

## Capability Standard – Responder Health and Safety

**Responder Safety and Health** is the capability that ensures adequate trained and equipped personnel and resources are available at the time of an incident to protect the safety and health of on scene first responders, hospital/medical facility personnel (first receivers), and skilled support personnel through the creation and maintenance of an effective safety and health program. This program needs to comply with the Occupational Safety and Health Administration's (OSHA) "HAZWOPER" standard (29 CFR 1910.120, as implemented by EPA or State authorities) and any other applicable Federal and State regulations. The program also needs to be integrated into the Incident Command System (ICS) and include training, exposure monitoring, personal protective equipment, health and safety planning, risk management practices, medical care, decontamination procedures, infection control, vaccinations for preventable diseases, adequate work-schedule relief, psychological support, and follow-up assessments.

This capability identifies the critical personnel, equipment, training, and other resources needed to ensure that all workers are protected from all hazards, including fire (heat and products of combustion), CBRNE (chemical, biological, radiological, nuclear, or explosive) materials, electrical hazards, collapsed structures, debris, acts of violence, and others. The Responder Safety and Health capability is a critical component of safe overall emergency management. First responders include police, fire, emergency medical services (EMS), and other emergency personnel, as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators). This extended definition includes a very broad set of workers and a wide range of likely response-related activities, resulting in an increased number of potential hazards and exposures. Building the ability to protect all responders from all hazards is a substantial undertaking that involves prevention, preparedness, response, and recovery efforts.

This capability supports both the Safety Officer position identified in the National Incident Management System (NIMS)/incident command system (ICS) and the Worker Safety and Health Support Annex to the National Response Plan (NRP). The Type 1 Safety Officer described in this capability has yet to be fully defined (to include managing all of the hazards that first responders are likely to face), but the concept used is the same as the "Disaster Safety Manager" described in *Protecting Emergency Responders: Safety Management in Disaster and Terrorism Response* (NIOSH, 2004). In addition, the list of services that are critical for this capability is consistent with the actions specified under the Worker Safety and Health Support Annex and in the *Guidelines for hazmat/WMD Response, Planning and Prevention Training* (FEMA, 2003).

During the response to any incident, employers are responsible primarily for the safety and health of their employees. However, the ICS creates a unified safety and health organization under the Safety Officer. In large-scale incidents, because of the number and varieties of hazards and workers, the Safety Officer would be used more as a Safety Manager. This technical capability therefore does not prescribe a certain level of preparedness for any particular organization; rather, it specifies the need for personal protective equipment (PPE), Safety Officers, and so forth and allows local entities to determine the best way to obtain the needed resources (e.g., through mutual aid, State resources, or Federal resources) for the first 72 hours from the "initial response" operations.

**Associated Target Capability – Responder Health and Safety.** Additional information on building this capability can be found on page 249 of the U.S Department of Homeland Security's September 2007 document: *Target Capabilities List: A Companion to the National Preparedness Guidelines*.

**Desired Outcome** – No illnesses or injury to any first responder, first receiver, medical facility staff member, or other skilled support personnel as a result of preventable exposure to secondary trauma, chemical/radiological release, infectious disease, or physical and emotional stress after the initial incident or during decontamination and incident follow-up.

**1. The jurisdiction has created and maintains an Emergency Operations Plan and a Resource Manual that:**

- Describes the processes to ensure response and recovery worker safety and health during incident response and recovery and the purpose of appointing a safety officer (brief personnel on existing hazards, halt operations that are unsafe, monitor and manage responder stay-times, etc.).
- Identifies and describe the agencies and the actions they will take to recognize and provide rest/rehabilitation for responders (heat stress, fluid retention, mental fatigue and backup personnel, etc.)
- Identifies and describe the agencies/resources and the actions they will take to establish an accountability system for on-scene personnel who are operating in/around the immediate hazard area.
- Describes and identifies the safety actions that are in-place to operate within a defined exclusion zone (hot or evacuation area, and warm or safety/buffer zone) to include accounting for personnel as they enter and leave the hazard zones.
- Identifies and describes the agencies and the actions they will take to setup and/or provide decontamination at the scene of any emergency (contamination by floodwaters or other infectious hazards, for example).
- Identifies and describes the agencies and the actions they will take to provide mental health support to responders during and after an incident.

Comments and Notes:
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**Capability Assessment - Responder Health and Safety**

- 1 2 3 4 5      The jurisdiction has engaged an integrated team to develop this capability.
- 1 2 3 4 5      The jurisdiction has developed an integrated plan for this capability.
- 1 2 3 4 5      The jurisdiction has identified the hazards/threats that would necessitate the application of this capability.

- 1 2 3 4 5      The jurisdiction's local responders have the necessary training to effectively carry out this capability.
- 1 2 3 4 5      The jurisdiction has access to the necessary resources to effectively carry out this capability (either local or identified through MOUs).
- 1 2 3 4 5      The jurisdiction's local responders have received the necessary training to be able to carry out this capability.
- 1 2 3 4 5      The jurisdiction's local responders have the expertise to carry out this capability.
- 1 2 3 4 5      The jurisdiction has tested this capability within the last year through exercise or activation.

**Scale Key:**

- 1- The jurisdiction has not started to develop this measure.
- 2- The jurisdiction has started to develop this measure, but we are not far along in the process.
- 3- The jurisdiction has developed this measure, but it needs to be improved.
- 4- The jurisdiction has fully developed this measure.
- 5- The jurisdiction has fully developed and tested this measure.