and provide opportunities to reduce heat stress on deployed personnel in situations where heat stress is expected or where the personal action limits (RAPID PULSE) have been exceeded (or are expected to be exceeded) during the work regimen. Assist Work Protocol include:

  - Adjustment of work schedules; through administrative controls (schedule changes; work rest regimen), to reduce work below screening action limits (See Table II for work/rest cycle options).
  - Identification of shade areas (or shelters) capable of holding 50% of assigned staff (Note: Air-conditioned tents meet this requirement) at each site where this protocol is implemented. Workers are informed of shade areas and their opportunities for cooling when these are identified, by Safety Officers.
  - Provision of cool fluids (50ºF (10ºC) to 60ºF (15.6ºC)) to replace lost body fluids, and onsite recommendations for personnel to drink 16 ounces of fluid prior to work shift, and small amounts of fluids at each break or monitoring regimen (e.g. 4 to 8 ounces) (Total one (1) liter per hour for the work day). Electrolyte drinks are usually not necessary but may be provided, for use upon employee request. **Potable water will be provided at worksites at a rate of 250 ounces per active responder in hot environments per day.**
  - Provision of cooling devices for individuals with prolonged work (including extended time in impermeable clothing or severe heat exposures (i.e. when an  or a heat index of 105ºF (40.6ºC) is anticipated or identified, per NOAA Heat Index).
    Cooling devices include:
    - Field showers or hose/misting areas.
    - Cooling jackets, vests or suits.

- RESTRICT WORK PROTOCOL: Restrict Work procedures are affected when excessive heat strain has been identified. These include the restriction of participation in ongoing work by individuals or site workers.

  Individual work will be restricted when:

  - A pulse of >104 bpm is present on workers during prescribed workforce monitoring. If evidenced, a rest cycle (e.g. shade or cooling) will be initiated for the worker and subsequent work cycles (or time until monitoring occurs) will be reduced by one-third (1/3). Workers will not be returned to work unless a resting pulse of <104 bpm is observed.

- Responders request shade or cooling when triggers for heat stress/strain have been exceeded.
- Feelings or symptoms of heat related illnesses are observed by co-workers or Safety Officers (The Site Medical Plan ICS-206 will be implemented).

Site work activities will be restricted when:

- Adjusted work rest regimens are indicated and implemented (See Table X).
- Multiple symptomatic heat illnesses occur (Sentinel Events). If this event is identified, activities will not restart without the approval of both the Team Commander and Site Safety Officer, and/or concurrence from the IRCT Safety Officer is received.
- Black flag condition [WBGT of >90°F (32.2°C) or a heat index of 121°F (49.4°C)] is recorded **[Cancellation of Work]**.

➢ OCCUPATIONAL NOISE CONTROL (HEARING CONSERVATION PROGRAM):

This HASP authorizes a program for monitoring noise exposures and the effects of noise on hearing, and provides guidelines for protecting the hearing of the employees who work in noisy environments.

- Monitoring:

  Supervisors are responsible for identifying and reporting noisy environments to SOFR. The IRCT SOFR maintains access to noise monitoring equipment. Site monitoring will be conducted in all suspect areas, as well as when there is a change in operations, and shall be conducted in one of two methods:

  - General noise measurement shall be conducted in all areas to determine if personal sampling should be conducted. A Type II Sound Level Meter, set on the A Scale, slow response, shall be used to measure general noise. Personal sampling will be conducted when general noise exceeds 85dB.

  - Personal sampling shall measure the noise exposure of an employee equated to an eight (8) hour Time Weighted Average (TWA). Measurements shall be collected using an audio dosimeter which will include all continuous, intermittent and impulsive sound levels from 80dB to 130dB. The audio dosimeter's readout (dose) will be converted to TWA using OSHA Standard 1910.95 Table A-1.

General noise measurement and personal sampling will be conducted when there is a significant change in the operations or a new work area is established.

Test equipment used for collecting noise measurements shall be calibrated prior to use.

The Hearing Conservation Program will include employees with TWA greater than 85 dBA (100% dose), and consists of audiometric testing, hearing protection, training and recordkeeping.

- Audiometric Testing:

  Testing shall be performed on all employees whose exposure equals or exceeds an eight (8) hour TWA of 85dB. It shall include a base line and annual audiograms.

  Base line audiograms shall be established for 85dB or greater. They shall be proceeded by 14 hours minimum quiet, no unprotected exposure to noise. Annual testing will be professionally completed on all specified employees, and results will be considered medical recordkeeping, and kept in compliance with 29CFR1910.1020 requirements as medical and exposure records.

  Audiometric testing will be provided by a certified technician, within six (6) months of initial exposure. Evaluations shall be performed by a licensed medical professional, and follow-up procedures specified if baseline shifts as defined by OSHA are noted.

- Hearing Protection:

  - Employees will be provided with and required to use hearing protection in the time necessary for characterizations to occur.

  - Hearing protection will be provided to all employees who are exposed to a TWA of 85dB or more, or if a significant threshold shift is noted.

  - A variety of suitable hearing protection shall be provided and training provided on the use and care of the protection devices.

  - All hearing protection will be evaluated to insure they lower the noise exposure to a TWA of 85dB, using the U.S. EPA label for identification of groups within the 20th percentile of protection (Note: This eliminates the need for a reduction on NRR or de-rating, as required by former OSHA and U.S. EPA methodology for the identification of appropriate attenuation for hearing protection devices.

- Training:

  Those employees who are exposed to noise at or above 85dB will receive annual training covering the following:

  - The effects of noise on hearing.

- The purpose of audiometric testing and thorough explanation of the test procedures.

- The purpose of hearing protectors, advantages, disadvantages and attenuation of the various types, and instructions on selection, fitting, use and care of the protectors.

SECTION H: SANITATION:

Adequate facilities will be provided for workers (hand washing stations, hand sanitization (alcohol) materials and restrooms). The exercise of good personal hygiene can help minimize worker exposure to health hazards and contaminants.

- Workers should wash their hands before eating, drinking, smoking or application of cosmetics, and both before and after using the toilet. **HAND WASHING OR HAND SANITIZATION FACILITIES ARE LOCATED AT ALL FIELD SITES.**
- Workers should **SHOWER** at the end of each work shift (or as available). All showering should occur in SAFE WATER.
- Adequate toilet facilities should be provided and emptied/cleaned daily. Adequate toilet facilities are defined as **1 toilet per 20 responders.** This sanitation issue will be monitored by Safety Officers on site.
- All trash receptacles must be **COVERED,** and emptied **DAILY.** Trash receptacles will be located at each site.
- Responders should seek medical attention or self-treat any minor wounds, as appropriate. All wounds must be covered.
- Responders should be current on all recommended vaccinations, per this agency's medial direction (See HERA).
- Only drink water from sources that are proven to be potable. **POTABLE WATER LOCATIONS ARE IDENTIFIED BY SAFETY OFFICERS.**
- Shoes will be wet wiped at the completion of each work shift. The Site Safety Officer will identify locations for decontamination activities and post processes.
- **FOOD SAFETY: FOOD REQUIRING BUT REMOVED FROM REFRIGERATION FOR A TIME OF 2 HOURS (OR 1 HOUR, IF AMBIENT TEMPERATURES ARE >90°F) WILL NOT BE CONSUMED.**
- **All food service locations will be cleaned DAILY (x3). Approved Food Service locations are identified on site. Smoking or work with hazardous substances is prohibited in FOOD SERVICE AREAS. Public offered food should be avoided, unless screened and identified as safe or otherwise approved by the IRCT.**

STORE

FOOD

SAFELY!

Keep Refrigerator At 40°F or Below

Keep Freezer at 0°F

Refrigerate Leftovers Within 2 Hours

- When MRE are provided to responders, two (2) MRE per responders are recommended for consumption, daily (i.e. 6,000 calories).
- Water intake for responders:
  - 150 oz. of water intake is recommended for responders in cool environments.
  - 200+ oz. of water intake is recommended for responders in hot environments, taken throughout the day.
- Use of insect repellent is recommended for all outside activities. When used, a 30% DEET concentration (or more) is recommended, although a higher concentration will last longer. A 30% DEET concentration repellent should be reapplied every four (4) hours.
- Use of sun screen is recommended for exposed skin during outside activities. Typical SPF-30 applications will last four hours, and re-application should occur. Sunscreen providing both UV-A and UV-B protection should be used. When used, insect repellent should be applied over sun screen.

➢ **AIR QUALITY:**

Adequate air quality will be maintained in all INDOOR operational areas. A rate of four (4) Air Exchanges per hour is indicative of a system, which provides adequate air quality, when exterior air is introduced through ventilation systems. The site Safety Officer will review concerns for air quality on a DAILY basis, including a review of areas adjacent to air intakes to ensure appropriate outside air is introduced into indoor spaces. Standing water; mold/fungi; or loose materials such as construction debris are indicators that outside air is not appropriate for introduction. Adequate air quality is characterized as:

Carbon Monoxide (CO) levels below 9 ppm. Elevated CO levels may occur in areas where fuel operated generators, tools or vehicles are used. Remedial actions include the IMMEDIATE elimination of the CO generating device. CO detectors are received in all areas where fossil fuels are used for heating purposes.

Carbon Dioxide (CO2) levels below 1000 ppm (or 3Xs exterior [ambient] levels). Elevated CO2 levels area indicative of POOR air quality, which may include other microorganisms of concern. Remedial actions include the introduction/removal of exterior air.

Ambient dust levels below 5 mglm^3-TWA$_8$ (individually or both nuisance dusts and the respirable fraction of (TOTAL) nuisance dusts). Remedial actions include air filtration, cleaning, wetting and particle reduction of the dust hazard.

Relative Humidity (rH) levels below 60%. Elevated rH levels create the opportunity for Molds (fungi) to develop. Dehumidification should occur when rH levels exceed 60%.

When visible MOLDS are identified, cleaning with standard soap/water is indicated, with routine janitorial protocol, unless extensive areas (>100 ft^2 or >10 ft^2 in ventilation systems) are identified. Extensive areas of Mold (fungi) as defined above should be cleaned using specialized procedure, and site Safety Officers should contact the IRCT SAFETY OFFICER for guidance when this situation is identified.

Air Quality Concerns: EPA calculates the Air Quality Index (AQI) for five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution (also known as particulate matter), carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each of these pollutants, EPA has established national air quality standards to protect public health .Ground-level ozone and airborne particles are the two (2) pollutants that pose the greatest threat to human health in this country. **COLOR ALERTS ARE ISSUED AS IDENTIFIED IN TABLE XIII, BELOW.**

An AQI value of 100 corresponds to the national air quality standard for the pollutant, which is the level EPA has set to protect public health. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered to be unhealthy-at first for certain sensitive groups of people, then for everyone as AQI values get higher**. SOFR will brief staff and identify protective requirements whenever an AQI of > 100 [orange alert] is identified by a health agency or the US EPA.**

TABLE XIII

Air Quality Index (AQI) Values)	Levels of Health Concern	Colors
0-50	Good	Green
51-100	Moderate	Yellow
101-150	Unhealthy for Sensitive Groups	Orange
151 to 200	Unhealthy	Red
201 to 300	Very Unhealthy	Purple
301 to 500	Hazardous	Maroon

- "Good" AQI is 0 - 50. Air quality is considered satisfactory, and air pollution poses little or no risk.

- "Moderate" AQI is 51 - 100. Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people. For example, people who are unusually sensitive to ozone may experience respiratory symptoms.

- "Unhealthy for Sensitive Groups" AQI is 101 - 150. Although general public is not likely to be affected at this AQI range, people with lung disease, older adults and children are at a greater risk from exposure to ozone, whereas persons with heart and lung disease, older adults and children are at greater risk from the presence of particles in the air.

- "Unhealthy" AQI is 151 - 200. Everyone may begin to experience some adverse health effects, and members of the sensitive groups may experience more serious effects. These individuals should minimize outdoor activities.

- "Very Unhealthy" AQI is 201 - 300. This would trigger a health alert signifying that everyone may experience more serious health effects and outdoor activities should be minimized or eliminated.

- "Hazardous" AQI greater than 300. This would trigger health warnings of emergency conditions. The entire population is more likely to be affected.

SECTION I: TRANSPORTATION AND VEHICLE/ROADWAY SAFETY:

Workers who drive in the course of their duties shall possess valid licenses appropriate for the vehicles they are driving (including a commercial driver's license, if required) as is typical to USA location. This includes valid training and certification for operators of forklifts or off road vehicles. Drivers shall comply with all applicable traffic safety regulations.

International drivers will possess an international driving permit[23].

Traffic may be heavy, especially around checkpoints. Traffic signs may be knocked down or not visible and traffic signal lights may be inoperative.

DRIVE DURING DAYLIGHT HOURS WHEN POSSIBLE. TAKE BREAKS EVERY TWO (2) HOURS.

ALL VEHICLES WILL BE PARKED AWAY FROM TENTS OR OTHER OCCUPIED AREAS (50 foot minimum distance).

[23] International driving permits shall meet the requirements of the Convention on International Road Traffic (19 Sept. 1949)

A FIRST AIDE KIT (10 UNIT, MINIMUM) AND FIRE EXTINGUISHER (2A 10B:C) WILL BE IN PLACE IN EACH COMMERCIAL VEHICLE OPERATED BY HHS.

ALL "RUNNING" VEHICLES MUST BE ATTENDED. COMMERCIAL OR COMMERCIAL LIKE VEHICLES WILL HAVE WHEELS "CHOCKED" WHEN PARKED.

- HHS Vehicle Safety Policy Requires:
    - Use of restraint devices at all times while in moving vehicles (seat belts) by all occupants.
    - Reporting of the use prescription and non-prescription drugs which may affect alertness to supervisors PRIOR to operation of vehicles.
    - Evaluation by supervisors to prevent operation of vehicles by fatigued drivers (e.g. those who have not met the 2/1 work/rest (sleep) ratio.
    - **Preclusion of text messaging while operating vehicles. Prohibition of all but "hands free" cell phones while operating vehicles.**
    - Performance of all appropriate safety checks PRIOR to vehicle operation.
    - **Prohibition of vehicle operation for eight (8) hours (minimum) after consuming intoxicating beverages.**

➢ **TRANSPORTATION OF PASSENGERS:**

All transport of NDMS personnel will follow the requirements as established by IRCT SOFR. Passengers within vehicles will use seatbelts at all times per HHS policy[8]. Transport of personnel in the rear of trucks or off-road vehicles is prohibited unless approved by the IRCT Safety Officer and alternate "SAFE" procedures established.

➢ **ACCIDENTS:**

All accidents will be reported to the Logistics Section, and investigated. All vehicle accidents will be reviewed by the Team and the IRCT Safety Officers and reported on SF-91.

➢ **OPERATION OF POWERED INDUSTRIAL TRUCKS:**

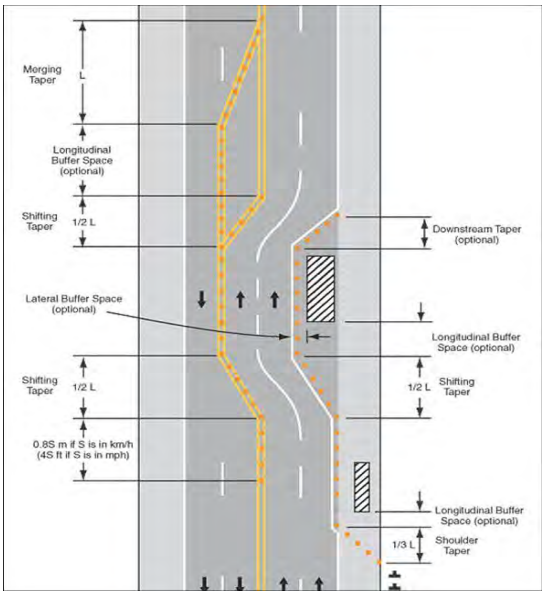
The operation of powered industrial trucks shall conform to 29CFR1910.178 and the HHS Safety Manual[19], including provisions for operator training and licensing. Material storage shall conform to 29CFR1926.250. The Logistics Section will

provide powered industrial truck training/certification to operators and this shall be checked for each operation. The Logistics Section will certify the capabilities and competencies of all powered industrial truck operators, including all-terrain vehicles. These individuals will be certified every three (3) years for the operation of the vehicles specified. A list of certified specialized or powered industrial truck operators shall be published by LOGISTICS.

- **TRAFFIC CONTROL ON ROADWAY:**

Traffic control of roadways will be maintained and safety zones established in compliance with the 2003 Edition of the Manual on Uniform Devices for Traffic Control (MUDTC), 2003 Edition, and as identified in the TABLE XIV, below:

TABLE XIV
WORK ZONE TRAFFIC SAFETY REQUIREMENTS

AREA	REQUIREMENT
Advanced Warning Area (Signs placed both up and downstream of activities). 	At least one sign, placed a distance of (4X) to (8X) the posted speed limit. This includes any shoulder taper area. Shoulder taper cone placement (1X posted speed limit; maximum distance between cones). Shoulder taper distances are described below.
Transition Area (Including any merging or shifting taper [See Taper Diagram, below]). 	Taper, with a maximum cone spacing of 1X the posted speed limit. Taper Length: ≤40 mph posted speed limit: $L = WS^2/60$, where W=width of offset S= posted speed limit ≥40 mph posted speed limit: L = WS Merging Taper = L Shifting Taper = 1/2L Shoulder Taper = 1/3 L (Note: The shoulder taper is included in any advanced warning area).

<table>
<tr><th colspan="2">TABLE XIV (CONTINUED)
WORK ZONE TRAFFIC SAFETY REQUIREMENTS</th></tr>
<tr><th>AREA</th><th>REQUIREMENT</th></tr>
<tr><td>Activity Area</td><td>Restrictions, with a maximum cone distance of 2X posted speed limit. This may include a Buffer Zone, determined by speed limit and stopping distance as described below.

Stopping Distance as a Function of Speed

<table>
<tr><th>Speed (mph)</th><th>Distance (ft)</th></tr>
<tr><td>20</td><td>115</td></tr>
<tr><td>25</td><td>155</td></tr>
<tr><td>30</td><td>200</td></tr>
<tr><td>35</td><td>250</td></tr>
<tr><td>40</td><td>305</td></tr>
<tr><td>45</td><td>360</td></tr>
<tr><td>50</td><td>425</td></tr>
<tr><td>55</td><td>495</td></tr>
<tr><td>60</td><td>570</td></tr>
<tr><td>65</td><td>645</td></tr>
<tr><td>70</td><td>720</td></tr>
<tr><td>75</td><td>830</td></tr>
</table>

Source: 2003 Federal Highway Administration – Manual on Uniform Traffic Control Devices</td></tr>
<tr><td>Termination Area (Optional)</td><td>This includes any downstream taper at 100’ per lane, with cones spaced at 20’ distances.</td></tr>
</table>

SECTION J: FIRE AND LIFE SAFETY:

- **FIRE PROTECTION:**

Fire extinguishers shall be provided at work sites and/or work vehicles. This includes the placement of a 2A rated fire extinguisher within 75 feet of all work locations, and the placement of a 20B extinguisher at all CLASS B Hazards. A class C extinguisher shall be located at electrical hazards. Safety Officers will perform a

site fire protection/prevention assessment to determine extinguisher locations and inspect locations/equipment daily. Safety Officers will take into account the potential for fire and the need for a fire prevention program, in particular if municipal fire services are distant or absent from the site.

Fire/smoke detectors will be present in all locations where sleeping occurs.
ALL FIRE EXTINGUISHERS WILL BE INSPECTED DAILY BY SITE SOFR, IN COMPLIANCE WITH NFPA-10 INSPECTION PROCEDURES.

A FIRE WATCH WILL BE MAINTAINED DURING ANY FUELING, REFUELING OR OPEN FLAME EVENTS AND OPERATIONS. A FIRE WATCH INCLUDES A TRAINED INDIVIDUAL AT THE LOCATION OF THE EVENT AND IN PLACE FOR 30 MINUTES AFTER THE CONCLUSION OF THE EVENT, EQUIPPED WITH AN APPROPRIATE FIRE EXTINGUISHER.

Safe storage areas for flammable and combustible liquids shall be provided. Such areas shall be clearly marked. Ignition sources shall be at least 25' away from such areas; smoking shall be prohibited and a sign indicating these requirements in place.

Containers shall be bonded and grounded during dispensing.

Smoking shall be prohibited in area where there is a fire hazard, as well as where smoking may cause ingestion of contaminants. **SMOKING AREAS SHALL BE DESIGNATED BY THE SAFETY OFFICER AS A COMPONENT OF THE SITE FIRE PROTECTION AND PREVENTION ASSESSMENT. Smoking is prohibited by HHS policy on all HHS grounds and actions.**

- **ELECTRICAL SAFETY:**

All electrical equipment, including generators, extension cords, lighting, and power tools, shall be used in compliance with applicable OSHA and NEC standards. All generators will be grounded with provided ground rods and bonding clips. Ground fault circuit interrupters (GFIC) shall be installed on all temporary wiring circuits.

IN THE EVENT RESPONDERS ENCOUNTER DOWNED POWER LINE THEY WILL BE CONSIDERED AS LIVE, UNLESS IDENTIFIED OTHERWISE BY QUALIFIED ELECTRICAL PERSONNEL.

A DISTANCE OF 10 FEET (MINIMAL) WILL BE MAINTAINED BETWEEN ALL LIVE ELECTRICAL LINES AND RESPONDERS.

Be aware of **carbon monoxide (CO)** build-up if generators are used in areas with limited ventilation, or in areas where CO may pool (adjacent to tents). All generators

will be placed 50' from occupied structures, such as tents, unless approved by the Site SOFR.

- **CARBON MONOXIDE (CO) SAFETY:**

  If CO is a potential concern, EVACUATE areas IMMEDIATELY. CO is a colorless, odorless gas, which causes drowsiness, fatigue, nausea and eventually death. CO test equipment may be used, if available to determine CO presence. The IRCT Safety Officer can be contacted for assistance in this area. CO detectors will be provided in all areas where fossil fuel fired heating equipment is used. Generators will be grounded and maintained a distance of 50 feet from occupied areas or structures.

- **OIL AND HAZARDOUS MATERIALS:**

  The release, spill, or leak of any hazardous material (including oil) shall be reported to the IRCT and evaluated by AWARENESS trained personnel and the Site Safety Officer. The cleanup of hazardous materials releases will be handled by properly trained and protected individuals in accordance with the requirements of 29CFR1910.120.

  In the event of unanticipated discoveries, such as tanks, drums, cylinders of hazardous materials or unexploded ammunitions, all work shall cease in the vicinity, the area shall be restricted and appropriate public safety agencies shall be notified.

- **TEMPORARY BUILDINGS:**

  All temporary structures used during response activities will meet the requirements of the International Building Code (IBC). Structures in place for 180 days or less will meet the requirements of the International Fire Code. Requirements include, but are not limited to:

  - A minimum of (X2) exits from temporary structures (remote).
  - Doors to exits identified and swinging on the direction of exit travel.
  - A minimum of (X1) 2A 10B:C Fire Extinguisher in place inside the occupied area, in an accessible location, check/inspected daily by the Team/Site Safety Officer.
  - Placement of generators away from temporary structures, the placement of generators 50 feet from occupied structures would meet the intent of this requirement. CO detectors will be in place where fossil fuel heating equipment is in use.
  - A preclusion to "bolt locks" while the temporary structure is occupied (i.e., doors operable from both sides); steps leading to/from the structure which have a tread riser combined distance of 17-1/4 inches. A top (hand) and middle rail on all stairs is required.

- Fire/smoke detectors will be in place in all locations used for sleeping. Tents, awnings and similar coverage material will be labelled as fire/flame resistant. Self-waterproofing is prohibited.

➢ **SAFETY DATA SHEETS (SDS):**

Safety Data Sheets (SDS): MSDS for all hazardous substances[24] will be received and maintained by LOGISTICS SECTION. These may be placed in other locations, at the direction of the IRCT or Team Safety Officer.

SECTION K: SECURITY:

The Safety Officer in concert with the Logistics Section will establish sufficient security and access control to keep unauthorized individuals away from operations, bases, tents, and hazardous areas. This includes air operations areas.

Specific security requirements include:

- A security control location (entry) will be identified and staffed at each site, as approved by the SOFR. Only approved personnel will be permitted into secure areas. Entry logs may be required by the Site SOFR for security/accountability purposes.
- ID tags will be worn by NDMS personnel at all times.
- Lethal weapons are prohibited on NDMS controlled sites and this will be identified on signs as all security control locations (entry points). This lethal weapons prohibition does not affect law enforcement, security or military officials during the performance of their duties.
- A SECURITY SURVEY will be performed as a part of any initial site survey, documented on FORM ICS-215A and remedial measures briefed to all site staff. This survey will identify SECURE AREAS and requirements for entry into secure areas.
- All travel offsite will be accomplished using the BUDDY SYSTEM. Communications will be maintained with all offsite personnel through pre-identified communication procedures.
- A site specific protocol will be developed for response to individuals who do not meet accountability criteria.
- Accountability checks of staff will occur (minimally) X2 daily. This may occur more often as required by IRCT or Site Command Staff.

[24] Hazardous substances meet the definitions of the OSHA Hazard Communication Standard, 29CFR1910.1200. SDS are provided in compliance with the OSHA – UN Globally Harmonized Hazard Communication System.

SECTION L: LOGISTICS SAFETY:

Logistics and materials management personnel must be knowledgeable, and aware of safety protocols in the following areas, and this information will be reviewed with logistics staff by the designated Logistics (e.g. LRAT) Safety Office on each response:

Warehousing Operations:

- Keep five (5) foot aisles/ pathways clear at all times for exit purposes from WAREHOUSES OR WAREFIELDS. Never block exits or safety equipment/fire extinguishers.
- Ensure ALL forklift operators are TRAINED/CERTIFIED by the Logistics Section. STACK MATERIALS IN A SECURE MANNER. In general, stack materials no greater than 3 tiers or in racks, unless approved by SAFETY. Do NOT drive over electrical cords.
- Never remove GUARDS from machines or equipment unless you tag/take them out of service.
- Handle cylinders individually and ensure all are capped and chained while in storage. Store oxygen away from other gases.
- Lift properly, use equipment for lifts of greater than 50 pounds (NIOSH recommends a maximum lift of 51 pounds, adjusted downward for repetitive events).
- Ensure you have SAFETY EQUIPMENT (work gloves, hearing protectors, nitrile gloves, goggles and safety glasses) ready for deployment. Work gloves are required to be ANSI CAT 3 cut resistant.
- Store chemicals according to SDS requirements. Store all flammable liquids in safety cabinets.

Field Operations:

- Mix chemicals using proper PPE (nitrile gloves and goggles).
- Use eye protection (safety glasses) for cutting and mowing operations.
- Stage generators 50 feet from occupied tents or structures. Always shut down power equipment when refueling. Ensure all generators are grounded (ground rods and connections in place),
- DO NOT operate vehicles with individuals in unapproved seats (back of trucks). ALWAYS USE SEAT BELTS.
- Use gloves for ALL rough surface work and EXTERIOR operations. Work gloves are required to be ANSI CAT-3, certified to meet ANSI/ISEA 105 standards, and all gloves must be so labeled when put into service.
- Know your terrain, be cautious of environmental hazards, and **work using the buddy system**.

APPENDIX A

HEALTH AND SAFETY FORMS

- **ICS-206: FORCE HEALTH PROTECTION AND MEDICAL EMERGENCY PLAN (Revised July 2014)**
- **ICS-208 SITE SAFETY PLAN (Revised June 2012)**
- **ICS-215A: SAFETY AND RISK ANALYSIS FORM (Revised January 2014)**
- **GSA STANDARD FORM 91: VEHICLE ACCIDENT INVESTIGATIONS (Revised February 2004)**

Force Health Protection and Medical Emergency Plan

ICS: 206

1. Incident Name/Location/Team	2. Date Prepared	3. Operational Period

4. Incident Force Health Protection Stations

Force Health Protection Station/Location:	Location:	FHP Contact/Name:	FA/AED	Mass Casualty: (MCI-T)	Mobile Lifesaving Kit: (MLK)	Field Clinic

5. Emergency Medical Transport

A. Ground Ambulance Services

Name:	Address:	Phone #/Contact:	BLS	ALS

B. Air Ambulance Services

Name:	Address:	Phone #/Contact:

6. Hospitals, Clinics & Pharmacies

Name:	Address:	Travel Time (minutes): Air	Travel Time (minutes): Ground	Phone #/Contact:	Trauma Center:	Burn Center:

7. Medical Emergency Procedures

1. Contact FHP Station and provide first aid/buddy aid, BLS as appropriate.
2. Access EMS System if EMS systems is intact OR follow transport protocol listed above.
3. Complete notification and reporting procedures below.

8. Reporting Procedures

1. **Safety Officer:** Complete Accident Investigation with employee/supervisor and initiate the OSHA 301 report thru e comp (www.ecomp.dol.gov) or forward to IRCT Safety Officer for recording. Identify UNSAFE ACT/UNSAFE CONDITION for each event. Notify IRCT Safety Officer IMMEDIATELY of OSHA Reportable Incidents and/or HHS Reportable Events. Complete recording for HHS employees and individuals under HHS control (including contractors).
2. **Team Administrative Officer:** You are the SUPERVISOR for each recordable accident/illness: Complete e -comp information as prompted.
3. **USPHS Commissioned Corps:** Access TriCare at www.tricare.mil.

9. Team/Event Medical Director	10. Team/IRCT Safety Officer

(Revised July 2014)

Purpose. The Site Medical Plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The Site Medical Plan is prepared by the Team/Site Medical Leader and/or the Safety Officer.

Distribution. The Site Medical Plan may be attached to the Incident Objectives (ICS 202), or information from the plan pertaining to incident medical aid stations and medical emergency procedures may be taken from the plan and noted on the ICS 208, Site Safety Plan. The Site Medical Plan is briefed to all personnel.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Site	Enter the site for which the form applies.
3.	Operational Period	Enter the time interval for which the form applies.
4.	Force Health Protection Stations	Enter name, location, and telephone number/communications mechanism of the medical aid station(s). Indicate level of service available.
5.	Transportation	List name and address of ambulance or transport services. Provide phone number/contact and indicate level of service. Indicate air medical service information as appropriate. Indicate level of service.
6.	Hospitals/Clinics/ Pharmacies	List hospitals that could serve this incident. Enter hospital name, address, phone number, the travel time by air and ground from the incident to the hospital, and indicate if the hospital has specialized services available. Also list clinics and 24 hour pharmacies available.
7.	Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel. Include reporting or documentation protocol necessary in the event of an emergent medical situation.
8.	Reporting Procedures	Complete the Accident or Illness investigation. Identify an UNSAFE ACT (A RISK, requiring training to prevent subsequent events OR UNSAFE CONDITION (A HAZARD, requiring a physical remedy) for each recorded event. Notify IRCT/EMG immediately of a reportable event.
9.	Prepared By Date/Time	Enter the name of the Medical Unit Leader preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).
10.	Reviewed By Date/Time	Enter the name of the Safety Officer who must review the plan. Enter date (month, day, year) and time reviewed (24-hour clock).

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name/Location:	2. Operational Period: Date From: Date To: Time From: Time To:

3. Site Emergency Action Plan (Alarm and Evacuation Signal, Route and Rally Point, Accountability and Critical Material/Process Actions):

4. Hazardous Areas/Work Prohibitions (Prohibited Areas or Activities):

5. Sanitation (Toilets, Hand Washing, Shower, Waste Locations or Protocol):

6. Security (Control Point and Site Security Protocol):

7. Safety Officer:	Contact:

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____
Date/Time: _____

Revised June 2012

ICS 208
Safety Message/Plan

Purpose. The Site Safety Plan (ICS 208) expands on the Safety Message and provides site specific information to implement a HASP.

Preparation. The ICS 208 may be completed by the Site Safety Officer or others.

Distribution. The ICS 208, if developed, may be posted/briefed onsite.

Notes:
- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	**Incident Name/Locations**	Enter the name assigned to the incident and the location to which the plan applies.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Site Emergency Action Plan**	Enter site alarming and alerting mechanisms and signals, evacuation routes, and rally points (Note: A primary and distant rally point may be identified). Enter any special procedures that must be accomplished prior to a site evacuation (e.g. critical shutdowns) or any items required to be brought during the evacuation process (e.g. pharmaceuticals or critical information systems). Identify the accountability procedure to ensure evacuations have been appropriately completed.
4	**Hazardous Areas or Work Prohibitions**	Identify restricted or controlled site areas or restricted procedures applicable to the site.
5	**Sanitation**	Identify toilet, hand wash station and shower locations. Identify waste procedures and waste management protocol.
6	**Security**	Identify security control points, site security protocol and weapons prohibition.
7	**Safety Officer**	Identify Safety Officer for the site and contact information.
8	**HASP**	If a HASP has been developed for the response, check YES and note the location or access.
9	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

Safety and Risk Analysis Form
ICS: 215A

1. Incident Name	2. Location	3. Operational Period	4. Prepared By

5. Division, Group, Unit	6. Hazards/Risks								7. Mitigations (can be listed here and referenced for specific divisions, groups or units below by number). List at least one (1) mitigation for each hazard identified.
	1. Hazard:	2. Hazard:	3. Hazard:	4. Hazard:	5. Hazard:	6. Hazard:	7. Hazard:	8. Hazard:	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

(NDMS ICS-215A: Safety and Risk Analysis; Updated 1/1/2014)

ICS 215A
Incident Action Plan Safety Analysis

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Location**	Enter the location assigned to the incident.
3	**Operational Period:** • Date and Time From • Date and Time To	Enter date (month/day/year) and time for the operational period to which the form applies.
4	Prepared By	Enter the name of the Safety Officer or others; who collaborated on form preparation. Enter date (month/day/year) and time (24-hour clock) reviewed/completed, if applicable.
5	Division, Group, Unit	List the Divisions, OR Groups/Units within Divisions, who will be performing similar tasks at the incident (in some situations this may be "ALL" personnel).
6	Hazards/Risks	List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment (place an X on the line specific to the Division, Group, Unit exposed or experiencing the hazard or risk).
7	Mitigations	List actions taken to reduce risk for each hazard indicated (e.g., specify personal protective equipment); then list (numerically) what mitigations apply to the identified hazards or risks for each Division/Group/Unit).

Note: Use additional sheets if necessary.

MOTOR VEHICLE ACCIDENT REPORT	Please read the Privacy Act Statement on Page 3	INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality,and/or damage exceeding $500.

SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle)			2. DRIVER'S LICENSE NO./STATE/LIMITATIONS	DATE OF ACCIDENT
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS				4b. WORK TELEPHONE NUMBER
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST $	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED ☐ YES ☐ NO
11. DESCRIBE VEHICLE DAMAGE					

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)

12. DRIVER'S NAME (Last, first, middle)	13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.	14. DRIVER'S LICENSE NO./STATE/LIMITATIONS
15. a DRIVER'S WORK ADDRESS		15b. WORK TELEPHONE NUMBER
16a. DRIVER'SHOME ADDRESS		16b. HOME TELEPHONE NUMBER
17. DESCRIPTION OF VEHICLE DAMAGE		18. ESTIMATED REPAIR COST $

19. YEAR OF VEHICLE	20. MAKE OF VEHICLE	21. MODEL OF VEHICLE	22. TAG NUMBER AND STATE
23a. DRIVE'S INSURANCE COMPANY NAME AND ADDRESS			23b. POLICY NUMBER 23c. TELEPHONE NUMBER
24. VEHICLE IS ☐ CO-OWNED ☐ RENTAL ☐ LEASED ☐ PRIVATELY OWNED	25a. OWNER'S NAME(S) (Last, first, middle)		25b. TELEPHONE NUMBER
26. OWNER'S ADDRESS(ES)			

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)

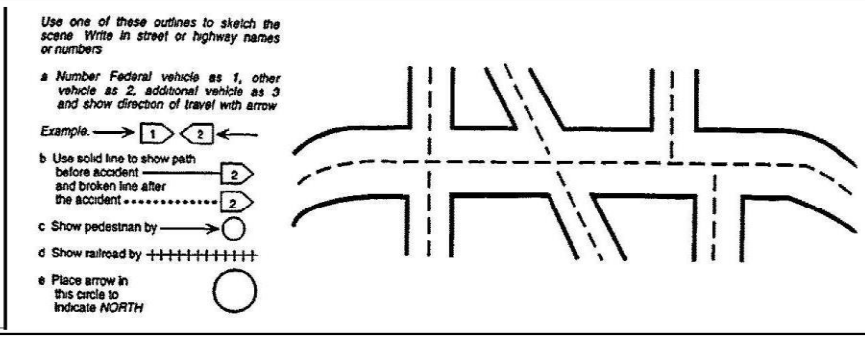
A	27. NAME (last, first, middle)			28. SEX	29. DATE OF BIRTH
	30. ADDRESS				
	31. MARK "X" IN TWO APPROPRIATE BOXES ☐ KILLED ☐ INJURED ☐ DRIVER ☐ HELPER ☐ PASSENGER ☐ PEDESTRIAN	32. IN WHICH VEHICLE ☐ FED ☐ OTHER (2)	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY	
	35. TRANSPORTED BY	36. TRANSPORTED TO			
B	37. NAME (last, first, middle)			38. SEX	39. DATE OF BIRTH
	40. ADDRESS				
	41. MARK "X" IN TWO APPROPRIATE BOXES ☐ KILLED ☐ INJURED ☐ DRIVER ☐ HELPER ☐ PASSENGER ☐ PEDESTRIAN	42. IN WHICH VEHICLE ☐ FED ☐ OTHER (2)	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY	
	45. TRANSPORTED BY	46. TRANSPORTED TO			

47. Pedestrian	a. NAME OF STREET OR HIGHWAY	b. DIRECTION OF PEDESTRIAN (SW corner to NW corner, etc.) FROM	TO
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT *(crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)*		

SECTION IV - ACCIDENT TIME AND LOCATION (Use section VII if additional space is needed.)

48. DATE OF ACCIDENT	49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).
50. TIME OF ACCIDENT ☐ AM ☐ PM	

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED



52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. Front
		b. R. Front
		c. L. Front
		d. Rear
		e. R. Rear
		f. L. Rear
		g. R. Side
		h. L. Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal,etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.)

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	54. NAME (Last, first, middle)	55. WORK TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
	57. WORK ADDRESS	58. HOME ADDRESS	
B	59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
	62. WORK ADDRESS	63. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

SECTION VII - POLICE INFORMATION

69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and the title 31 U.S.C. Section 7701. The formation is required by federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles,and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for federal management and debt collection. Furnishing the requested information is mandatory, including the Social security Number or Taxpayer's Identification Number(TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form *(Sections I thru VII)* is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER	72b. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

73. ORIGIN	74. DESTINATION

75. EXACT PURPOSE OF TRIP

	DATE	TIME *(Include AM or PM)*		DATE	TIME *(Include AM or PM)*
76. TRIP BEGAN			77. ACCIDENT OCCURRED		

78. AUTHOURITY FOR THE TRIP WAS GIVEN TO THE OPERATOR	79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?
☐ ORALLY ☐ IN WRITING *(Explain)*	☐ NO ☐ YES *(Explain)*
80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS?	81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?
☐ YES ☐ NO *(Explain)*	☐ NO ☐ YES *(Explain)*

82. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY	b. COMENTS
	☐ YES ☐ NO	

83a. NAME AND TITLE OF SUPERVISOR	83b. SUPERVISOR'S SIGNATURE AND DATE	83c. TELEPHONE NUMBER

SECTION XI - ACCIDENT INVESTIGATION DATA

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ NO ☐ YES (If checked, explain below.)

85. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

89. ACCIDENT INVESTIGATOR			90. ACCIDENT REVIEWING OFFICIAL		
a. SIGNATURE		b. DATE	a. SIGNATURE		b. DATE
c. NAME (First, middle, last)			c. NAME (First, middle, last)		
d. TITLE			d. TITLE		
e. OFFICE			e. OFFICE		
f. OFFICE TELEPHONE NUMBER			f. OFFICE TELEPHONE NUMBER		
AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION

APPENDIX B

JOB ACTION SHEETS

- **IRCT SAFETY OFFICER (Revised Feb 26, 2015)**
- **IRCT ASSISTANT SAFETY OFFICER (Revised January 30, 2015)**
- **TEAM SAFETY OFFICER (Revised February 26, 2015)**
- **MOBILIZATION SAFETY OFFICER (February 26, 2015)**
- **RESPIRATOR TRAINER AND FIT TEST TEAM MEMBER (February 26, 2015)**

Job Action Sheet
IRCT SAFETY OFFICER

Mission: The IRCT Safety Officer (SOFR) is responsible for the anticipation, identification, and assessment of hazardous and unsafe conditions at the IRCT location, and provides technical assistance to Team SOFR. The IRCT SOFR is also the liaison to EMG Safety, the NDMS Health and Safety Manager or the HHS/OEM Safety Official. SOFR develop measures to reduce risks and ensure personnel safety and accountability and ensure health needs of the IRCT personnel and field elements are met in conjunction with medical officers and the medical unit leader. Having full authority of the IRCT commander, the SOFR can exercise emergency authority to stop or prevent unsafe acts/conditions, when judged to present an imminent danger. The SOFR works through command/section chiefs to remedy all other hazards [Imminent Danger is defined as a condition which may cause death, serious physical harm or exposure to a toxic substance which can cause substantial impairment in physical or mental efficiency (not necessarily immediate)[1]] These duties are described in typical Health and Safety Plans (HASP) for field response, and are identified in US DOL OSHA standards and interpretations.

Date of Deployment: Start: _____ End: _____ Incident Name: _____

Position Reports to: IRCT Commander Name: _____

IRCT Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Prior to Arrival On-Site:	**Time/Date**	**Initial**
Ensure you are capable of "Moderate" work capacity and meet medical profile requirements for the mission [Profile 1, 2, (or 3 if approved by CMO)]. Review and/or assist with the implementation of the Hazard Evaluation and Risk Assessment (HERA) for the deployment and ensure distribution to the IRCT prior to response.		
Review the Health and Safety Plan (HASP) for the response. This is typically available on Responder e-Learn (REL).		
Obtain technical (Safety and Health) briefing(s) from the EMG SOFR/NDMS Health and Safety Manager as available prior to the deployment.		
Read this entire Job Action Sheet and review the Incident Response Coordination Team organization chart (Form 201-3). Bring/wear position identification or IRCT uniform of the day, as well as any specified safety equipment specific to this response.		
If a PTB has been issued, ensure it is on record and discuss PTB completion activities with the EMG-SOFR; NDMS Health and Safety Managers and/or OEM Safety Official.		
Notify EMG Field Operations of initiation of travel/deployment and arrival on-site.		

Immediate - On-Site:	**Time/Date**	**Initial**
Report to and receive briefing from IRCT Incident Commander.		

[1] U.S. Department of Labor: Occupational Safety and Health Administration (OSHA). 29CFR1960.2(u)

Immediate - On-Site:	Time/Date	Initial
Develop Safety and Security Protocol for the IRCT location. The SOFR may work in concert with the LOGISTICS SECTION (Security Manager) to accomplish these tasks.		
Inspect the IRCT location and complete an ICS-215A for the IRCT location.		
Develop an ICS-208 from ICS-215A information; post and brief all IRCT members on this protocol in concert with ICS-206 information. Ensure evacuation information is included and briefed (including primary and secondary evacuation points). Hold an evacuation drill for IRCT personnel.		
Review and approve IRCT Medical Plan (ICS-206: Force Health Protection Medical Plan) for the IRCT. Brief in concert with ICS-208 information.		
Determine the need for assistant SOFRs (ASO) and request appointments as necessary. Recommend skill set for each ASO. ALWAYS ASSIGN AN ASO FOR AIR OPS WHEN FIXED OR ROTARY WING AIRCRAFT ARE USED IN THE DEPLOYMENT.		
Ensure that appropriate safety equipment and supplies are in place at the IRCT location from the IRCT cache or other equipment caches. This includes environmental testing equipment, communications equipment, and weather radios. Post information on ICS-208.		
Meet with Planning Section Chief; obtain preliminary situation briefing (SIT UNIT).		
Obtain a current communications status briefing from the Communications Unit Leader, in the Logistics Section. Ensure that communications with Team SOFR can occur through radio, cell or other identified mechanisms (24/7).		
Brief ASO as necessary and as they are assigned. Develop schedule of assignments/activities for ASO.		
Participate in initial Incident Action Plan preparation, through tactics and planning meeting participation.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.		
Work with the CMO to develop an Infection Control Plan for the response. Distribute through the Chain of Command when completed and jointly approved by CMO/SOFR.		
Work with security personnel as present on the response to ensure physical security and crime prevention. If assigned, a security manager may be in place in the Logistics Section. If not assigned, this is the IRCT-SOFR responsibility.		
Brief incoming teams with theatre Safety Brief if not completed during MOB. Coordinate with mobilization Safety Officer on this task.		

Intermediate - On-Site:	Time/Date	Initial
Ensure an updated or accurate ICS-206 and ICS-208 is approved and in place for each NDMS location.		
Daily inspect IRCT for safety and health hazards and determine if work areas or BOO risks warrant restriction or modification of activities described in HASP, ICS-206, or ICS-208.		

Intermediate - On-Site:	Time/Date	Initial
Recommend/Develop Safety Bulletins for immediate distribution, when hazards of note are identified during the response. Safety Bulletins may be provided by EMG Safety, NDMS Safety Health Managers or OEM Safety Officers.		
Develop Safety Messages for IAP daily. Distributes these to Planning Section and Team SOFRs for team use.		
Establish work cycle restrictions based on environmental conditions (e.g. hot/cold/fatigue). Ensure these restrictions meet the requirements of the HASP or Safety Bulletins.		
HALT ACTIVITIES identified as IMMINENT DANGER situations [IMMINENT DANGER is defined as a condition which may cause death, serious physical harm or exposure to a toxic substance which can cause substantial impairment in physical or mental efficiency (not necessarily immediate) - US DOL OSHA definition].		
Brief IRCT with Safety Messages as requested by IRCT command, typically daily Provide Safety Briefings to IRCT ASO and Team SOFR (initial/ongoing Safety Briefings).		
Implement the HASP and review the use of all PPE in compliance with OSHA requirements (29CFR1910.132).		
Communicate regularly with the IRCT Command and General Staff and brief daily on the status of safety and health activities. Interface routinely with Environmental Health Technical Specialists (Operations) and Security (Logistics) sections; if these specialists are not in place, the SOFR will assume these responsibilities.		
Assist Team SOFR performing safety/health related investigations (accident/illness/hazard/vehicles), and maintains appropriate documentation concerning investigations. Ensure all accidents, illnesses or HHS E-Comp events are entered into E-Comp and communicated to EMG-Safety.		
Identify, meet and work with jurisdictional safety, health and emergency services to integrate these assets into the HASP and Emergency Plans (ICS-206; ICS-208), for IRCT or other locations.		
Develop Safety and Health Protocols specific to Specialty Teams [DMORT, NVRT, IMSurT, WMD specialty teams]. These may be provided by an ASO (SME). Document these specifications or activities on ICS-208, and post/brief.		
Ensure HASP is in place with assigned Team SOFR, through Chain of Command.		
Distribute Safety Bulletins developed for specific hazardous situations to IRCT and Team SOFR, through Chain of Command.		
Quality control and assist Team SOFR with HASP implementation for the mission. Provide on-site technical review for situations of concern, through site inspections and visits to all sites.		
Develop daily safety messages for IAP; distribute to Planning Sections.		
Review IAP daily and concur/support the IAP on a daily basis (Participate in Tactics Meeting/Planning Meeting).		
Maintain and use appropriate safety equipment (hearing protection, respiratory protections/ PPE) necessary to evaluate hazardous areas or monitor in these locations. Ensure hazardous location evaluation requests from teams are monitored or passed on to EMG Safety.		

Intermediate - On-Site:	Time/Date	Initial
Quality control ALL accountability procedures and ensures a process is in place at all locations to respond to accountability lapses or unaccounted for personnel.		

Extended – On-Site:	Date/Time	Initial
Continue to monitor and communicate with Team SOFR concerning health and safety practices. Visit all sites. Document site visits on ICS-214.		
Continue to maintain the Personal Custody Property Record/Hand Receipt (HHS Form 239) to track equipment used during the response.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the IRCT Commander or Behavioral Health Specialist. Provide for staff rest periods and relief. Ensure fatigue management standards, as described in the HASP, are enforced.		
Request and perform (or cause to be performed) specialized measurements to identify hazards in the response (noise, light, air toxins, physical/chemical hazards) and implement protective protocol in the timeframe necessary to analyze/calculate results.		
Maintain metering/monitoring and specialized safety equipment as available to the IRCT SOFR, in usable and calibrated condition.		
Maintain Activity Log (ICS-214) and report daily to Command.		

Demobilization/Transition to Recovery	Time/Date	Initial
Upon change of IRCT SOFR, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information. Allow a 1-3 day mentoring period for this action.		
Assess decontamination or sanitization requirements prior to demobilization, include these in the demobilization plan.		
Assess physical conditions necessary for personal demobilization and ensure a demobilization plan meets HASP requirements.		
Confirm safe transport for demobilization (i.e. to demobilization point and from demobilization point to transport facilities).		
Assess rest periods necessary for personnel prior to demobilization/travel (e.g. ensure an eight (8) hour rest period prior to travel/driving).		
Ensure behavioral health briefings occur, prior to demobilization.		
Provide summary reports of all injuries, illnesses and unsafe situations to the EMG SOFR for AAR.		
Participate in your performance evaluation review, with the Incident Commander. Perform performance evaluation(s) for ASO.		
Upon deactivation of your position, brief the IRCT Commander on current problems, outstanding issues, and follow-up requirements.		

Demobilization/Transition to Recovery	Time/Date	Initial
Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Documentation Unit.		
Submit comments to the IRCT Commander or others identified for discussion and possible inclusion in an after-action report, provide these to EMG SOFR; topics include: • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues		
Ensure PTB sign-offs for response activities occur, as directed by EMG-Safety, NDMS Health and Safety Manager or OEM Safety Official.		
Clean up your work area before you leave.		
List all supplies and resources that need to be replenished.		
Leave forwarding phone number where you can be reached.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		
Notify EMG-Field Operations of travel out of theatre and arrival at home station.		

Documents/Tools
• Hazard Evaluations and Risk Assessment (HERA): Response Specific • Health and Safety Plan (HASP): Response Specific • Incident Action Plan • ICS Form 201 – Incident Briefing • ICS Form 202 – Incident Objectives • ICS Form 203 – Organizational Assignment List • ICS Form 204 – Division Assignment List • ICS Form 205 – Incident Radio Communications Plan • ICS Form 205-T – Telephone Contact List • ICS Form 206 – Site Medical Plan • ICS Form 207 – Organizational Chart • ICS Form 208 – Site Safety Plan • ICS Form 213 – Incident Message Form • ICS Form 214 – Operational Log • ICS Form 215A – Safety Analysis • Personal Custody Property Record/Hand Receipt (HHS Form 239) • Local and State Emergency Operations Plans • Communications Equipment (radio/cell/computer/other) as assigned from the COMMS Unit • IRCT Cache – Safety and Health Monitoring and Measurement Equipment • IRCT Cache – Weather Radio

Job Action Sheet
IRCT ASSISTANT SAFETY OFFICER

Mission: The IRCT Assistant Safety Officer (ASO) reports to the IRCT SOFR. The ASO develops measures to reduce risks and ensures personnel safety and accountability. Having full authority of the IRCT SOFR and IRCT Commander, the ASO can exercise emergency authority to stop or prevent unsafe acts/conditions, when judged to present an imminent danger. Imminent Danger is defined as a condition which may cause death, serious physical harm or exposure to a toxic substance which can cause substantial impairment in physical or mental efficiency (not necessarily immediate).[1] These duties are described in typical Health and Safety Plan (HASP) for field response, and are identified in US DOL OSHA standards and interpretations. The ASO works through the SOFR to remedy all other hazards. The ASO may be assigned to a specific geographic location or a specific mission requiring subject matter expertise.

Date of Deployment: Start: _____ End: _____ Incident Name: _____

Position Reports to: IRCT SOFR Name: _____

IRCT Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Prior to Arrival On-Site:	**Time/Date**	**Initial**
Ensure you are capable of "Moderate" Work Capacity and meet medical profile requirements for the mission [Profile 1, 2, (or 3, if approved by the CMO)]. This may include a respirator fit test.		
Review and/or assist with the implementation of the Hazard Evaluation and Risk Assessment (HERA) for the deployment, prior to response.		
Review the Health and Safety Plan (HASP) for the response. This is typically posted on Responder e-Learn (REL).		
Obtain technical (Safety and Health) briefing as available prior to the response and from the SOFR once on-site. This may also be provided during the Mobilization process.		
Read this entire Job Action Sheet and review Incident Response Coordination Team organization chart (Form 201-3). Prepare and wear position identification or IRCT uniform of the day. Ensure you are aware of any travel restrictions/requirements for uniforms.		
Notify EMG-Field Operations of initiation of travel and arrival on-site.		

Immediate On-Site:		
If a PTB has been issued, ensure it is on hand and discuss PTB completion plan for the response with the designated mentor. Ideally this is done prior to arrival on-site.		
Implement Safety and Security Protocol for the IRCT location, as directed by the SOFR. The ASO may work in concert with the LOGISTICS SECTION (Security Manager) to accomplish these tasks. The ASO may provide shift coverage as		

[1] U.S. Department of Labor: Occupational Safety and Health Administration (OSHA). 29CFR1960.2(u)

Immediate On-Site:		
designated by the SOFR.		
Inspect safety equipment and supplies in place at the IRCT location from the IRCT cache or other equipment caches. This includes environmental testing equipment, communications equipment and weather radios. Maintain equipment as directed by the SOFR.		
Attend tactics and planning meetings, as directed by the SOFR.		
Obtain a current communications status briefing from the Communications Unit Leader, in the Logistics Section. Ensure that communications with SOFR and communications unit can occur through radio, cell or other identified mechanisms (24/7).		
Perform technical assignments at field locations as directed by IRCT SOFR. Utilize PPE as identified in the HASP.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis. Ensure you are qualified and trained to use all safety equipment for the response.		
Inspect IRCT as directed by the IRCT SOFR.		
Review Medical Plan (ICS-206: Force Health Protection Medical Plan) and Site Safety Plan (ICS-208) for the IRCT and ensure an ICS-206 and ICS-208 is approved by the SOFR and in place for each NDMS location.		
Work with security personnel as present on the response to ensure physical security and crime prevention. If assigned, a security manager may be in place in the Logistics Section. Report personal safety concerns to the IRCT SOFR.		

Intermediate On-Site:	**Time/Date**	**Initial**
Identify safety and health hazards and determine if work areas or BOO risks warrant restriction or modification of activities. Recommend ICS-206 and ICS-208 modifications or changes to SOFR.		
Implement Safety Bulletins and Safety Messages, as directed by SOFR.		
HALT ACTIVITIES identified as IMMINENT DANGER situations [IMMINENT DANGER is defined as a condition which may cause death, serious physical harm or exposure to a toxic substance which can cause substantial impairment in physical or mental efficiency (not necessarily immediate)[1].] Report any activities halted to IC and SOFR immediately.		
Assist with emergency notification and evacuation plans for all locations, ensure these are in place. Ensure both Rally Points and Distant Evacuation Points are noted.		
Interface routinely with Environmental Health Technical Specialists (Operations) and Security (Logistics) sections.		
Perform safety/health related investigations (accident/illness/hazard/vehicles), and maintain appropriate documentation concerning investigations, as directed by SOFR.		
Identify, meet and work with jurisdictional safety, health and emergency services to integrate these assets into the HASP and Emergency Plans, as directed by SOFR.		
Implement a Safety Protocol described in Safety Bulletins developed for specific		

Intermediate On-Site:	Time/Date	Initial
hazardous situations through Chain of Command, and as directed by SOFR.		
Provide on-site technical review if assigned as a Subject Matter Expert (SME) and inspect for situations of concern in your area of expertise.		
Maintain and use appropriate safety equipment (hearing protection, respiratory protections/ PPE) necessary to evaluate hazardous areas or monitor in these locations, as directed by the Safety Officer.		

Extended On-Site:	Date/Time	Initial
Continue to monitor and communicate with Team SOFR and health and safety practices, and implement activities as directed by the SOFR.		
Continue to maintain the Personal Custody Property Record/Hand Receipt (HHS Form 239) to track equipment used during the response.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the SOFR or Behavioral Health Specialist. Ensure fatigue management standards, as described in the HASP are enforced.		
Perform specialized measurements to identify hazards in the response (noise, light, air toxins, and physical/chemical hazards) and implement protective protocol in the timeframe necessary to analyze/calculate results, as directed by SOFR.		
Maintain metering/monitoring and specialized safety equipment as available to the IRCT, in usable and calibrated condition.		
Maintain Activity Log (ICS-214) and report daily.		

Demobilization/Transition to Recovery	Time/Date	Initial
Identify safety and health related concerns for the response AAR. Maintain this documentation through the response.		
Review decontamination/demobilization plan and physical conditions necessary for personal demobilization and assist with the demobilization plan in compliance with HASP requirements.		
Behavioral health briefings occur prior to demobilization. Attend briefings as directed by the SOFR.		
Participate in a performance evaluation review for the response, with the SOFR. Maintain performance review documentation and/or Position Task Book verifications from the response.		
Upon deactivation of your position, brief the SOFR on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Documentation Unit, through the SOFR.		
If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation.		

Demobilization/Transition to Recovery	Time/Date	Initial
Clean up your work area before you leave.		
List all supplies and resources that need replenishment.		
Leave forwarding phone number where you can be reached, with SOFR.		
Notify EMG Field Operations of travel out of theater and arrival at home station.		

Documents/Tools

- Hazard Evaluations and Risk Assessment (HERA): Response Specific
- Health and Safety Plan (HASP): Response Specific
- Incident Action Plan
- ICS Form 201 – Incident Briefing
- ICS Form 202 – Incident Objectives
- ICS Form 203 – Organizational Assignment List
- ICS Form 204 – Division Assignment List
- ICS Form 205 – Incident Radio Communications Plan
- ICS Form 205-T – Telephone Contact List
- ICS Form 206 – Site Medical Plan
- ICS Form 207 – Organizational Chart
- ICS Form 208 – Site Safety Plan
- ICS Form 213 – Incident Message Form
- ICS Form 214 – Operational Log
- ICS Form 215A – Safety Analysis
- Personal Custody Property Record/Hand Receipt (HHS Form 239)
- Communications Equipment (radio/cell/computer/other) as assigned from the COMMS Unit
- IRCT Cache – Safety and Health Monitoring and Measurement Equipment
- IRCT Cache – Weather Radio

Job Action Sheet
TEAM SAFETY OFFICER

Mission: The Team Safety Officer (SOFR) is responsible for the anticipation, identification, and assessment of hazardous and unsafe conditions. SOFR implement response Health and Safety Plans (HASP) and develop measures to reduce risks and ensure personnel safety and accountability of field elements in conjunction with the medical officers and the medical unit leader. Having full authority of the Team commander, the SOFR can exercise emergency authority to stop or prevent unsafe acts/conditions, when judged to present an imminent danger. [Imminent Danger is defined as a condition which may cause death, serious physical harm or exposure to a toxic substance which can cause substantial impairment in physical or mental efficiency (not necessarily immediate).[1]] The SOFR works through command/section chiefs to remedy all other hazards.

Date of Deployment: Start: _____ End: _____ Incident Name: _____

Position Reports to: Team Commander Name: _____

Deployment Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Prior to Arrival On-Site:	**Time/Date**	**Initial**
Ensure you are capable of "Moderate" Work Capacity and meet medical profile requirements for the mission [Profile 1, 2, (or 3 if approved by the CMO)].		
Review and/or assist with the implementation of the Hazard Evaluation and Risk Assessment (HERA) for the deployment, and ensure distribution to the team PRIOR to response. Assist Command with implementation.		
Review the Health and Safety Plan (HASP) for the response and any Safety Bulletins issued. The HERA and HASP are found on Responder e-Learn (REL).		
Read this entire Job Action Sheet. Prepare uniform of the day or team specific identification needed for travel.		
Notify EMG-Field Operations of deployment and arrival on-site.		
Attend Mobilization Activities and complete safety and medical preparedness at MOB.		

Immediate On-Site:	**Time/Date**	**Initial**
Receive technical (Safety and Health) briefing from the IRCT SOFR as available prior to the response and from the Incident Commander once on-site. The Mobilization Safety Officer may also provide this information.		
Inspect the Team BOO.		
Develop Specific Safety and Security Protocol for the team location. The SOFR may work in concert with the LOGISTICS SECTION (Security Manager) to accomplish these tasks. Use the ICS-215A form to identify site hazards and remedies and document site specific safety procedures on the ICS-206 (Medical Plan) and ICS 208 (Site Safety Plan). Brief team on ICS-206 and ICS-208 and post these forms.		

[1] U.S. Department of Labor: Occupational Safety and Health Administration (OSHA). 29CFR1960.2(u)

Immediate On-Site:	Time/Date	Initial
Determine the need for assistant SOFRs (ASO) and request appointments as necessary. Provide ASO with briefings, assignments and schedules.		
Ensure contact with the IRCT SOFR and ensure that a flow of safety communications can occur. Establish contact mechanism.		
Ensure that appropriate safety equipment and supplies are in place at the team location. This includes communications equipment, weather radios and fit test supplies from the team cache.		
Ensure all personnel have received "Safety 101" annual OSHA training required for deployment. This may be provided during mobilization activities.		
Ensure all medical personnel are fit tested for respirators as described in the HASP. Process fit test documentation to the IRCT or MOBILIZATION SOFR as directed.		
Meet with Planning Section Chief; obtain preliminary situation briefing (SIT UNIT).		
Obtain a current communications status briefing from the Communications Unit Leader, in the Logistics Section. Ensure that communications with SOFR can occur through radio, cell or other identified mechanisms (24/7).		
Confer with the team CDR to receive assignments/briefings.		
Participate in Incident Action Plan preparation, through tactics and planning meeting participation, on a daily basis.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.		
Work with the team CMO identified for the response to develop an Infection Control Plan for the response. Distribute through the Chain of Command when completed and approved by CMO. Brief the Infection Control procedures to all staff.		
Work with security personnel as present on the response to ensure physical security and crime prevention. If assigned, a security manager may be in place in the Logistics Section.		

Intermediate On-Site:	Time/Date	Initial
Continue to identify safety and health hazards and determine if work areas or BOO risks warrant restriction or modification of activities described in HASP. Authorize HASP modifications or changes (upgrades) as required.		
Brief Staff on Safety Bulletins, when received from the IRCT or when hazards of note are identified during the response. Identify hazards which apply theatre-wide to the IRCT SOFR.		
Develop Safety Messages for IAP. Distribute these to Planning Section and brief the Team daily.		
Establish work cycle restrictions based on environmental conditions (e.g. hot/cold/fatigue). Ensure these restrictions are adequately documented in daily Safety Messages.		
HALT ACTIVITIES identified as IMMINENT DANGER situations [IMMINENT DANGER is defined as a condition which may cause death, serious physical harm or exposure to a toxic substance which can cause substantial impairment in physical or mental		

Intermediate On-Site:	Time/Date	Initial
efficiency (not necessarily immediate) - US DOL OSHA definition].		
Contact the IRCT SOFR daily for technical updates.		
Investigate all team accidents/illnesses and log within appropriate employee in the US DOL ECOMP system. Provide HHS reportable incident information to the IRCT-SOFR.		
Communicate regularly with Command and General Staff and brief regularly on the status of safety and health activities. Interface routinely with Environmental Health Technical Specialists (Operations) and Security (Logistics) sections if in place during the response.		
Perform vehicle accident investigations with the LOGISTICS Section or Process SF-91 and maintain appropriate documentation concerning investigations.		
Identify, meet and work with jurisdictional safety, health and emergency services to integrate these assets into the Site Emergency Plans (ICS-206 and ICS-208).		
Stage an appropriate evacuation drill per ICS-208 requirements.		
Request technical assistance from the IRCT SOFR for situations of concern (e.g. noisy areas) identified on-site.		
Review IAP daily and concur/support the IAP on a daily basis (Participate in Tactics Meeting/Planning Meeting).		
Maintain and use appropriate safety equipment (hearing protection, respiratory protections/ PPE) necessary to evaluate hazardous areas or monitor in these locations.		
Quality control ALL accountability procedures and ensure a process is in place at all locations to respond to accountability lapses or unaccounted for personnel.		

Extended On-Site:	Date/Time	Initial
Continue to monitor and communicate with IRCT SOFR concerning health and safety practices on a routine basis.		
Continue to maintain the Personal Custody Property Record/Hand Receipt (HHS Form 239) to track equipment used during the response. Maintain metering/monitoring and specialized safety equipment as available to the SOFR, in usable and calibrated condition.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress/fatigue management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the IRCT Commander or Behavioral Health Specialist. Provide for staff rest periods and relief.		
Upon shift or unit change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		
Request and cause to be performed specialized measurements to identify hazards in the response (noise, light, air toxins, physical/chemical hazards) and implement protective protocol in the timeframe necessary to analyze/calculate results.		

Extended On-Site:	Date/Time	Initial
Identify safety and health related concerns for the response AAR. Document these concerns to IRCT SOFR and as directed by Team Commanders.		
Maintain Activity Log (ICS-214) and report daily to Command. Receive Safety Bulletins and information thru the IRCT SOFR.		

Demobilization/Transition to Recovery	Time/Date	Initial
Assess decontamination or sanitization requirements prior to demobilization.		
Assess physical conditions necessary for personal demobilization and ensure a demobilization plan meets HASP requirements.		
Confirm safe transport for demobilization (i.e. to demobilization point and from demobilization point to transport facilities).		
Assesses rest periods necessary for personnel prior to demobilization/travel (e.g. ensure an eight (8) hour rest period prior to travel/driving).		
Ensure behavioral health briefings occur, prior to demobilization.		
Process reports of all injuries, illnesses and unsafe situations for AAR planning.		
Participate in a performance evaluation review for the response, with the Incident Commander. Perform performance evaluation(s) for ASO.		
Upon deactivation of your position, brief the Team Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Documentation Unit.		
Submit comments to the Commander for discussion and possible inclusion in an after-action report; topics include: • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues		
If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation.		
Clean up your work area before you leave.		
List all supplies and resources that need replenishment.		
Leave forwarding phone number where you can be reached.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		
Notify Response Operations of your arrival at home station.		

Documents/Tools
• Hazard Evaluations and Risk Assessment (HERA): Response Specific • Health and Safety Plan (HASP): Response Specific • Incident Action Plan

Documents/Tools
• ICS Form 206 – Site Medical Plan • ICS Form 208 – Site Safety Plan • ICS Form 215a – Safety Analysis • Personal Custody Property Record/Hand Receipt (HHS Form 239) • Local and State Emergency Operations Plan • Communications Equipment (radio/cell/computer/other) as assigned from the COMMS Unit • Cache – Safety and Health Monitoring and Measurement Equipment • Cache – Weather Radio • Cache – Fit Test Equipment

Job Action Sheet
MOBILIZATION SAFETY OFFICER

Mission: The Mobilization Safety Officer (MOB SOFR) is responsible for the anticipation, identification, and assessment of hazardous and unsafe conditions at the mobilization location, and provides technical assistance to Team SOFR during the mobilization process. The MOB SOFR reports to the MOB team lead, EMG Safety, the NDMS Health and Safety Manager or the HHS/OEM Safety Official. MOB SOFR may supervise ASO, or Respirator Training and Fit Test personnel. Having full authority the MOB SOFR can exercise emergency authority to stop or prevent unsafe acts/conditions, when judged to present an imminent danger. The MOB SOFR works through command/section chiefs to remedy all other hazards. [Imminent Danger is defined as a condition which may cause death, serious physical harm or exposure to a toxic substance which can cause substantial impairment in physical or mental efficiency (not necessarily immediate)[1].] These duties are described in typical Health and Safety Plans (HASP) for field response, and are identified in US DOL OSHA standards and interpretations.

Date of Deployment: Start: _____ End: _____ Incident Name: _____

Position Reports to: MOB LEAD/EMG SAFETY Name: _____

MOB Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Prior to Arrival On-Site:	**Time/Date**	**Initial**
Ensure you are capable of "Moderate" work capacity; meet medical profile requirements for the mission [Profile 1, 2, (or 3 if approved by CMO)]. Review and/or assist with the implementation of the Hazard Evaluation and Risk Assessment (HERA) for the deployment and ensure distribution to the MOB personnel prior to deployment.		
Review the Health and Safety Plan (HASP) for the response. This is typically available on Responder e-Learn (REL), but can be acquired from EMG Safety.		
Obtain technical (Safety and Health) briefing(s) from the EMG SOFR/NDMS Health and Safety Manager as available prior to the deployment. Ensure required presentations or materials are brought or available (e.g. "Safety 101").		
Read this entire Job Action Sheet. Bring/wear position identification or uniform of the day, as well as any specified safety equipment specific to this response, identified in HERA/HASP.		
If a PTB has been issued, ensure it is on record and discuss PTB completion activities with the EMG-SOFR, NDMS Health and Safety Managers and/or OEM Safety Official.		
Notify EMG Field Operations of initiation of travel/deployment and arrival on-site.		

Immediate - On-Site:	**Time/Date**	**Initial**
Report to and receive briefing from MOB Leader or EMG Safety.		

[1] U.S. Department of Labor: Occupational Safety and Health Administration (OSHA). 29CFR1960.2(u)

Immediate - On-Site:	Time/Date	Initial
Develop Safety and Security Protocol for the MOB location. The MOB SOFR may work in concert with the LOGISTICS SECTION (Security Manager) to accomplish these tasks. If not assigned, security remains the responsibility of the MOB SOFR.		
Inspect the MOB location and complete an ICS-215A for the MOB location. Ensure that appropriate safety equipment and supplies are in place.		
Develop an ICS-208 from ICS-215A information; post and brief all IRCT members on this protocol in concert with ICS-206 information. Ensure evacuation information is included and briefed (including primary and secondary evacuation points). Stage an evacuation drill for Mobilization Staff.		
Review and approve MOB Medical Plan (ICS-206; Force Health Protection Medical Plan) for the MOB. Brief in concert with ICS-208 information.		
Determine the need for assistant SOFRs (ASO) and request appointments as necessary. Recommend skill set for each ASO. The MOB SOFR typically supervises the RTFT team (Respirator Training and Fit Test Team).		
Meet with Planning Section Chief; obtain preliminary situation briefing (SIT UNIT).		
Obtain a current communications status briefing from the Communications Unit Leader, in the Logistics Section. Ensure that communications with Team Leader can occur through radio, cell or other identified mechanisms (24/7).		
Brief ASO or RTFT team as necessary and as they are assigned. Develop schedule of assignments/activities.		
Participate in Incident Action Plan preparation, through tactics and planning meeting participation.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.		
Work with the MOB CMO to develop an Infection Control Plan for MOB. Distribute through the Chain of Command when completed and jointly approved by CMO/SOFR.		
Brief incoming teams with theatre Safety Brief. Present requisite Safety Training to these teams (e.g. "Safety 101"/"Safety 102"). Document completion and provide this information to the NDMS PSB for recordkeeping.		
HALT ACTIVITIES identified as IMMINENT DANGER situations [IMMINENT DANGER is defined as a condition which may cause death, serious physical harm or exposure to a toxic substance which can cause substantial impairment in physical or mental efficiency (not necessarily immediate) - US DOL OSHA definition].		
Ensure all team SOFR have a copy of the HASP and review the HASP with them. Provide contact information to the IRCT SOFR for distribution of Safety Bulletins.		
Supervise RTFT personnel, ensure supplies and schedules are in place. RTFT personnel are covered under the HHS OEM Bloodborne Pathogens plan.		

Intermediate - On-Site:	Time/Date	Initial
Daily inspect MOB for safety and health hazards and determine if work areas or BOO risks warrant restriction or modification of activities described in HASP, ICS-206, or ICS-208.		

Intermediate - On-Site:	Time/Date	Initial
Recommend/Develop Safety Bulletins for immediate distribution, when hazards of note are identified during the response. Safety Bulletins may be provided by EMG Safety, the NDMS Safety Health Manager or OEM Safety Officers.		
Develop Safety Messages for MOB IAP daily. Distributes these to MOB Planning Section.		
Establish work cycle restrictions based on environmental conditions (e.g. hot/cold/fatigue). Ensures these restrictions meet the requirements of the HASP or Safety Bulletins. Work cycles may occur in field locations and include travel.		
Brief MOB personnel with Safety Messages as requested by EMG, typically daily. Provide Briefings to MOB ASO and RTFT team (initial/ongoing Safety Briefings).		
Communicate regularly with the MOB Staff and brief daily on the status of safety and health activities. Interface routinely with Environmental Health Technical Specialists (Operations) and Security (Logistics) sections; if these specialists are not in place, the SOFR will assume these responsibilities, for the mobilization site.		
Assist Team SOFR performing safety/health related investigations (accident/illness/hazard/vehicles) which occur during MOB. Maintain appropriate documentation concerning investigations. Ensure all accidents, illnesses or HHS E-Comp events are entered into E-Comp and communicated to EMG-Safety.		
Identify, meet and work with jurisdictional safety, health and emergency services to integrate these assets into the HASP and Emergency Plans (ICS-206; ICS-208) for the MOB Site.		
Develop Safety and Health briefs specific to Specialty Teams [DMORT, NVRT, IMSurT, WMD specialty teams]. These may be provided by an ASO (SME). Document these specifications or activities on ICS-208, and post/brief. This may require specialized PPE training (see HASP).		
Quality control and assist Team SOFR with HASP implementation for the mission while on MOB.		
Review IAP daily and concur/support the IAP on a daily basis (Participate in Tactics Meeting/Planning Meeting). Develop daily safety messages for IAP; distribute to Planning Sections.		
Quality control ALL accountability procedures and ensures a process is in place at all MOB locations to respond to accountability lapses or unaccounted for personnel.		

Extended – On-Site:	Date/Time	Initial
Continue to monitor and communicate with Team SOFR concerning health and safety practices, while they are in MOB/DEMOB.		
Continue to maintain the Personal Custody Property Record/Hand Receipt (HHS Form 239) to track equipment used during the response.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		

Extended – On-Site:	Date/Time	Initial
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the MOB Lead or Behavioral Health Specialist. Provide for staff rest periods and relief. Ensure fatigue management standards, as described in the HASP, are enforced.		
Request and perform (or cause to be performed) specialized measurements to identify hazards in the MOB locations (noise, light, air toxins, physical/chemical hazards) and implement protective protocol in the timeframe necessary to analyze/calculate results.		
Maintain metering/monitoring and specialized safety equipment as available to the MOB SOFR, in usable and calibrated condition. This includes equipment available to the RTFT team.		
Maintain Activity Log (ICS-214) and report daily to Command.		
Prepare Demobilization safety activities to be performed by the MOB team. These include review of accidents/illnesses and any specialized safety requirements for Demobilization. Present these to the teams demobilizing thru MOB Center functions.		

Demobilization/Transition to Recovery	Time/Date	Initial
Upon change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information. Allow a 1-3 day mentoring period for this action.		
Assess physical conditions necessary for personal demobilization and ensure a demobilization plan meets HASP requirements.		
Confirm safe transport for demobilization (i.e. to demobilization point and from demobilization point to transport facilities).		
Assesses rest periods necessary for personnel prior to demobilization/travel (e.g. ensure an eight (8) hour rest period prior to travel/driving).		
Ensure behavioral health briefings occur, prior to demobilization.		
Provide summary reports of all injuries, illnesses and unsafe situations to the EMG SOFR.		
Participate in your performance evaluation review, with the MOB Lead and perform performance evaluation(s) for ASO.		
Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted. Ensure all RTFT documentation is submitted to PSB for recordkeeping.		
Submit comments to the MOB Lead or others identified for discussion and possible inclusion in an after-action report, provide these to EMG SOFR; topics include: • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues		
Ensure PTB sign-offs for response activities occur, as directed by EMG-Safety, NDMS Health and Safety Manager or OEM Safety Official.		

Demobilization/Transition to Recovery	Time/Date	Initial
Clean up your work area before you leave.		
List all supplies and resources that need to be replenished.		
Leave forwarding phone number where you can be reached.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		
Notify EMG-Field Operations of travel out of theatre and arrival at home station.		

Documents/Tools

- Hazard Evaluations and Risk Assessment (HERA): Response Specific
- Health and Safety Plan (HASP): Response Specific
- Incident Action Plan
- ICS Form 201 – Incident Briefing
- ICS Form 202 – Incident Objectives
- ICS Form 203 – Organizational Assignment List
- ICS Form 204 – Division Assignment List
- ICS Form 205 – Incident Radio Communications Plan
- ICS Form 205-T – Telephone Contact List
- ICS Form 206 – Site Medical Plan
- ICS Form 207 – Organizational Chart
- ICS Form 208 – Site Safety Plan
- ICS Form 213 – Incident Message Form
- ICS Form 214 – Operational Log
- ICS Form 215A – Safety Analysis
- Personal Custody Property Record/Hand Receipt (HHS Form 239)
- Local and State Emergency Operations Plan
- Communications Equipment (radio/cell/computer/other) as assigned from the COMMS Unit
- IRCT Cache – Safety and Health Monitoring and Measurement Equipment
- IRCT Cache – Weather Radio
- Fit Test Cache

Job Action Sheet
RESPIRATOR TRAINER and FIT TEST TEAM MEMBER

Mission: The Respirator Trainer and Fit Tester is responsible for planning, organizing and coordinating all aspects of Respirator Training and Fit Testing. (S)he works in concert with Mobilization Team Safety Officers to ensure identification of members requiring training and fit testing and with health care professionals to ensure all personnel who will receive training, fit testing or perform using respiratory protective equipment are appropriately medically cleared. The Fit Tester may halt fit testing activities when outside of the OSHA rules[1] and this ensures full compliance with same. Trainers and Fit Testers complete and submit documentation on all activities.

Date of Deployment: Start: _____ End: _____ Incident Name: _____

Position Reports to: _____ Name: _____

Deployment Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Prior to Arrival On-Site:	**Time/Date**	**Initial**
Ensure you are capable of "Moderate" Work Capacity and meet medical profile requirements for the mission [Profile 1, 2, (or 3 if approved by the CMO)].		
Ensure you have received (or waived) the HB-V vaccination series and annual HHS Bloodborne Pathogens Training.		
Review the Hazard Evaluation and Risk Assessment (HERA) for the deployment, and ensure distribution to all Fit Test team members PRIOR to response. Assist Command or Mobilization SOFR with implementation.		
Review instructions to Respirator Trainers and Fit Testers (RTFT) posted on Responder e-Learn (REL).		
Read this entire Job Action Sheet. Prepare uniform of the day or team specific identification needed for travel.		
Ensure you have received deployment orders and notify EMG-Field Operations of initiation of travel and arrival on-site.		
Attend Mobilization Activities or other specified team activities and complete safety and medical preparedness at MOB site.		

Immediate On-Site:	**Time/Date**	**Initial**
Receive technical (Safety and Health) briefing from the Team or MOB SOFR as available prior to the response or from the Incident Commander once on-site.		
Inspect the training and fit test area, including RTFT cache, supplies, paperwork and other needs. Ensure that appropriate safety equipment and sanitation supplies are in place at the RTFT location. These may be found in the Fit Test cache. This includes forms necessary to document activities.		

[1] U.S. Department of Labor: Occupational Safety and Health Administration (OSHA). 29CFR1910.134.

Immediate On-Site:	Time/Date	Initial
If QNFT is to be provided, ensure test runs on porta-counts are performed.		
Develop Specific Safety and Security Protocol for the RTFT location. Use the ICS-215A form to identify site hazards and remedies and document site specific safety procedures or ensure an ICS-206 (Medical Plan) and ICS 208 (Site Safety Plan) are in place. Receive briefings on ICS-206 and ICS-208.		
Ensure contact with the Team or MOB SOFR and ensure that a flow of communications can occur. Establish contact mechanism, while fit testing is being performed.		
Ensure all personnel are medically approved for respirators as described in the HASP. The CMO may supply providers. This is required PRIOR to fit test activities.		
Perform training to ensure user competency of Respirator. This may be included in the "Safety 101" presentation.		
Ensure all personnel meet fit test requirements (e.g. are clean shaven and PPE is available which may be needed for fit tests).		
Confer with the team CDR or MOB SOFR to schedule all training or fit testing.		
Perform QNFT or QLFT.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.		
Ensure all equipment is sanitized after use and secure disposal of waste material.		
Clean all equipment daily.		
Document all fit tests completed and process to PSB for recordkeeping. Supply MOB SOFR or TC or others with daily reports of fit test activities, including data on failure rates.		

Intermediate On-Site:	Time/Date	Initial
Continue Fit Testing as above.		
Brief MOB SOFR or TC on concerns experienced during RTFT, including data on failure rates.		
Ensure re-order of supplies occurs.		
Prepare for and perform field fit testing as needed, due to change in respirator supply or personal physical conditions reported. Some fit testing may need to be performed in the field.		
Notify MOB SOFR or TC if an accident or illness occurs during the fit test regimen.		
Contact the MOB SOFR daily for technical updates.		
Request technical assistance from the MOB SOFR or TC for situations of concern (i.e. inability for personnel to achieve an acceptable fit test) identified on-site.		
Review IAP daily and concur/support the IAP on a daily basis (Participate in Tactics Meeting/Planning Meeting).		
Maintain and use appropriate safety equipment (e.g. gloves) and ensure a SDS for fit test materials is readily available.		

Extended On-Site:	Date/Time	Initial
Continue to monitor and communicate with MOB SOFR / TC concerning respirator practices on a routine basis.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress/fatigue management techniques.		
Observe RTFT team members for signs of stress and inappropriate behavior. Report concerns to the MOB SOFR or TC. Provide for staff rest periods and relief.		
Upon shift or unit change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		
Identify RTFT related concerns for the response AAR. Document these concerns to MOB SOFR/TC.		
Mentor new fit testers as identified by the MOB SOFR or TC.		

Demobilization/Transition to Recovery	Time/Date	Initial
Assess sanitization requirements prior to demobilization.		
Assess and list equipment condition and needs. Provide this list to the MOB SOFR or other identified individual.		
Confirm safe transport for demobilization (i.e. to demobilization point and from demobilization point to transport facilities).		
Confirm the documentation transfer process and that fit test records have been submitted appropriately for recordkeeping.		
Process reports of all injuries, illnesses and unsafe situations for AAR planning.		
Participate in a performance evaluation review for the response, with the Team Commander or MOB SOFR. Perform performance evaluation(s) for ASO/ Asst RTFT personnel.		
Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Documentation Unit.		
Submit comments to the MOB SOFR or TC for discussion and possible inclusion in an after-action report; topics include: • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues		
If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation.		
Clean up your work area before you leave.		
Leave forwarding phone number where you can be reached.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		
Notify Response Operations of your arrival at home station.		

Documents/Tools
• Hazard Evaluations and Risk Assessment (HERA): Response Specific • Health and Safety Plan (HASP): Response Specific • Incident Action Plan • ICS Form 206 – Site Medical Plan • ICS Form 208 – Site Safety Plan • ICS Form 215a – Safety Analysis • Respirator Medical Approval Form • Respirator Fit Test Documentation Form • Respirator Approval Form • Personal Custody Property Record/Hand Receipt (HHS Form 239) • Cache – Fit Test Equipment

APPENDIX C

SITE CHARACTERIZATION AND MONITORING PLAN [CBRNE ACTIVITIES]

(ENVIRONMENTAL SAMPLING AND SUBSTANCE IDENTIFICATION PROCEDURES)

ENVIRONMENTAL SAMPLING AND SUBSTANCE IDENTIFICATION PROCEDURES

PURPOSE:
The purpose of this Protocol is to describe the field environmental sampling procedures and substance identification protocol used to ensure ASPR/NDMS personnel operate in "clean" areas. This protocol if affected by the Safety Officer.

EQUIPMENT:

The following equipment is used for this purpose:

- Ludlum Model 2241: Geiger Muller Counter (X1)
- SAIC – PD 3i Dosimeter (Personal) (25)
- Q-Rae: Handheld Monitor (X1)

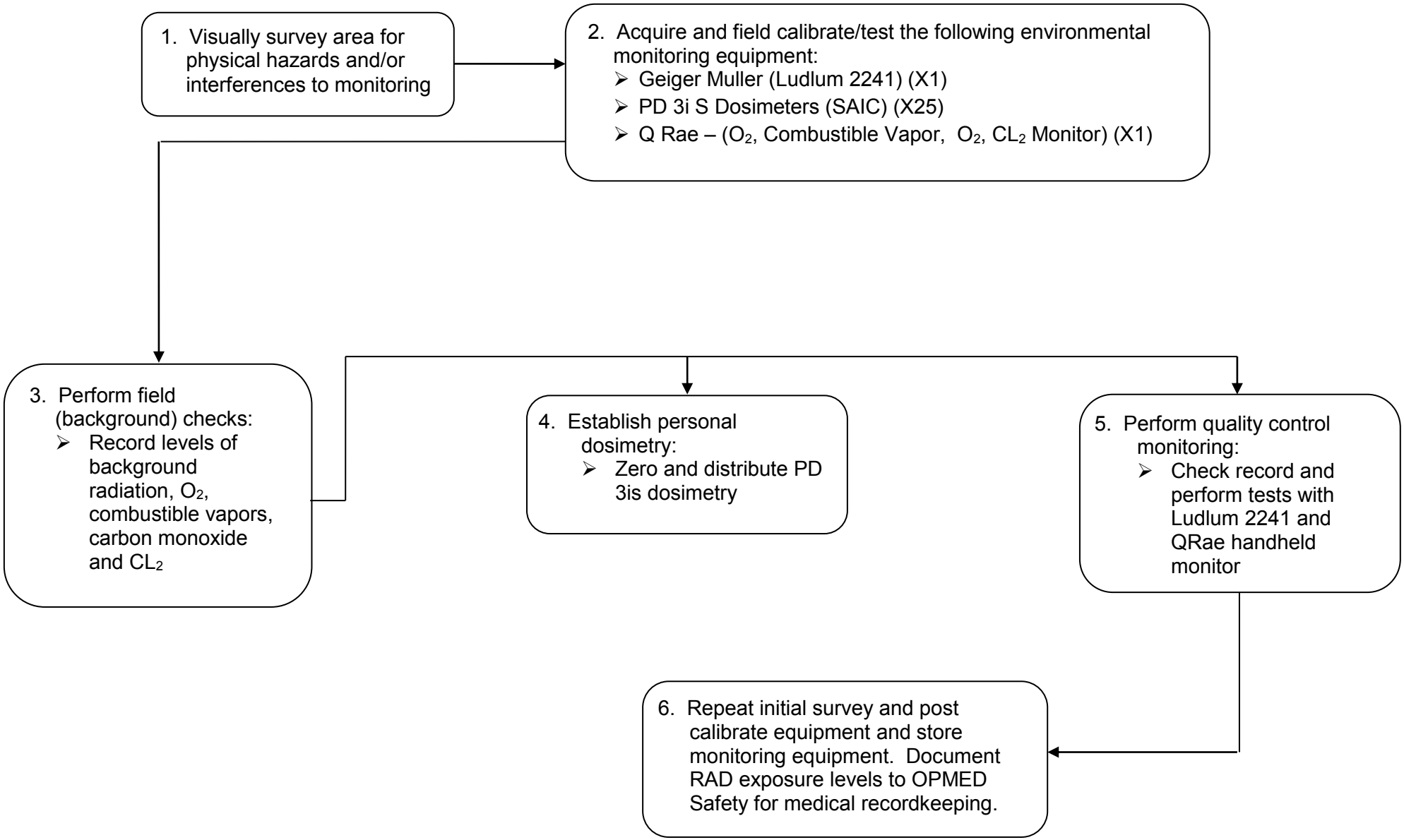
ENVIRONMENTAL ASSESSMENT:

All monitoring equipment is stored and maintained in compliance with manufacturers' recommendations. Use requirements occur in compliance with a 6 step process:

1. Visual survey of any area to be used for decontamination, to identify physical hazards or interferences to monitoring.
2. Field testing and inspection of all equipment to ensure operability.
3. Background survey and data recording (clean area).
4. Development of area monitoring capabilities, personal dosimetry capabilities (for ionizing radiation) and the performance of quality control checks in and around the clean area, once area monitoring has been established.
5. Post calibration and repeat of initial area surveys to document "CLEAN" levels upon completion of activities and exposure levels to ionizing radiation.

This process is described in the algorithm below, with information recorded for each event.

ENVIRONMENTAL MONITORING: ENVIRONMENTAL SAMPLING AND SUBSTANCE IDENTIFICATION PLAN



INSTRUMENT CALIBRATION LOG

DATE	INSTRUMENT	CHALLENGE AGENT	KNOWN CONCENTRATION	READING	ADJUSTED?		INITIALS
					YES	NO	
					YES	NO	
					YES	NO	
					YES	NO	
					YES	NO	
					YES	NO	
					YES	NO	
					YES	NO	
					YES	NO	
					YES	NO	

FIELD MONITORING LOG

DATE _____
EVENT _____

TIME	LOCATION	MONITORING DEVICE	O_2 (%)	Combustible Vapor (%)	CO (ppm)	CL_2 (ppm)	OWA (All)	Ionizing Radiation (MR/HR)	Initials

DOSIMETRY REPORT

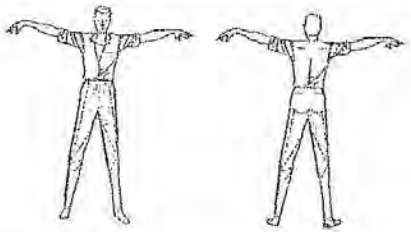
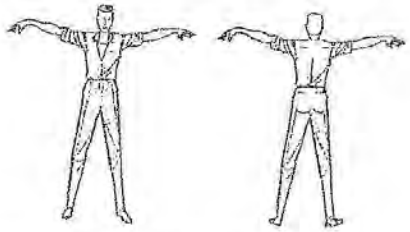
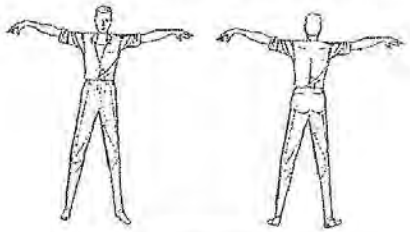
EMERGENCY NAME	WORKER INITIALS	DEVICE	NORMAL DOSIMETER READING	REST WORK DOSIMETER READING	INITIALS

MONITORING/DECONTAMINATION REPORT FORM

NOTE: COMPLETE FOR EACH PERSON MONITORED

NAME OF PERSON MONITORED:	(Print)	(Signature)
SOCIAL SECURITY NUMBER:		
ADDRESS:		
MONITORING LOCATION:		
BACKGROUND:	cpm	

NOTE: Mark contamination location and reading from survey meter on outline below

FIRST MONITORING	SECOND MONITORING AFTER DECONTAMINATION (IF NEEDED)	THIRD MONITORING AFTER DECONTAMINATION (IF NEEDED)
		
Monitor's or Recorder's Name (Please Print) Survey Meter Serial No. DATE TIME am/pm	Monitor's or Recorder's Name (Please Print) Survey Meter Serial No. DATE TIME am/pm	Monitor's or Recorder's Name (Please Print) Survey Meter Serial No. DATE TIME am/pm

THYROID GLAND SCREENING CHECK (Emergency Workers Only)

Monitoring includes screening for radioiodine uptake in the thyroid gland and the results recorded here. Medical referral action level for the thyroid check is 0.1 mR/hr or higher when using a CDV 700 survey meter – OR – greater than 300 cpm (above background) when using a modern survey instrument with a pancake probe.

Survey meter Serial No. _____ Reading: _____ Signature of Monitor/Recorder _____

Medical Referral - subject individual sent to _____ hospital for decontamination and/or treatment (Time) _____ am/pm

on (Date) _____ Decontamination Team Chief _____

WHITE (BRP) YELLOW (EMA) PINK (INDIVIDUAL)

APPENDIX D

EMERGENCY DECONTAMINATION PLAN
(ADDENDUM TO NDMS-ICS-206 WHERE APPROVED)

DECONTAMINATION ACTIONS: EMERGENCY DECONTAMINATION

Item:	Action:	Comment:
1.	Identify/Acquire/Inspect Equipment necessary for Emergency Decontamination. This includes lifesaving equipment approved by the Operational Medicine Program for the response activity.	Medical Officer will co-approve this procedure, with the SOFR. Document this procedure in the NDMS/ICS-206 for the event.
2.	Ensure a minimum of two (2) trained individuals are available to assist with emergency decontamination.	These may be assigned to other activities at the direction of the team Commander. Individuals participate in safety briefings, hydration and heat stress monitoring as team members do. Emergency decon capabilities include: ➢ Trained/equipped stand-by personnel. ➢ Medical supplies readied. ➢ Equipment readied (as approved by Team Commander/SOFR).
3.	Emergent Situation: Activate Emergency Decon Procedures and ICS-206 Protocol.	Remove individual to designated area and perform lifesaving activities.
4.	Emergency Decon Personnel: Return and decontaminate per CST protocol, onsite.	Safety Officer/Environmental Monitoring Officer will survey sites effected by the emergent action per site characterization protocol. Areas will be restricted if identified as contaminated.
5.	Ensure Emergency Decontamination Procedures remain in place when any potential WARM ZONE (decontamination activities by others) are occurring.	