



ASPR

ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

COVID-19 ACTIVITIES Health and Safety Plan

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Introduction

This Health and Safety Plan (HASP) outlines the safety and health requirements for the U.S. Department of Health and Human Services (HHS) workers involved in response operations to the COVID-19 Coronavirus. It is also applicable to other signatory agencies and contractors under the control of HHS. Pre- deployment safety and medical information and specific hazards are identified in a Hazard Evaluation and Risk Assessment (HERA), developed for each specific activity.

This HASP provides requirements for worker safety and health protection at mobilization, training, field operation sites, including pre-event staging, and demobilization area. It includes site characterization and decontamination requirements for operations. It meets the requirements of the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) for appropriately trained and certified personnel. COVID-19 is a novel virus, and as such this HASP adopts the recommendations of the HHS Centers for Disease Control and Prevention (CDC) in all cases. These are best practices.

Mission execution personnel are responsible for this HASP, including site-specific procedures to protect all personnel involved with the event. Safety Officers (SOFR) are assigned to sites and teams to implement the HASP.

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 to ensure a SOFR (competent person¹) to assess and implement this HASP prior to initiating response activities and identify site specific safety and health requirements. Technical support for SOFR will be provided by the National Incident Management Team (IMT). Co-signatories to this plan are responsible for their agencies' implementation.

The HASP addresses the tasks identified in the Worker Safety and Health Support Annex ("WSH Annex") to the National Response Framework (NRF).

¹ A competent person is defined by OSHA as an individual who has the requisite knowledge to identify health and safety hazards as defined in this HASP, and the authority to correct them. This individual is typically the onsite Safety Officer; however, may include others assigned supervision of health and safety tasks.

Health and Safety Program Management

Overall coordination of the HASP is tasked to the HHS safety official designated for this response or SOFR assigned to this event and Incident Management Team Safety personnel.

Field implementation occurs through SOFR/competent persons or Agency Safety Officers.

A Hazard Evaluation and Risk Assessment (HERA) has been developed and published for this event. It is provided to all individuals prior to response activities.

Reporting Requirements: Accidents, Illness, Injury, and Major Health and Safety Related Events

Accidents/illnesses and major health and safety events are reported through the HHS system, with initial investigations occurring by site Safety personnel. The process is described below:

1. Accident occurs and emergent care is provided (onsite) per ICS 206. Motor vehicle accident/illness investigations or HHS defined major incident information is provided to the National IMT SOFR. Electronic Medical Record (EMR) entries are completed where appropriate.
2. SOFR complete the investigation and determine OSHA recordability or reportability. OSHA 301 is electronically completed by the individual 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 hospitalizations are immediately reported per the [HHS Policy on Reporting Serious Incidents](#) and ASPR Critical Incident Reporting Policy.

(Note: For vehicle accidents, a SF-91 is completed and reviewed by the SOFR. Vehicle accident reports may not require an OSHA 301, however, they are reported to the National IMT SOFR and the Office of Resource Management (ORM). 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 Safety Office.)

Worker Rights and Responsibilities – Refusing Dangerous Work

It is the responsibility of each individual supporting the event to ensure they are working in a safe and healthy workplace and to follow the direction of supervisors, safety officers, and competent persons. It is the responsibility of employees to comply with established work rules and to use assigned equipment properly and in the manner in which they were trained.

Responders who identify hazards will immediately notify their supervisor. Responders must refuse to perform tasks that place them in imminent danger. 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 imminent danger is identified the following process will be followed:

1. Notify others to preclude injuries or illnesses.
2. Notify supervisors to remedy the hazard.
3. REFUSE WORK if the IMMINENT DANGER cannot be remedied.

Work Rules

All responders must adhere to the following work rules:

- Follow HHS safety and health policies at all times;
- Follow supervisors' instructions and adhere to the chain of command;
- Follow personnel accountability instructions;
- Obtain vaccinations and medical pre-approval in conformance with the HERA for this event and report vaccination status upon rostering. It is recommended that all response personnel maintain/carry Form CDC-731 (formerly PHS-731) International Certificate of Vaccination. Vaccination requirements for medical personnel include: Hepatitis B, Seasonal Influenza, and an initial tuberculin skin test. Hepatitis B vaccinations are required for Logistics personnel who will handle infectious waste. Additional recommendations are identified in the HERA for this response, and include a tetanus immunization within the last 10 years;
- Promptly report all injuries, accidents, illnesses, and near misses (including needle sticks). Seek medical attention as needed. Maintain constant awareness of surroundings;
- Report all unsafe acts or conditions. Do not perform tasks until proper safety and health controls are put into place;
- Wear all personal protective equipment (PPE) needed and assigned for the task, as well as the issued NDMS identification card at all times.
- **Refuse work which places you/others in Imminent Danger.**
- *Always work using the Buddy System.* Maintain continuous awareness/contact with assigned buddy;

Comply with the Prohibition of Tobacco Use in HHS occupied facilities, which prohibits use of all tobacco products (including electronic cigarettes) 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.

Emergency Procedures

A site safety briefing will be provided at each work location, and include:

- Emergency Protocols; and
- Evacuation signals, evacuation routes, and rally points (primary and alternate); and accountability procedures and protocols to be implemented;
- Shelter in place locations. Locations and requirements, material to be taken to shelter-in-place activities, e.g., communication equipment, and emergency protocol while shelter-in-place activities are occurring; and
- Site specific requirements that include but are not limited to health and safety hazards, sanitation disposal, and security protocols.

Job Hazard Analysis and Control

Prior to the development of the Safety specific Safety Plans (ICS 208), a site Hazard Analysis will be completed by the designated Safety Representative for each site to ensure compliance of this HASP. Based on the site assessment, the safety Representative may strengthen safety requirements as appropriate.

An Operational Planning Worksheet (ICS 215) may be completed to assist in this process. It will focus on risks to workers as well as patient and responder safety and health. Each identified hazard will be addressed with appropriate mitigation strategies. These forms are appended.

Identified hazards will be addressed according to the hierarchy of controls, listed below in descending order:

- 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 workhours.
- Personal Protective Equipment (PPE): Provision of protective equipment and garments. *PPE is the least effective way to protect workers from workplace hazards because if the equipment fails, workers are exposed to the hazard.*

Personal Protective Equipment

The use of Personal Protective Equipment (PPE) has been assessed for operations covered under this HASP, as required by the Occupational Safety and Health Administration (OSHA) at 29 CFR 1910.132(d). Equipment selected for each hazard must be properly fitted for the employee. Responders will be trained on the equipment's use and limitations, as well as proper donning and doffing techniques onsite. Equipment must be inspected before each use by the user and repaired or replaced as needed. PPE shall be maintained and stored in a clean 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 approved by the site Safety Officer, must meet the referenced standards in Table below. 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 respirator usage and provide information as found at 29 CFR 1910.134, (Voluntary Respirator use) to each employee requesting such use.

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

Table 1: PPE Requirements

Activity	Location	PPE	Comment
Medical, Veterinary and Mortuary Operations, and Operations within Quarantine or Isolation Sites, including medical assessment or activities or other activities within 6' of quarantined or Isolated Individuals.	All sites.	Per CDC current protocol: (SEE <u>TABLE 1A</u> , BELOW) Gloves, gown, face shield/goggles and N-95 respirator or surgical mask.	Bloodborne Pathogen Protocol is required, including universal/standard precautions. Note: N95 mask use will comply with the Respiratory Protection Program, identified in this HASP.
Activities requiring foot protection.	Field activities at all sites.	Sturdy closed-toe, ankle supporting ASTM/ANSI work boots/shoes.	Note: ASTM Class I/C-75, Impact/compression resistance work shoes/boots or equivalent are required for personnel performing equipment movement activities.

Activity	Location	PPE	Comment
Activities requiring eye/face protection.	<p>A) Medical/Mortuary Operations within 6' of quarantined, isolated or Persons Under Investigation (PUI).</p> <p>B) Chemical mixing or refueling and Tactical Medicine Operations.</p> <p>C) Air Operations (i.e., LZ, Load/Unload Patients).</p>	<p>A) Face Shield or Ventilated/Non-Vented Safety Goggles (ANSI certified).</p> <p>B) Safety goggles with or without ventilation, ANSI certified.</p> <p>C) Safety glasses with side shields; ANSI certified, or Safety goggles with or without ventilation, ANSI certified.</p>	Safety glasses or goggles are approved for particulate material. Upgrade to vented safety goggles or face shield for liquids or BBP/exposure.
Activities requiring body protection from bloodborne pathogens or disease-causing agents.	Medical Operations/Mortuary Operations within 6' of quarantined, isolated or PUI, or if additional protection is identified as required by medical or safety personnel.	<p>Fluid resistant gown or body covering; upgrade to double gloves if required by Safety.</p> <p>An impermeable apron may be added to this ensemble by site Safety, for aerosol medical or monitoring procedures.</p>	<p>A Heat Stress Program is required if impervious clothing is utilized.</p> <p>Note: Double gloving may be eliminated by the SOFR if a decontamination procedure does not require it.</p>
Activities requiring hand/arm protection.	<p>A) Medical Operations and Mortuary Operations.</p> <p>B) Cutting Operations during medical procedures.</p>	<p>A) Nitrile, 2 mil gloves</p> <p>B) Cut/puncture resistant (ANSI certified) gloves, over and under 2 mil nitrile gloves.</p>	<p>Gloves must be latex free.</p> <p>Note: Double gloving may be required on a site specific basis, depending upon DECON procedures.</p>
Logistics: Equipment Movement	All locations	Puncture/cut resistant gloves (ANSI certified).	
Activities requiring reflective clothing.	Activities on or adjacent to roadways or vehicle movement activities.	All workers, within a vehicle right-of-way who are exposed either to traffic (vehicles using the highway for purposes of travel) or to work vehicles and equipment within a Temporary Traffic Control (TTC) zone shall wear high-visibility safety apparel that meets the Performance Class 2 or 3 requirements of the ANSI/ISEA 107–2015 publication entitled “ <i>American National Standard for High-Visibility Safety Apparel and Accessories</i> ” and labeled as meeting the ANSI 107-2015 standard performance for Class 2 or 3 risk exposure.	

Table 1A: 2019 Novel Coronavirus PPE Requirements: Flow Chart

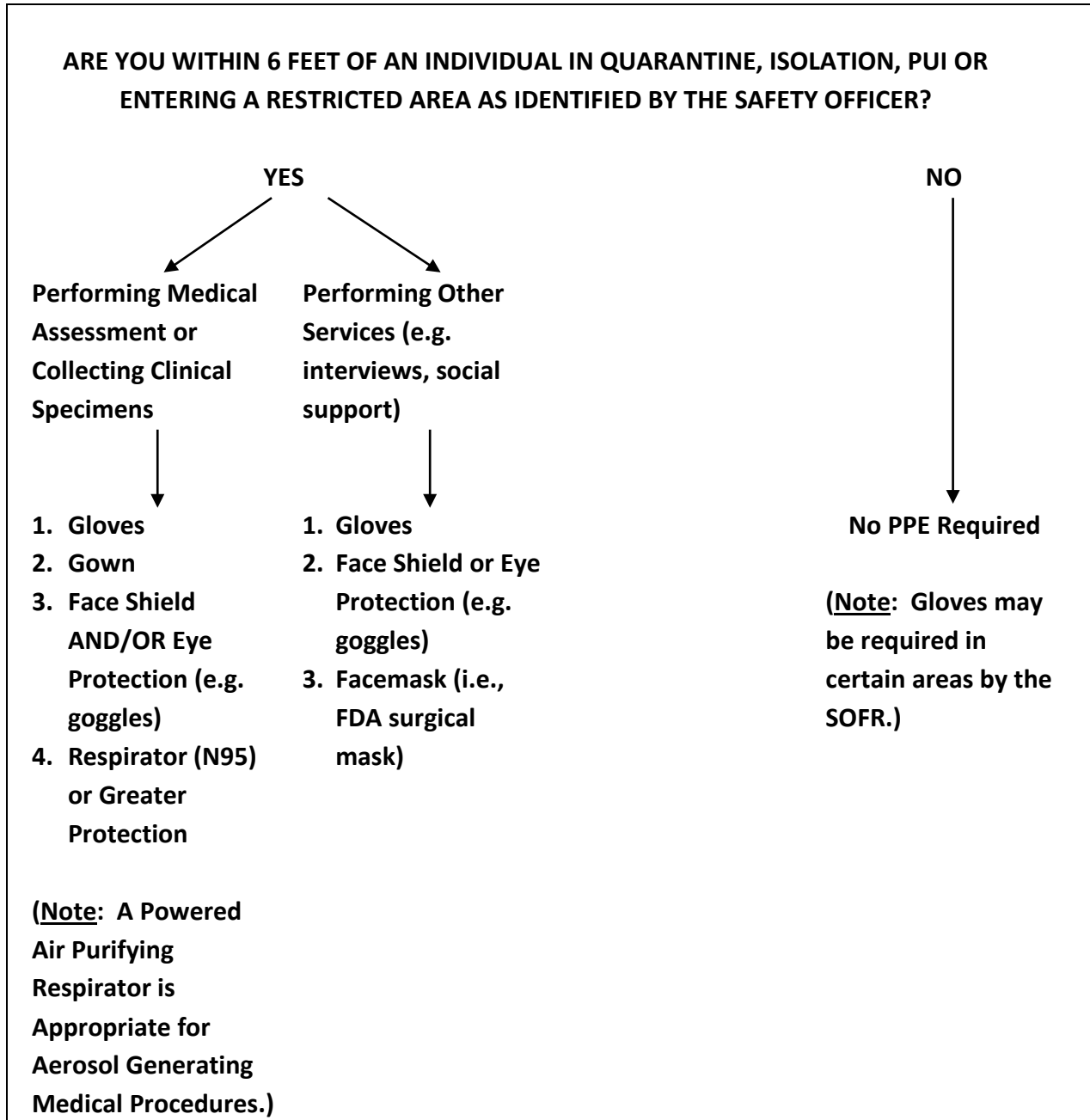


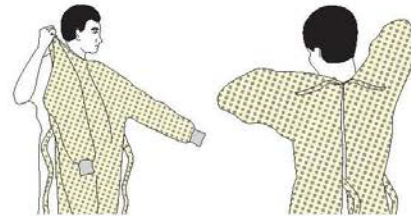
Table 1B: CDC Recommended PPE Donning and Doffing Procedures

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



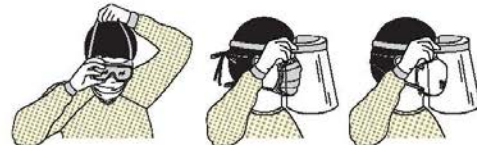
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



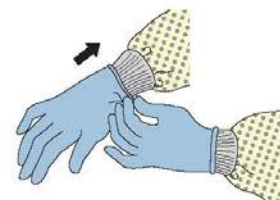
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

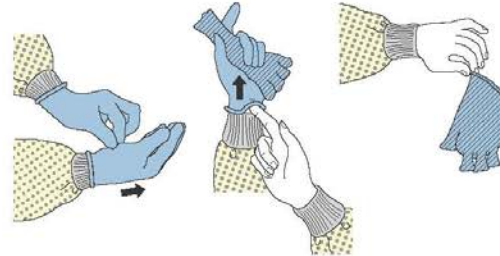


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



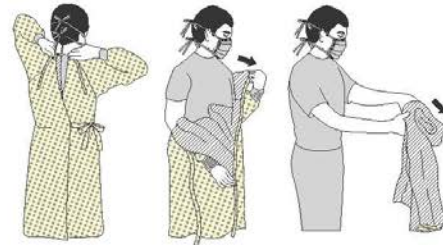
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



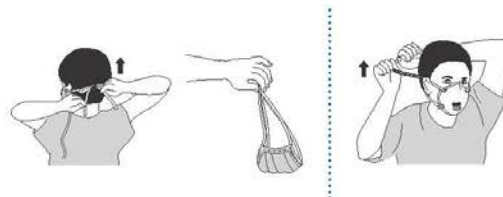
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

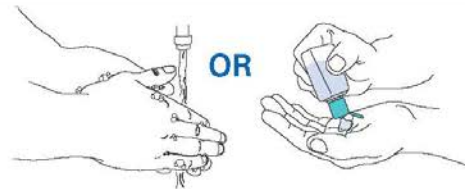


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**

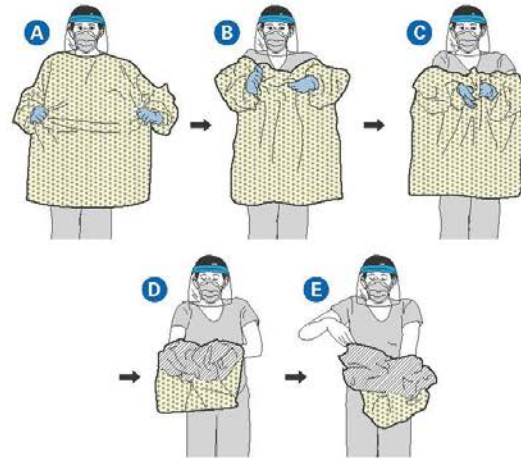


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



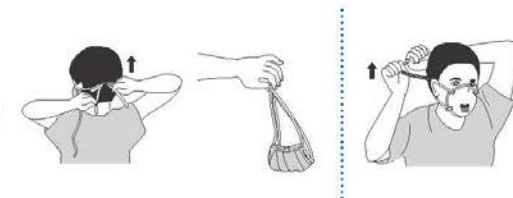
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

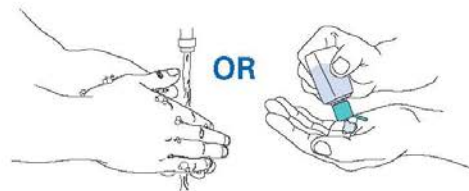


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



Health and Safety Training

All personnel engaged in response operations will receive initial safety training as designated in this plan. Additionally, deploying personnel will receive training specific to the site/operation being performed by the site Safety Officers. Minimally, this training will include:

- Emergency procedures, evacuation signals, and primary (immediate) and secondary (distant) rally points for emergency situations, and shelter in place procedures.
- 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 the ICS 208. This includes Hazard Communications information on hazardous chemicals onsite (e.g. alcohol based hand sanitizers).
- PPE equipment training and use. This will include donning/doffing practice in a safe simulated hazardous environment, prior to PPE use. It will include respirators.
- Requirements of the OSHA Bloodborne Pathogen Standard, including the definition of BBP, the use of universal precautions and the disposal procedures for waste materials generated from isolation, quarantine and medical facilities.

Training will be performed during mobilization or at site locations, however in all cases prior to PPE or respirator use.

Respiratory Protection

All individuals utilizing respirators approved under this plan shall follow the requirements of the OSHA Respiratory Protection Standard.² The hazards for which respirators have been approved follow the Guidelines and Best Practices of the Centers for Disease Control and Prevention: National Institute for Occupational Safety and Health (CDC-NIOSH) for COVID-19 response activities. This includes any external use or OSHA/NIOSH-CDC exemptions as published for this deployment:

- All individuals will be medically preapproved for respirator use as required at 29 CFR 1910.134, Appendix C, be a Licensed Health Care Provider (LHCP).

² U.S. Department of Labor: Occupational Safety and Health Administration 29 CFR 1910.134: Respiratory Protection, Washington, D.C., current.

- All individuals will be trained in respirator donning/doffing, maintenance and care, as well as limitations of respirators, as required under the OSHA standard referenced. This will minimally include donning/doffing of respirators in a safe (e.g. classroom) and simulated area (e.g. decontamination exercise) situation.
- All individuals will be fit tested within the prior year for the size, model and brand respirator used³ for tight-fitting respirators.
- N-95 or other filtering facepieces are approved for operations specified in this plan (Note: N-95 respirators are single use).
- In the event a deviation from respirator use requirements specified in this plan is required, they will be approved on a case-specific basis by the National IMT Safety Officer/Chief Medical Officer. This includes: extended use of single use respirators⁴.
- Powered Air Purifying Respirators (PAPR) may be utilized if approved by the National IMT Safety and Chief Medical Officers, for this event. PAPR will be approved if:
 - A full medical approval is received for use as specified at 29 CFR 1910.134, Appendix C.
 - A decontamination procedure is approved by the site Safety Officer.
 - HEPA filters are used and an appropriate change schedule for filters is identified by the site Safety Officer.

General Safety and Health Requirements

Hand and Power Tools: Tools shall be inspected prior to use by the operator. Damaged or defective tools shall be taken out of service and provided to Logistics for repair and/or disposal. Tools shall be used only for their intended purpose and operators must be properly trained on its use.

Ladders shall be inspected prior to use by the operator. Damaged or defective ladders shall be taken out of service and provided to Logistics for disposal. Maximum Load will be clearly visible on all ladders. Ladders loads will not exceed these limits.

³ OSHA interpretation of March 14, 2020, identified fit tests can be extended beyond one year for individuals without major physical changes.

⁴ Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health: Recommended Guidance for the Extended Use and Limited Reuse of N95 Respirators in the Healthcare Settings; current.

Hazardous Weather: If identified, an immediate ICS 223 will be published that outlines the below:

- **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 utilize a NOAA weather radio.
 - Know safe spots in buildings and routes to them. Document safe havens on ICS 208.
 - 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:
 - **Lightning:** 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 until 30 minutes after the termination of thunder. 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
 - **Earthquake:** Get under a sturdy desk or table and hold it. Stay clear of windows, shelves, and cabinets. Stay inside (safe haven). Follow post seismic event protocols.
 - **Seismic events, as well as major physical stressors (wind, flooding, snow, and tsunami) require evaluation prior to re-occupancy of buildings. NDMS Safety Specialists cannot perform jurisdictional building inspection, however, they 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).**

- **Post Storm:**
 - Immediately notify leadership of your status.
 - Turn off utilities and provide first aid per the Medical Plan (ICS 206).
 - Move to your 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.

Medical Services and First Aid

First aid services and provisions for medical care will be identified and posted at each operational location on the ICS 206. The form will be prepared by the Site Medical and reviewed/approved by the team Safety Specialist to ensure ICS coordination.

Psychological First Aid and Behavioral Health

Psychological First Aid Training is mandatory for all deploying personnel.

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. Individuals should recognize their signs or of their colleagues as identified in the training. If a responder feels any negative effects during the deployment, they should notify their site or team leadership immediately.

Demobilization efforts shall remind individuals that post-deployment follow-up can be obtained as needed. If there is post-deployment follow-up, a Workers Compensation action will be completed by the individual and their respective Command or organizational leadership.

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.

Alcohol and Drug Use

Alcohol, illegal drug, and tobacco use are not allowed while deployed. Consumption of alcohol or use of illegal drugs will be reported to through the chain of command immediately.

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 will be prohibited from work activities by supervisors.

Exposure Assessment: Risk Level

All deploying personnel will be assigned a Risk Level (Exposure Assessment), as identified by CDC in Table 3, below. Appropriate actions will immediately or subsequently occur.

Table 3: Epidemiologic Risk Classification for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

Both high- and medium-risk exposures place HCP at more than low-risk for developing infection; therefore, the recommendations for active monitoring and work restrictions are the same for these exposures. However, these risk categories were created to align with risk categories described in the Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease (COVID-19) Exposure in Travel-associated or Community Settings, which outlines criteria for quarantine and travel restrictions specific to high-risk exposures. Use that Interim Guidance for information about the movement, public activity, and travel restrictions that apply to the HCP included here.

The highest risk exposure category that applies to each person should be used to guide monitoring and work restrictions.

Note: While respirators confer a higher level of protection than facemasks, and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into our assessment of risk.

Table 3: Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None

Table 3: Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ^b	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^b	Low	Self with delegated supervision	None

HCP=healthcare personnel; PPE=personal protective equipment

^aThe risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).

^bThe risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

Additional Scenarios:

- Refer to the footnotes above for scenarios that would elevate the risk level for exposed HCP. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.
- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision.
- HCP not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low-risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient’s secretions/excretions; entering the patient room immediately after the patient was discharged.
- HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.

Work-Rest Procedures and Fatigue

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

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

Table 4: Fatigue Management Requirements

Stressor	Guideline	Action
Extended Work Shifts	Do not exceed 12-hour shifts, unless approved by leadership. Work schedules that exceed 16 hours in a 24-hour period are prohibited, unless this is a Lifesaving Event.	Any variations must be approved by leadership. <u>Note:</u> Personal driving time is included in the work schedule timeline.

Stressor	Guideline	Action
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.	Discuss with Supervisors and implement thru leadership.
Extended Work	Ensure days away from work are scheduled after 10-14 days of work.	Consider days away from work earlier if extended (e.g. 16 hours) work shifts occur.

Know the signs of fatigue in buddies or other workers. These include a disinterested attitude or atypical behaviors, drawn facial features or other behavior health events (e.g. crying). Assign days away from work for these individuals. Always report these events through the chain of command.

Heat/Heat Stress Prevention Protocol

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.

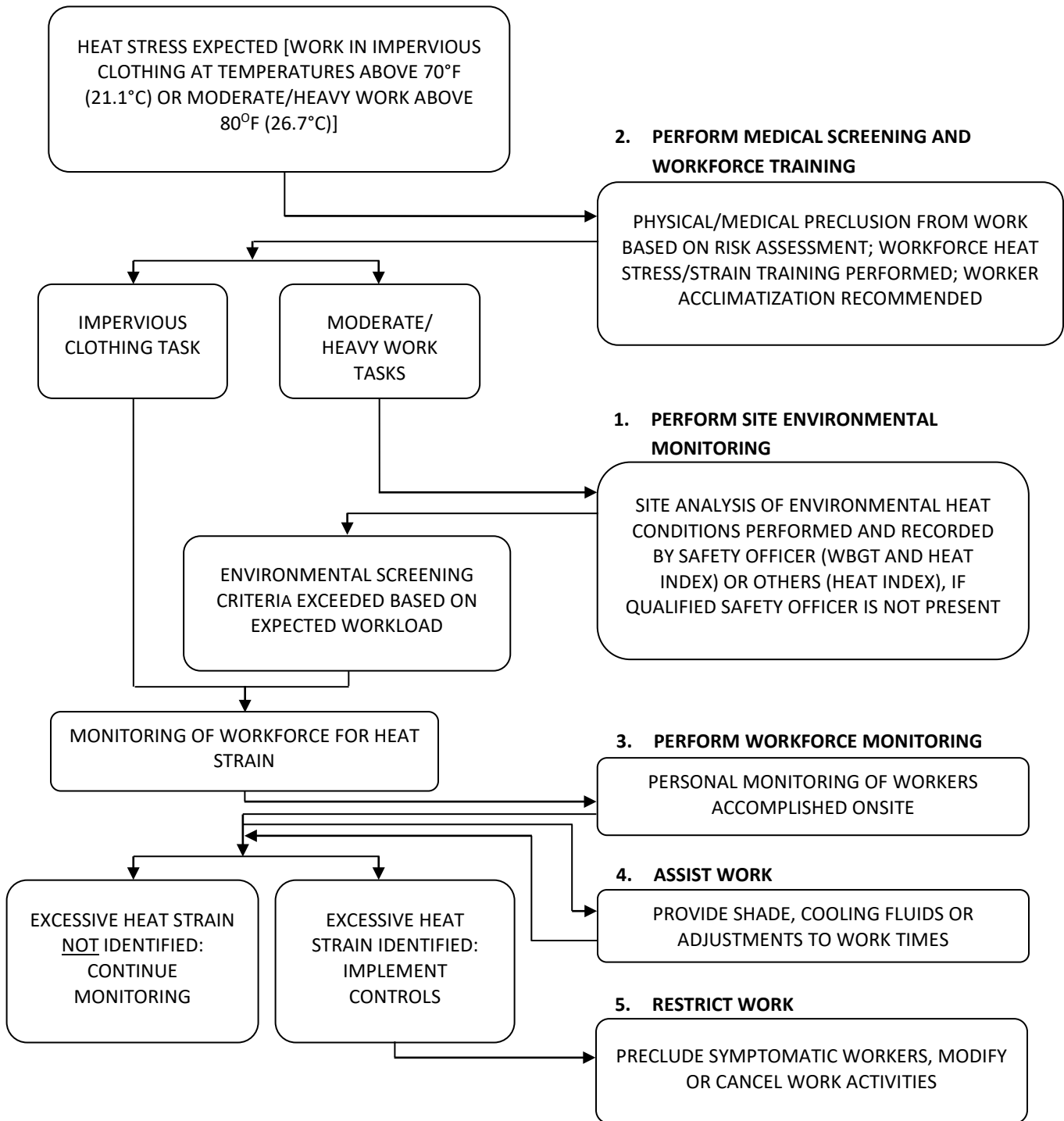
Heat Stress is the net load to which personnel may be exposed from the combined factors, identified above. As the heat stress approaches human tolerance levels, the risk of heat related disorders increase.

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), performing similar workloads to those expected (light, moderate, heavy).**

The heat stress evaluation process and program is described in Table 5, below.

Table 5: Heat Stress/Strain Management Process



Note to Table 5: Impervious clothing includes limited use vapor barrier coveralls (e.g. Tyvek Suits); moderate work includes sustained/moderate hand or arm work; heavy work includes intense arm or trunk work, carrying, and manual labor such as pushing or pulling loads (e.g. Moving Equipment).

TRAINING of ALL workers in expected heat stress occurs and includes:

- Physiology of heat stress, heat strain and acclimatization; signs and symptoms of heat related disorders and actions to take when symptomatology appears.
 - Recommend 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.
- Site Environmental Monitoring: Site environmental monitoring performed by Safety Officers/others 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 National Oceanic and Atmospheric Administration (NOAA) Heat Index may be used to approximate WBGT indexes and triggers for action.

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 $T_{NWB} = \text{Natural Wet Bulb Temperature}$

$T_g = \text{Globe Temperature}$

$T_{db} = \text{Dry Bulb (Air Temperature)}$

When values in Table 6 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 6: Screening Criteria (Environmental Thresholds Requiring Additional Protective Actions) WBGT (F)

		Threshold Limit (Acclimatized) ¹		Action Limit (Non-Acclimatized) ^{Error! Bookmark not defined.}	
Work % in Work/Rest Cycle		Moderate Work	Heavy Work	Moderate Work	Heavy Work
	75% - 100%	82.4 (28°C)	----	77 (25°C)	----
	50% - 75%	84.2 (29°C)	81.5 (27.5°C)	78.8 (26°C)	75.2 (24°C)
	25% - 50%	86 (30°C)	84.2 (29°C)	80.6 (27°C)	77.9 (25.5°C)
	0% - 25%	88.7 (31.5°C)	86.9 (30.5°C)	84.2 (29°C)	82.4 (28°C)
	0%	WBGT of > 90°F (32.2°C) and Heat Index of > 121°F (49°C)			

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.





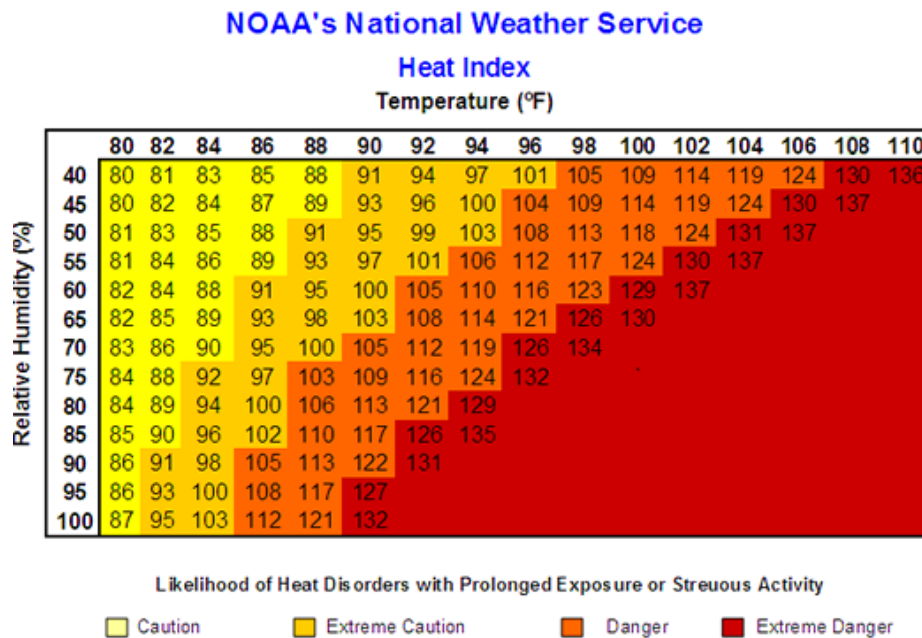
Note 2: When WBGT is not available, the following heat index action points may be used. These are conservative action points: Heat Index of <90°F (32.2°C) ; Heat Index of 103°F (39.4°C) ; Heat Index of <121°F (49.4°C) ; Heat Index of >121°F (49.4°C) . A reduction of one (1) level flag should be imposed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

Table 7: NOAA’s National Weather Service Heat Index



- **Workforce Monitoring:** Workforce monitoring initiates when environmental indicators listed in Table 6 (or Table 7) 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 8 below. Recording of measurements from individual workers is encouraged.

Table 8: Physiological Monitoring Requirements Adjusted Temperature Calculations for Moderate/Heavy Work


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^{Error! Bookmark not defined.})

A rapid pulse of >104/110 bpm⁵ 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 workers in situations where heat stress is expected or where the personal action limits (RAPID PULSE) are exceeded (See Table II) has been exceeded (or is expected to be exceeded) during the work regimen. Assist Work Protocol include:

⁵ The NIOSH has recommended this be reduced from 110 to 104 BPM, and the 104 BPM as an indication of heat stress should be used.

- Adjustment of work schedules; through administrative controls (schedule changes; work rest regimen), to reduce work below screening action limits (See Table III 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 (50°F (10°C) to 60°F (15.6°C)) 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 105°F (40.6°C) 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 >104/110 bpm⁵ 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 <110 bpm is observed.

- Workers request shade or cooling (and a minimum of 5 minutes shade/cooling will be provided upon request, 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 II).
- Multiple symptomatic heat illnesses occur. If this event is identified, activities will not restart until approval of the Site 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**].

Sanitation

Adequate facilities will be provided for workers (hand washing stations or hand sanitization (60% alcohol) materials and restrooms). The exercise of good personal hygiene can help minimize worker exposure to health hazards and contaminants as well as protect patients.

Use EPA List N⁶ cleaning agents approved under the Federal Fungicide, Insecticide and Rodenticide Act (FIFRA) for general sanitation. Always use these agents in compliance with manufacturers requirements. Ensure a Safety Data Sheet (SDS) is received for these chemicals and review with staff.

Transportation and Vehicle Safety

Drivers will comply with all applicable traffic safety regulations.

Workers who drive in the course of their duties shall possess valid licenses appropriate for the vehicles they will operate and comply with any restrictions on their driver's license (e.g., prescription eyewear). This includes valid training and certification for operators of forklifts

⁶ U.S. Environmental Protection Agency: List N – Disinfectants for Use Against SARS-COV-2, Pesticide Registration; Washington, D.C., current.

or off-road vehicles. Drivers will inspect all vehicle prior to its operation

Passengers in the vehicles will adhere to all laws and follow safety instructions of the vehicle operator. Transport of personnel in the rear of trucks or off-road vehicles is prohibited.

All vehicle or apparatus accidents/incidents will be promptly reported to leadership and appropriately investigated. All vehicle accidents will be reported on SF-91 in accordance with policy.

Seatbelt use is mandatory.

Fire and Smoke Safety

The site Safety Officer will perform a site fire protection/prevention assessment to determine extinguisher locations and inspect locations/equipment daily. This 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 extinguishers shall be provided at work sites and/or work vehicles. All extinguishers will be inspected to ensure compliance with NFPA-10 inspection procedures. Fire/smoke detectors will be present in all work locations.

The site Safety Officer will brief the jurisdictional fire and rescue services on the Emergency Action Plan (ICS-208) for the site.

Smoke detectors will be in place in all sleeping locations.

Carbon Monoxide Safety

Carbon Monoxide detectors will be installed in all areas where fossil fuel fired heating/cooling equipment is used. The site Safety Officer will perform a site assessment to determine carbon monoxide locations and inspect locations/equipment daily.

Hazardous Materials

Safety Data Sheets (SDS) for all hazardous substances will be received and maintained by the Logistics section. They may be placed in other locations, at the direction of the Safety Officer.

The release, spill, or leak of any hazardous material (including oil) will be reported to the site Safety Officer immediately. An immediate cleanup will take place to ensure containment of material with the use of proper safety equipment (gloves, facemask, etc.). The detailed cleanup of hazardous materials releases will be handled by properly trained and protected individuals in accordance with the requirements of 29 CFR 1910.120, and reported to the jurisdictional authority.

Waste Management

There are two (2) waste streams identified from sites: Municipal Solid Waste (MSW) and Medical Waste. MSW will be maintained in closed containers, and disposed of through contractors at sites approved under the Resource Conservation and Recovery Act (RCRA)⁷, as implemented by the state where waste was generated.

Medical waste includes blood and body fluids not disposed of through the sanitary sewage system. These items will be separated and placed in RED bags with the Universal Waste symbol. They may be disposed of in compliance with state medical waste requirements. Sharps (e.g. needles) will be placed in puncture-proof containers, prior to disposal. (Note: In some jurisdictions, medical waste is disposed of through the MSW system.)

Demobilization Requirements

Site or demobilization plans will be issued for all deploying personnel. Minimally these will include:

- A general safety message for demobilization.
- Instructions for laundering clothing and materials upon returns, in compliance with CDC guidelines.
- A Transportation Plan approved by the site Safety Officer for group or included travel performed in demobilization process remain in “on-duty” status until reporting at their home of record.
- A requirement for 8 hours of rest prior to the initiation of demobilization activities.



⁷ U.S. Environmental Protection Agency: Resource Conservation and Recovery Act (RCRA), Washington, D.C., 1976.

APPENDIX A

HEALTH AND SAFETY FORMS

- **ICS 206: MEDICAL PLAN**
- **ICS 208: SAFETY MESSAGE/PLAN**
- **ICS 215A: INCIDENT ACTION PLAN SAFETY ANALYSIS**
- **SF 91: MOTOR VEHICLE ACCIDENT REPORT**

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center <input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206	IAP Page _____	Date/Time: _____					

ICS 206 Medical Plan

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • 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	Medical Aid Stations <ul style="list-style-type: none"> • Name • Location • Contact Number(s)/Frequency • Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Enter the following information on the incident medical aid station(s): Enter name of the medical aid station. Enter the location of the medical aid station (e.g., Staging Area, Camp Ground). Enter the contact number(s) and frequency for the medical aid station(s). Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground) <ul style="list-style-type: none"> • Ambulance Service • Location • Contact Number(s)/Frequency • Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS 	Enter the following information for ambulance services available to the incident: Enter name of ambulance service. Enter the location of the ambulance service. Enter the contact number(s) and frequency for the ambulance service. Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	• Travel Time <ul style="list-style-type: none"> • Air • Ground 	Enter the travel time by air and ground from the incident to the hospital.
	• Trauma Center <input type="checkbox"/> Yes Level: _____	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a burn center.
	• Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> • Name • Signature 	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by (Safety Officer) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:		
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 208	IAP Page _____	Date/Time: _____

**ICS 208
Safety Message/Plan**

Purpose. The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution. The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

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	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • 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	Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	Prepared by <ul style="list-style-type: none"> • 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 MESSAGE/PLAN (ICS 215A)

1. Incident Name: _____			2. Incident Number: _____		
3. Date/Time Prepared: Date: _____ Time: _____		4. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____			
5. Incident Area	6. Hazards/Risks	7. Mitigations			
8. Prepared by (Safety Officer): Name: _____ Signature: _____					
Prepared by (Operations Section Chief): Name: _____ Signature: _____					
ICS 215A			Date/Time: _____		

**ICS 215A
Incident Action Plan Safety Analysis**

Purpose. The purpose of the Incident Action Plan Safety Analysis (ICS 215A) is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety, and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

Preparation. The ICS 215A is typically prepared by the Safety Officer during the incident action planning cycle. When the Operations Section Chief is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments involving risks and hazards, mitigations or controls should be developed to safeguard responders, and appropriate incident personnel should be briefed on the hazards, mitigations, and related measures. Use additional sheets as needed.

Distribution. When the safety analysis is completed, the form is distributed to the Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

Notes:

- This worksheet can be made into a wall mount, and can be part of the IAP.
- If additional pages are needed, use a blank ICS 215A and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Prepared	Enter date (month/day/year) and time (using the 24-hour clock) prepared.
4	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (24-hour clock) and end date and time for the operational period to which the form applies.
5	Incident Area	Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group.
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.
7	Mitigations	List actions taken to reduce risk for each hazard indicated (e.g., specify personal protective equipment or use of a buddy system or escape routes).
8	Prepared by (Safety Officer and Operations Section Chief) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name of both the Safety Officer and the Operations Section Chief, who should collaborate on form preparation. Enter date (month/day/year) and time (24-hour clock) reviewed.

MOTOR VEHICLE ACCIDENT REPORT (SF 91)

MOTOR VEHICLE ACCIDENT REPORT	<i>Please read the Privacy Act Statement on Page 3</i>	INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 73 thru 83c are filled out 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.
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SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, First, Middle)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE					

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

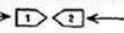


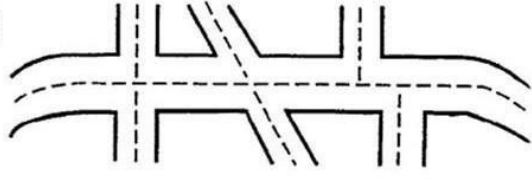
12. DRIVER'S NAME (Last, First, Middle)		13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.		14. DRIVER'S LICENSE NO./STATE/LIMITATIONS	
15a. DRIVER'S WORK ADDRESS				15b. WORK TELEPHONE NUMBER	
16a. DRIVER'S HOME ADDRESS				16b. HOME TELEPHONE NUMBER	
17. DESCRIPTION OF VEHICLE DAMAGE				18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE	20. MAKE OF VEHICLE	21. MODEL OF VEHICLE		22. TAG NUMBER AND STATE	
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS				23b. POLICY NUMBER	
				23c. TELEPHONE NUMBER	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> 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)

27. NAME (Last, First, Middle)		28. SEX	29. DATE OF BIRTH
30. ADDRESS			
A	31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)
	33. LOCATION IN VEHICLE		34. FIRST AID GIVEN BY
35. TRANSPORTED BY		36. TRANSPORTED TO	
37. NAME (Last, First, Middle)		38. SEX	39. DATE OF BIRTH
40. ADDRESS			
B	41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> 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 <input type="checkbox"/> AM <input type="checkbox"/> PM	

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED Use one of these outlines to sketch the scene. Write in street or highway names or numbers. a. Number Federal vehicle as 1, other vehicle as 2; additional vehicle as 3 and show direction of travel with arrow. Example:  b. Use solid line to show path before accident and broken line after the accident. c. Show pedestrian by  d. Show railroad by ++++++ e. Place arrow in this circle to indicate NORTH 		52. POINT OF IMPACT (Check one for each vehicle)																											
		<table border="1"> <thead> <tr> <th>FED</th> <th>2</th> <th>AREA</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a. Front</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>b. Right Front</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>c. Left Front</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>d. Rear</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>e. Right Rear</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>f. Left Rear</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>g. Right Side</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>h. Left Side</td></tr> </tbody> </table>	FED	2	AREA	<input type="checkbox"/>	<input type="checkbox"/>	a. Front	<input type="checkbox"/>	<input type="checkbox"/>	b. Right Front	<input type="checkbox"/>	<input type="checkbox"/>	c. Left Front	<input type="checkbox"/>	<input type="checkbox"/>	d. Rear	<input type="checkbox"/>	<input type="checkbox"/>	e. Right Rear	<input type="checkbox"/>	<input type="checkbox"/>	f. Left Rear	<input type="checkbox"/>	<input type="checkbox"/>	g. Right Side	<input type="checkbox"/>	<input type="checkbox"/>	h. Left Side
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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, 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 information 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 the 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


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

78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR	79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?
<input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	<input type="checkbox"/> NO <input type="checkbox"/> 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?
<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	<input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)

82. COMPLETED BY DRIVER'S SUPERVISOR

<input type="checkbox"/> YES <input type="checkbox"/> NO	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY? b. COMMENTS

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. <input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	c. <input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>
b. <input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	d. <input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>

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

<p>a. SIGNATURE <input style="width: 95%;" type="text"/></p> <p>b. DATE <input style="width: 50%;" type="text"/></p> <p>c. NAME (First, Middle, Last) <input style="width: 95%;" type="text"/></p> <p>d. TITLE <input style="width: 95%;" type="text"/></p> <p>e. OFFICE <input style="width: 95%;" type="text"/></p> <p>f. OFFICE TELEPHONE NUMBER</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 50%;">NUMBER</td> <td style="width: 25%;">EXTENSION</td> </tr> <tr> <td><input style="width: 25%;" type="text"/></td> <td><input style="width: 50%;" type="text"/></td> <td><input style="width: 25%;" type="text"/></td> </tr> </table>	AREA CODE	NUMBER	EXTENSION	<input style="width: 25%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 25%;" type="text"/>	<p>a. SIGNATURE <input style="width: 95%;" type="text"/></p> <p>b. DATE <input style="width: 50%;" type="text"/></p> <p>c. NAME (First, Middle, Last) <input style="width: 95%;" type="text"/></p> <p>d. TITLE <input style="width: 95%;" type="text"/></p> <p>e. OFFICE <input style="width: 95%;" type="text"/></p> <p>f. OFFICE TELEPHONE NUMBER</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 50%;">NUMBER</td> <td style="width: 25%;">EXTENSION</td> </tr> <tr> <td><input style="width: 25%;" type="text"/></td> <td><input style="width: 50%;" type="text"/></td> <td><input style="width: 25%;" type="text"/></td> </tr> </table>	AREA CODE	NUMBER	EXTENSION	<input style="width: 25%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 25%;" type="text"/>
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