Environmental Health Readiness Guide

5/8/2018

1. Purpose/Scope:

To assist Commissioned Corps (CC) officers performing emergency Environmental Health (EH) duties by listing skill sets and competencies required for a successful deployment under the Readiness and Deployment Operations Group (RedDOG). This Guide does not address the skills and competencies required for deployment by an officer’s respective Agency or Operational Division (OPDIV). However, the Guide may serve as a valuable resource for Agencies/OPDIV’s in developing their respective deployment requirements. The Guide was developed by the Resources Workgroup of the Readiness Subcommittee of the Environmental Health Officer Professional Advisory Committee (EHOPAC) primarily for Environmental Health Officers (EHOs) serving with the U.S. Public Health Service (USPHS). In addition, non-EHOs such as Engineers, Health Services Officers and Veterinarians may have officers who perform emergency environmental health services and should consider this document and develop similar guidance for their respective categories.

1. Basic Readiness:

All Commissioned Corps officers must first and foremost meet the deployment readiness standards published in Personnel Instruction 8, PHS Deployment Readiness Standards of the Commissioned Corps Personnel Manual. Officers must meet one of three levels of deployment readiness (Basic, Intermediate or Advanced) as outlined in the current Manual Circular on readiness. At the Basic level, these standards include a current physical examination, current American Heart Association (AHA) Basic Life Support (BLS) for Healthcare Providers certification, [current license/registration on file](https://dcp.psc.gov/ccmis/Licensure_m.aspx) (if applies), successful completion of [RedDOG core training modules](https://respondere-learn.hhs.gov/login/index.php), [immunizations](https://dcp.psc.gov/ccmis/Medical%20Affairs/MA_immunizations_m.aspx), [appropriate uniforms](https://dcp.psc.gov/ccmis/ccis/documents/CC412.01.pdf), [body mass index/body fat](https://dcp.psc.gov/ccmis/weightstandards_m.aspx), and a current [family care plan](https://dcp.psc.gov/osg/JOAG/documents/Family-Readiness-Guide.pdf). See [Readiness- Down to Basics](https://dcp.psc.gov/CCMIS/RedDOG/Forms/Basic_Readiness_Checklist.pdf).

Because EHO officers have an extensive role related to safety they are encouraged to complete Module-124 Team Safety in the [Responder e-Learn](https://respondere-learn.hhs.gov/login/index.php) system. In addition, all officers must be technically competent to perform skills related to their declared deployment role. This guide will focus on the technical proficiencies officers performing environmental health support functions should acquire and maintain prior to deployment.

**\* See Section 8 (References:), for an additional listing of helpful readiness resources, geared to help officers maintain readiness requirements.**

1. **Environmental Health Officers and the Federal Response Plan**:

EHOs deploy during special security events (SSEs), federal disaster declarations, and public health emergencies to augment state and local environmental health officers. USPHS directly supports the National Response Framework Emergency Support Function #8 ([ESF #8](https://www.fema.gov/media-library-data/1470149644671-642ccad05d19449d2d13b1b0952328ed/ESF_8_Public_Health_Medical_20160705_508.pdf)) Public Health and Medical Services. EHOs can also be deployed as support for other ESFs such as:

[ESF #3](http://www.au.af.mil/au/awc/awcgate/frp/frpesf3.htm) – Public Works and Engineering

[ESF #5](https://www.fema.gov/media-library-data/1470149907591-1ec94844d9f05ba47a448af75c1ffc08/ESF_5_Information_and_Planning_20160705_508.pdf) – Information and Planning

[ESF #6](https://www.fema.gov/media-library-data/1470149820826-7bcf80b5dbabe158953058a6b5108e98/ESF_6_MassCare_20160705_508.pdf) – Mass Care, Emergency Assistance, Housing & Human Services

[ESF #7](https://www.fema.gov/media-library-data/1470149740861-a43de89d07026b4be5790cb20b84872c/ESF_7_Logistics_20160705_508.pdf) – Logistics

[ESF #9](https://www.fema.gov/media-library-data/1470149567157-f1dc17ef606b8b82629bacf1c358dd55/ESF_9_Search_and_Rescue_Annex_20160705_508.pdf) – Search and Rescue

[ESF #10](https://www.fema.gov/media-library-data/1470149472600-da7148fddd4ed137534486036abba0e8/ESF_10_Oil_and_Hazardous_Materials_20160705_508.pdf) – Oil and Hazardous Materials

[ESF #11](https://www.fema.gov/media-library-data/1473679204149-c780047585cbcd6989708920f6b89f15/ESF_11_Ag_and_Natural_Resources_FINAL.pdf) – Agriculture and Natural Resources

Under the Office of the Surgeon General (OSG), the [RedDOG](https://dcp.psc.gov/ccmis/DCCPR_readiness_and_deployment_m.aspx) is the action office for coordinating all PHS RedDOG functions. In addition, an officer can be deployed by his or her respective Agency/OPDIV.

# 4. PHS Tiered Team Structure/Dedicated PHS Response Teams Overview:

The USPHS Division of Commissioned Corps Personnel and Readiness (DCCPR) supports officer readiness and develops, trains and maintains USPHS response teams. EHOs can serve on any PHS team if they have the capabilities required.

* **Tier 1**- Rapid Deployment Forces (RDF), National Incident Support Teams (NIST)**,** and Regional Incident Support Teams (RIST) teams (These teams have prior Agency and supervisor approval to deploy and are on call every five months)
* **Tier 2** - Applied Public Health Teams (APHT), Mental Health Teams (MHT), Services Access Teams (SAT), and Capital Area Provider (CAP) teams (These teams have prior Agency and supervisor approval to deploy.)
* **Tier 3** – These teams are on call every five months.

# 5. Summary of PHS Response Teams Roles and Responsibilities:

## [Rapid Deployment Forces (RDF)](https://dcp.psc.gov/ccmis/RedDOG/FactSheets/RDF_Fact_Sheet_FINAL.pdf)

The U.S. Public Health Service Rapid Deployment Forces provide resources and assistance to State, Tribal and local health authorities throughout the United States. They were created in 2006 as part of the National Response Framework’s ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non ESF-8 public health emergency. There are currently five RDF, each of which is a workforce comprising 125+ trained USPHS Commissioned Corps officer responders. Yet each RDF is scalable, and can provide only those resources needed. The RDF is also responsive; as a Tier 1 team the RDF can deploy within 12 hours of activation. Each RDF is on-call one out of every five months and typically deploys only during the on-call month. Deployments typically do not exceed two weeks. Each RDF member is expected to participate in up to 2 weeks of response team training per year. Each RDF is capable of responding to the many public health emergencies and urgent health needs arising from a major disaster or other event. RDF teams can be divided into “blue” and “gold” teams, such that one team will be primary and the other secondary for their on-call month. As constituted, the RDF can be divided in half for smaller responses, or for two separate mission assignments in the same theater of operations. If the response needs exceed the capacity of the on- call RDF, the team can be augmented with appropriate officers from Tier 3. RDF teams utilize established communications and other equipment to operate effectively in disaster affected locations and surrounding areas. The primary areas of RDF activities and reporting include:

1. Mass care (primary care, mental health, and public health services for sheltered populations)

2. Point of distribution operation (mass prophylaxis and vaccination)

3. Medical surge

4. Isolation and quarantine

5. Pre-hospital triage and treatment

6. Community outreach and assessment

7. Humanitarian assistance

8. On-site incident management

9. Medical supplies management and distribution

10. Public health needs assessment and epidemiological investigations

11. Worker health and safety

12. Animal health emergency support

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, RDF teams can assist officials in response and/or recovery efforts. Assistance can include augmenting the local health work force to speed up response or recovery, or with especially difficult matters, assisting or advising health decision-makers. Each RDF can also provide essential services to preserve the lives and the health of affected and returning populations. RDF members assigned to clinical responsibilities are clinically current as defined in their deployment role.

***Authority to Activate an RDF***

The Secretary and Assistant Secretary for Health have the authority to activate a RDF and do so in response to requests made through the Surgeon General.

## [National Incident Support Teams (NIST)](https://dcp.psc.gov/ccmis/RedDOG/FactSheets/NIST_Fact_Sheet_FINAL.pdf)

The U.S. Public Health Service’s National Incident Support Teams provide resources and assistance to State, Tribal and local health authorities throughout the United States, usually as the Commissioned Corps component of an Incident Response Coordination Team (IRCT). They were created in 2009 as part of the National Response Framework’s ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non-ESF-8 public health emergency. The NIST consists of 72 USPHS trained Commissioned Corps officer responders. Yet each NIST is scalable, and can provide only those resources needed. The NIST is also responsive; as a Tier 1 team the NIST can deploy within 12 hours of activation. Each NIST is on call one out of every five months and typically deploys only during the on-call month. Deployments typically do not exceed two weeks.

Each NIST member is expected to participate in up to two weeks of response team training per year. Each NIST is capable of responding to the many immediate and midterm public health emergencies or urgent health needs arising from a major disaster or other event. The NIST can be divided into “blue” and “gold” teams, such that one team will be primary and the other secondary for their on-call month. As constituted, the NIST can be divided for smaller responses, or for separate mission assignments in the same theater of operations. If the response needs exceed the capacity of the on-call NIST, the team can be augmented with appropriate officers from Tier 3. The NIST utilize communications and other equipment necessary to operate effectively in disaster-affected locations and surrounding areas. The primary areas of NIST activities and reporting include:

1. Continual event needs assessment

2. Support and direction for incoming response assets

3. Coordination of deployed field assets

4. Liaison with State, Tribal and local officials

5. On-site incident management

6. Response asset health and safety

7. Demobilization support.

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, a NIST team can assist State, Tribal and local officials in response and/or recovery efforts. The NIST can provide Subject Matter Experts to assist and/or advise public health decision-makers.

***Authority to Activate a NIST***

The Secretary and Assistant Secretary for Health have the authority to activate a NIST and do so in response to requests made through the Surgeon General.

## [Regional Incident Support Teams (RIST)](https://dcp.psc.gov/ccmis/RedDOG/FactSheets/RIST_Fact_Sheet_FINAL.pdf)

The U.S. Public Health Service’s Regional Incident Support Teams (RIST) provide rapid assessments and initial incident coordination resources and assistance to State, Tribal and local health authorities within defined regions of the United States. They were created in 2009 as part of the National Response Framework’s ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non-ESF-8 public health emergency or to meet urgent health needs. There are currently eleven RIST, each of which is aligned with one of the HHS regions (including the National Capital Region) and is a workforce comprised of 12-30 trained USPHS Commissioned Corps officer responders. Yet each RIST is scalable, and can provide only those resources needed to assess and/or initially coordinate an incident response. RIST is also responsive; as a Tier 1 team the RIST can deploy within 12 hours of activation. RIST members all work and live in the specific region covered by the RIST. Each RIST is a short-term response asset available to Regional Emergency Coordinators and Regional Health Administrators within the region. RIST deployments are typically very short (one to three days). RIST members are routinely deployable year round during any month, but the total deployment for any RIST member may not exceed 30 days per year. Each RIST member is expected to participate in up to 2 weeks of response team training per year. Each RIST is capable of responding to the many immediate public health emergencies and urgent health needs arising from a major disaster or other event. The RIST can be divided into “blue” and “gold” teams, such that one team will be primary and the other secondary for their on call month. As constituted, the RIST can be divided for smaller responses, or for separate mission assignments in the same theater of operations. The RIST utilize established communications and other equipment to operate effectively in disaster-affected locations and surrounding areas. The primary areas of RIST activities and reporting include:

1. Rapid event needs assessment

2. Support and direction for incoming response assets

3. Liaison with State, Tribal and local officials

4. On-site incident management

5. Response asset health and safety

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, a RIST team can assist local officials in response efforts. The RIST can provide short term Subject Matter Experts to initially assist and/or advise public health decision-makers.

***Authority to Activate a RIST***

The Secretary and Assistant Secretary for Health have the authority to activate a RIST and do so in response to requests made through the Surgeon General.

## [Applied Public Health Teams (APHT)](https://dcp.psc.gov/ccmis/RedDOG/FactSheets/APHT_Fact_Sheet_FINAL.pdf)

The U.S. Public Health Service’s Applied Public Health Teams (APHT) provide resources and assistance to local health authorities throughout the United States. They were created in 2006 as part of the National Response Plan’s ESF-8 public health and medical asset provisions. There are currently five APHT, each of which is a work force comprised of 47 USPHS trained Commissioned Corps officer responders. Yet each APHT is scalable, and can provide only those resources needed. Each APHT is also responsive; as a Tier 2 team the APHT can deploy within 36 hours of activation. Each APHT is on-call one out of every five months and typically deploys only during the on-call month. Deployments typically do not exceed two weeks. Each APHT member is expected to participate in up to two weeks of response team training per year. APHT structure includes nine mini-teams or sections of specific expertise in public health. Team leaders and deputy team leaders provide coordination and management reporting. APHT utilize established communications and other equipment to operate effectively in disaster-affected locations and surrounding areas. The primary areas of APHT activities and reporting include:

1. Epidemiology/surveillance

2. Preventive (medical) services delivery (e.g., disease prevention, vaccinations, laboratory information, health information)

3. Environmental public health (air, water, wastes, vectors, food, safety, shelter, etc.)

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, APHT can assist officials in response and/or recovery efforts. Assistance can include augmenting the local health work force to speed up response or recovery, or, with especially difficult matters, assisting or advising local health decision-makers. Each APHT can also provide essential services to preserve the lives and the health of affected and returning populations. APHT can assist local officials with planning and with proposals for restoring public health infrastructure, for improving that infrastructure, or for both. Further, each APHT can collect and analyze information for evaluating and for improving local programs' effectiveness or service delivery. APHT members have the technical consultation skills and abilities to preserve and to safeguard local public health, especially during emergencies.

***Authority to Activate an APHT***

The Secretary and Assistant Secretary for Health have the authority to activate an APHT and do so in response to requests made through the Surgeon General.

## [Mental Health Teams (MHT)](https://dcp.psc.gov/ccmis/RedDOG/FactSheets/MHT_Fact_Sheet_FINAL.pdf)

The U.S. Public Health Service’s Mental Health Teams (MHT) provide resources and assistance to communities throughout the United States. They were created in 2006 as part of the National Response Plan’s ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non-ESF-8 public health emergency. There are currently five MHT, each of which is a work force comprised of 26 USPHS trained Commissioned Corps officer responders. Yet each MHT is scalable, and can provide only those resources needed. Each MHT is also responsive; as a Tier 2 team the MHT can deploy within 36 hours of activation. Each MHT is on-call one out of every five months and typically deploys only during the on-call month. Deployments typically do not exceed two weeks. Each MHT member is expected to participate in up to two weeks of response team training per year. Each MHT is particularly capable of responding to the many immediate and midterm behavioral health issues or needs arising from a major disaster or other event. MHT’s can be divided into “blue” and “gold” teams, such that one team will be primary and the other secondary for their on-call month. As constituted, the MHT can be divided for smaller responses or for two separate mission assignments in the same theater of operations. If the response needs exceed the capacity of the on- call MHT, they may be augmented by mental health providers Tier 3. MHT capabilities include:

1. Incident assessment and personnel assessment (diagnosis and treatment)

2. Screening for suicide risk, acute and chronic stress reactions, substance abuse, and mental health disorders

3. Supporting development of behavioral health training programs for impacted populations

4. Specialized counseling

5. Psychological first aid, crisis intervention, and time-limited counseling for serious mental illness and/or substance abuse.

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, MHT can assist officials in response and/or recovery efforts. MHT’s may collaborate with local officials and professional groups to assess community mental health prevention and treatment needs, providing consultation to medical staff on the effects of stress on patient behavior. Further, each MHT can collect and analyze information for evaluating and for improving local programs' effectiveness or service delivery. MHT members have the technical consultation skills and abilities to preserve and to safeguard mental health, especially during emergencies.

***Authority to Activate a MHT***

The Secretary and Assistant Secretary for Health have the authority to activate a MHT and do so in response to requests made through the Surgeon General.

## [Services Access Teams (SAT)](https://dcp.psc.gov/ccmis/RedDOG/FactSheets/SAT_Fact_Sheet_FINAL.pdf)

The U.S. Public Health Service’s Services Access Teams (SAT) provide resources and assistance to local health authorities throughout the United States. They were created as part of the National Response Framework’s ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non-ESF-8 public health emergency. Each SAT is comprised of 10 USPHS trained Commissioned Corps officer responders; enabling scalability and ability to provide only those resources needed. Each SAT is responsive; as a Tier 2 team the SAT can deploy within 36 hours of activation. Each SAT is on-call one out of every five months and typically deploys only during the on-call month. Deployments typically do not exceed two weeks. Each SAT member is expected to participate in up to two weeks of response team training per year. Each SAT is capable of responding to the many immediate and midterm public health emergencies and urgent health needs arising from a major disaster or other event. The SAT assesses and monitors ongoing health and human services needs of affected populations and is particularly skilled at serving “at risk” individuals and populations, defined as people who are unable to plan, advocate/or obtain resources and/or services to meet basic health and safety needs. The subgroup of individuals most likely to be impacted include: elderly, developmentally disabled, mentally ill and minors separated from guardians. The SAT can be divided into “blue” and “gold” teams, such that one team is primary and the other secondary for their on-call month. As constituted, the SAT can be divided in half for smaller responses, or for two separate mission assignments in the same theater of operations. If the response needs exceed the capacity of the on-call SAT, the team can be augmented with appropriate officers from Tier 3. SAT utilize established communications and other equipment to operate effectively in disaster-affected locations and surrounding areas. The primary areas of SAT activities and reporting include:

1. Needs Assessment

2. Plan Development/Cultural Sensitivity

3. Advocating/Connecting

4. Clinical Care Coordination

5. Continuity/Transition Management

6. Psycho -Social Management

7. Re-integration

8. Confidentiality assurance

If a State, Tribal or local public health infrastructure suffers damage from a natural disaster or other event, the SAT can assist in response and/or recovery efforts. Assistance includes augmenting the local health work force, as well as liaising with and advising health decision-makers. Each SAT focuses on ensuring access to essential services to preserve the lives and the health of affected, displaced, returning and vulnerable individuals and populations. Further, each SAT is able to collect and analyze information for evaluating and for improving State, Tribal or local programs' effectiveness or service delivery. All SATs possess technical consultation skills and abilities to preserve and safeguard public health.

***Authority to Activate a SAT***

The Secretary and Assistant Secretary for Health have the authority to activate a SAT and do so in response to requests made through the Surgeon General.

## [PHS Capital Area Provider (PHS CAP) Teams](https://dcp.psc.gov/ccmis/RedDOG/FactSheets/CAP_Fact_Sheet_FINAL.pdf)

The U.S. Public Health Service’s Capital Area Provider (CAP) teams provide medical and public health resources and assistance in the National Capital Region (NCR) during special events and other supported activities. They were created with a primary mission to augment the Office of the Attending Physician (OAP) medical staff supplying care during events at the United States Capitol. Unlike other Commissioned Corps response teams, CAP teams will only deploy in support of planned events at the United States Capitol and in the NCR i.e.: Inaugurations, State of the Union Addresses, Congressional Balls, State Funeral, etc. There are currently five CAP teams, each of which is a workforce comprised of five trained USPHS Commissioned Corps officer responders. Each CAP team is nevertheless scalable, and can provide only those resources needed or requested for a supported event. CAP teams are also responsive; as a Tier II asset the CAP teams can deploy within 36 hours of activation. Each CAP team is on-call one out of every five months and typically deploys only during the on-call month. Deployments typically do not exceed three days. Each CAP team member is expected to participate in up to two weeks of response team training per year, including joint training provided for OAP medical staff and other appropriate contingency planning and training.

Each CAP team is capable of providing medical care and responding to the many public health emergencies and urgent health needs that could arise during supported events and mass gatherings at the United States Capitol. If the response needs exceed the capacity of the on-call CAP team, the team can be augmented with appropriate officers from Tier 3. The primary areas of CAP team activities and reporting include:

1. First responder and primary care

2. Basic and advanced life support

3. Pre-hospital triage and treatment

4. Point of distribution operation (mass prophylaxis and vaccination)

5. Medical surge

6. On-site incident management

7. Worker health and safety

If a public health or medical emergency occurs during an event at the United States Capitol or NCR, CAP teams can provide temporary medical care and essential services to preserve the lives and the health of affected individuals. All CAP team members are clinically current, as defined in their deployment role.

***Authority to Activate a CAP Team***

The Secretary and Assistant Secretary for Health have the authority to activate a CAP team, who do so in response to requests made through the Surgeon General.

**Mission Critical Status:**

Officers listed as “Mission Critical” by their agency are identified by the Emergency Coordinators, Liaisons or Management. If an officer is on the mission critical list, then he/she is subject to call by CC for response duty **only** in the event of a disaster or at the direction of the Secretary. Membership on the mission critical list is restricted to officers that meet any one of the following criteria:

 The officer is at a duty station where 25% or greater of authorized positions within an officer’s area of primary or shared responsibilities and duties are not permanently staffed on a full time basis, or

 The officer is directly and solely responsible for critical program activities that would otherwise jeopardize patient safety or agency-critical responsibilities if the solely responsible officer were absent for two weeks, or

 The officer is actively engaged as a member of an agency emergency response team and routinely deploys with that team during emergency events, or holds a management position with an agency emergency response team, and is actively engaged in response activities at the duty station, or

 The officer is permanently exempt per their status in the Department or Agency Command and Control Structure, or

 The officer holds a position, which is deemed critical to national security, including details to the DoD and the U.S. Coast Guard, which are exempt under all circumstances, or

 The officer holds an international assignment, or

 The officer is in a long-term training assignment.

Officers in these positions are considered to be in critical positions and/or have significant responsibilities and are therefore somewhat protected against being called for deployment. If an officer is on the mission critical list, then the officer will not be called by RedDOG for deployment, **unless** the Secretary activates all officers in the Corps. Officers on the mission critical list are also not on the RedDOG response teams or ready roster. Officers on the RedDOG response teams and ready roster are on call every fifth month coordinated by the RedDOG within OSG, and made aware what month they should be available for deployment. Information on which response team or roster an Officer is on is listed on the Officer Summary Page of the RedDOG website. International officers are not on the response teams or ready roster. Questions regarding who is on the mission critical list should be directed toward the appropriate entity for each Agency. OCCP is responsible for keeping the list for the Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) and sharing it with RedDOG.

Officers should remind their supervisor of their duty month in the month prior to their response teams’ or ready roster’s on call month. This is a courtesy to give the supervisor time to plan for any staffing considerations. Officers who are called for CC responses are expected to obtain supervisory release for deployment before notifying RedDOG of their availability for the mission.

# 6. Deployment Roles, Skill Sets and Technical Competencies:

Environmental health deployment roles have been established by RedDOG to determine skills, qualifications and additional indicators necessary for successful performance of environmental health services. The environmental health deployment roles are 1) General Environmental Health Officer, 2) Epidemiology, 3) Food Safety, 4) Hazardous Waste/Materials, 4) Occupational Health/Industrial Hygiene, and 5) Safety Officer. The Environmental Health Officer and Engineer categories possess officers who typically fulfill these roles; however, other categories (i.e. Dietician, Nutritionist, and Veterinarian categories) contain officers who may be qualified for the Food Safety role. All roles require the ability to provide technical consultation and public education; therefore, communication skills (written and oral) are critical. All officers must declare one primary deployment role for and be prepared to perform services in the response and recovery phases of the emergency.

Other EH specialty roles include radiation health, indoor air quality, post disaster housing/building assessments, and site assessments following a terrorist incident. Officers should indicate their readiness roles in RedDOG-Self Service, located in the Officer Secure Section of the Commissioned Corps Management Information System (CCMIS) website. Readiness and personal information can be found under the Self Service tab. Officers should possess certain skills to successfully perform in a deployment role.

During disasters and other emergencies, EHOs typically perform response activities involving water, food safety, liquid waste/sewage, solid waste, housing/emergency mass shelters, hazardous materials, vector control, and medical waste. The following charts contain skill sets needed by EHOs to perform specific response roles.

**Water**

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| **Skill Sets** |
| Damage Assessment* Inspection of water treatment, storage and distribution systems.
* Communication with public water purveyors concerning extent of damage.
* Documentation of public water system damage.
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| Testing / Sampling* Disinfectant residuals.
* Bacteriological, chemical or toxin sampling.
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| Emergency Water Supply Logistics* Coordination of delivery by water haulers.
* Coordination of bottled water distribution to damaged areas.
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| Public Information* Notification of public about the condition of water and actions to take.
* Notification of public of the availability and location of potable water.
* Dissemination of information about water needs and rationing.
* Technical information on water disinfection and storage.
* Private well disinfection information and guidance.
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| System Repair* Assistance in the emergency restoration or replacement of facilities for treatment, storage, and distribution.
* Assistance in the disinfection of distribution systems, storage tanks, and water-hauling tankers.
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| Other♦ Verification of laboratory capabilities, and arrangement for laboratory services. |

**Food Safety**

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| **Skill Sets** |
| Technical assistance* Consultation to hospitals and shelters to ensure proper food handling practices.
* Assist in the development of food service contracting to ensure food safety.
* Determination of the fitness of foods for consumption and identification of potential problems of food contamination (e.g., radiation, chemical, bacterial, and viral).
* Assistance to other disaster response agencies with food transport, storage, and distribution logistics.
 |
| Public Information* Furnish information regarding the protection of perishable foods, storage, and preparation of foods under emergency conditions.
* Advise the public on the sorting and disposal of foods that may be contaminated.
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| Surveys* Support local, county, and state personnel with food service sanitation surveys of food handling establishments, retail food stores, mass feeding centers, mobile kitchens, and food distributors.
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| Food Salvage* Assistance to regulators with the sorting, condemnation, and disposal of contaminated food at commercial establishments.
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**Liquid Waste / Sewage**

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| **Skill Sets** |
| Damage Assessment / Mitigation* Post-disaster evaluations of community wastewater collection and disposal systems.
* Conduct subsurface sewage disposal survey to locate failing systems.
* Recommendations and oversight related to diversion of sewage (from damaged lines) to appropriate areas.
 |
| Alternative Systems* Recommend / plan / coordinate / supervise the placement and/or construction of alternative systems (e.g., chemical toilets, pit privies, etc.).
* Monitor alternative system maintenance.
 |
| System Repair* Assistance in the emergency restoration or replacement of facilities for collection and treatment.
 |
| Public Information* Provide information concerning proper emergency sewage disposal methods.
* Provide information related to the prevention of diseases.
* Posting of hazard warnings.
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| Sampling / Testing* Sampling and field testing of surface waters and effluents for indicator organisms, pathogens, chemicals, etc.
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**Solid Waste / Hazardous Materials**

**(Includes toxic chemicals and radioactive materials)**

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| **Skill Sets** |
| Damage Assessment* Determine if existing disposal sites are capable of accepting and properly disposing of waste.
* Develop collection and recycling plan for household hazardous waste.
* Develop program to collect and separate incompatibles.
* Initial evaluation of hazardous materials release sites and referral to the appropriate response agency.
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| Operations Monitoring* Coordinate / supervise separation of wastes.
* Monitor for hazardous wastes and disease vectors.
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| Public Information* Disseminate information to the public about separation and storage, collection, and sites available for the disposal of solid waste.
* Provide information about disease prevention, vector control, and safety.
* Develop, maintain, and provide information on the health effects of toxic substances.
* Provide information to minimize risk of exposure.
* Provide information and assistance to the public regarding the disposal of household hazardous wastes.
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| Alternative Disposal Sites* Establishment of transfer sites, if necessary.
* Provide technical assistance regarding the establishment of emergency disposal sites / methods, frequency of collection, etc.
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| Technical Assistance* Provide assistance on matters related to the assessment of health hazards at a response, and the protection of both response workers and public health.
* Assistance in determining whether illnesses, diseases, or complaints may be attributable to exposure.
* Environmental sampling.
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**Housing / Emergency Mass Shelters**

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| **Skill Sets** |
| Damage Assessment* Assist building officials and structural engineers in determining the habitability of pre-identified shelters.
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| Emergency Shelter Surveillance / Support* Evaluation of shelter facilities as related to potable water, emergency disposal of sewage and solid waste, food sanitation, safety, vector control, and personal hygiene.
 |
| Technical Assistance* Assist other responding agencies in the planning and development of temporary housing sites.
* Advise decision-makers regarding public health concerns in emergency shelters.
* Provide housing sanitation guidance and oversight in disaster aftermath.
* Conduct epidemiological surveillance for disease monitoring.
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**Vector Control**

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| **Skill Sets** |
| Surveillance* Monitoring for disease vectors.
* Collection of vectors for laboratory analysis.
* Surveys of potential vector breeding sites.
 |
| Control* Assistance and oversight related to the implementation of control measures.
 |
| Public Information* Provide information to the public regarding vector- borne disease control measures.
 |

**Medical Waste**

|  |
| --- |
| **Skill Sets** |
| Assessment* Identification of sites where medical waste is generated.
* Determine the ability for generators to treat waste on-site.
* Determine capabilities of waste haulers.
 |
| Technical Assistance* Development of alternative disposal methods.
* Training of waste handlers.
* Oversight of disposal activities
 |

**Safety Officer**

|  |
| --- |
| **Skill Sets** |
|  Assessment* Monitors workplace activities to ensure that workers comply with safety regulations.
* Develops policy, conducts safety inspections and provides safety training.
 |
|  Public Information* Provide information to the deployment team regarding safety, hazard recognition and control measures.
 |

**Below is a list of items that officers may find helpful to take on deployment. An additional deployment checklist can be found in the Readiness resources.**

|  |
| --- |
| **Deployment Checklist** |
| **Hot Climate** | **Cold Climate** |
|  | Bug Spray / Wipes |  | Under garments |
|  | Sun Screen |  | Base layer |
|  | Multiple T-shirts |  | Polypropylene |
|  | Light socks (2 pairs per day minimum) |  | Uniform (varies based on deployment minimum of 2) |
|  | Under garments (multiple pairs) |  | Outer shell /Gortex |
|  | Boots (2 pair) |  | Wool watchman's cap |
|  | Operational Dress Uniform ODU (varies based on deployment minimum of 2) |  | Water/wind proof cap (wear under watchman's cap) |
|  | CamelBak/canteen (Large opening to keep clean) |  | Neck Gator / Scarf |
|  | Cotton undergarments |  | Earmuffs |
|  | Permethrin (treat uniforms prior to deployment) |  | Facemask |
|  | Sunglasses |  | Wool / Cotton socks (2 pairs per day minimum) |
|  | Fit testing data if you bring a respirator |  | Boots (2 pair) |
|  | CPR card |  | Boot liners |
|  | Medical clearance for field duties |  | Gloves |
|  |  |  | Glove liners |
| **Forms, Papers & ID** |
|  | Uniformed services ID, driver’s license, etc. |  | Contact list of important team & home numbers: Supervisor, HHS Secretary's Operations center number, personal emergency contacts family, friends, etc. |
|  | Travel orders |
|  | Copy of professional license(s), certifications, BLS, ACLS, etc.) |
|  | International Certificate of Vaccination (Form PHS-731) |  | Map of Deployment Location |
|  |  |
| **Deployment Checklist** |
| **Hygiene** | **Miscellaneous** |
|  | Shaving Supplies (non-electric) |  | Duffle / Sea / Dry Bag |
|  | Baby Powder / Corn Starch |  | Pad lock / luggage lock (combination lock preferred) |
|  | Tooth Brush |  | Watch with illumination, waterproof |
|  | Tooth Paste |  | Mosquito Netting |
|  | Floss |  | Medications (Personal Rx-*30 day supply*, Tylenol, Motrin, Dramamine, Benadryl, Epi Pen, etc.) |
|  | Desitin (rash cream ointment) |
|  | Q-tips |
|  | Tweezers |  | Dog Tags (2 pair) |
|  | Fingernail Clippers |  | Clock (no batteries) |
|  | Hand Sanitizer |  | Flash light (no batteries) |
|  | Feminine Supplies |  | Head lamp (batteries) |
|  | Mouth wash (Original Listerine) |  | Small unbreakable mirror |
|  | Baby wipes |  | Laundry bag with name on it |
|  | Comb / Hairbrush |  | Civilian clothes |
|  | Condoms |  | Credit Card |
|  | Towels (2) |  | Phone calling card |
|  | Washcloths / handkerchiefs |  | Extra pair of eye glasses (if applicable) |
|  | Pillow |  | Small $ bills |
|  | Chapstick |  | Powdered laundry detergent in Ziploc bag |
|  | Deodorant |  | Duct Tape |

|  |  |  |
| --- | --- | --- |
| **Bag in a Bag**(Personal gear necessary for 48-72 hrs/Airline approved) |  | Ball cap |
|  | Flip flops (for shower) |
|  | MRE (1-2) |  | 3 days food & water |
|  | Juice box (< 3oz) |  | Clothes line / small rope (about 25 feet long) |
|  | Nuts, snacks, etc in Ziploc bags |  | Clothes pins |
|  | Recoil Bottles |  | Sheet |
|  | Uniform, cover, boots |  | Ear plugs |
|  | Gear in Ziplocs: Socks, Undergarments, T-shirts |  | Sleeping bag (winter and/or summer) |
|  | Trash bags (large heavy duty yard bags) |  | Mole skin |
|  | Ziploc bags (Heavy duty double zip) |  | Tool bag for deployment / professional role |
|  | Ear plugs |  | Water Purification (ex. Iodine Tablets, Water pump, etc.) |
|  | Small Sunscreen (< 3oz) |  | Poncho  |
|  | Bug Spray (non-aerosal, < 3oz) |  |
|  |  |  | PT gear (shoes, shorts/sweats, t-shirts, socks, etc.) |
|  |  |  | Personal cell phone w/ charger |
|  |  |  | Paper organizer with zipper (binder, Trapper keeper,etc.) |
|  |  |  |
|  |  |  | Personal unique identifier on luggage / gear |
|  |  |  | Multi tool (ex. leatherman, gerber, etc.) |
|  |  |  | Lighter |
|  |  |  | First Aid Kit |

# Recommended Deployment Equipment/Supplies:

(*Models provided below are provided as examples only; EHOPAC does not endorse any particular product.*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **#** | **Unit Cost** | **Item Photo** | **Description** | **Total Cost** | **Shelf Life** |
| Flashlight | 1 | $5.99 |

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| Picture of a flashlight. |

 |

 | Power : 1 \* AA/1 \* 14500 3.6v Battery (no included)Skid-proof design & waterproof design LED bulbs, producing super bright light Perfect for hunting, cycling, climbing, camping and outdoor activity etc.\*Necessary item | $5.99 | No |
| Infra-red thermometer | 1 | $23.39 | Picture of an infra-red thermometer | Etekcity Lasergrip 630 Dual Laser Digital Infrared Thermometer -58℉~1076℉ (-50℃ to 580℃) Non-contact Temperature Gun with Adjustable Emissivity & MAX/MIN/AVG Display\* Recommended item | $23.39 | No |
| Thermal Coupling with fine tip | 1 | $175.73 | Thermocouple | Digi-Sense Type J, K, or T Thermocouple Thermometers Select a DIGI-SENSE type J, type K, or type T thermocouple thermometer for your basic temperature measurement applications. All models feature an ergonomic design; sealed silicone rubber keypad; IP54 splash- and dust-resistant ABS/polycarbonate case; and a built-in tilt stand. They accept a wide variety of thermocouple probes with mini connectors.\* Recommended item, digital/analog thermometers are a viable alternative | $175.73 | No |
| Extra batteries (suitable for flashlight, probes) | 3 | $3.59 | Photo of some AAA batteries | AA Alkaline Batteries, seven year shelf life, provides the highest quality and dependability in the everyday devices you use the most.\* Necessary item | $10.77 | Yes |
| Calibrated stem/probe thermometer | 2 | $8.47 | Picture of a calibrated stem/probe thermometer. | CDN IRB220-F-6.5 ProAccurate Insta-Read Beverage and Frothing Thermometer Polycarbonate lens. Target range indication. Recalibratable. 2 acc. S/S clip. For small frothing pitcher. Temperature and recalibration guides on sheath. 0 to 220F/-18 to +104C. | $16.94 | No |
| ETOH preps box (100) | 2 | $2.00 | Kendall Curity Alcohol Prep Pads Medium 2 Ply 200 Count | Alcohol Prep Pads are 2 ply pads saturated with isopropyl alcohol. Expertly sealed to be sure the pad stays moist and saturated. | $4.00 | Yes |
| Chlorine Test Strip Tape | 2 | $11.55 | Chlorine Test Strip Tape | This litmus test strip is for chlorine sanitizers. Sold by the vial. 100 Strips per vial.\* Necessary item | $23.10 | Yes |
| Metal clipboard with compartment | 1 | $25.59 | Photo of a metallic clipboard. | OfficemateOIC Aluminum Forms Storage Clipboard, 8.5 x 12 Inch \* Optional item | $25.59 | No |
| Leatherman Kick Multi-tool | 1 | $34.95 | Photo of a leatherman multi-tool | Leatherman Kick Multi-Tools -Thoughtful engineering means blades are longer, sharper, stronger. A tapped screw allows you to choose a pocket clip (sold separately) instead of a belt sheath. Kick has the same super-strong pliers as larger Leatherman tools, but its narrow shape and light weight keep you moving.\* Necessary item | $34.95 | No |
| Hand Sanitizer | 2 | 7.86 | Photo of a bottle of hand sanitizer | Travel size sanitizer able to fit in your purse, backpack, diaper bag, pocket, and more. Flip top dispenser for no spill. | $15.72 | Yes |
| Daypack | 1 | $35.33 | Photo of a black backpack | Carhartt Trade Plus Backpack with 15-Inch Laptop Compartment, Black \* Necessary item | $35.33 | No |
| QAC Test Strips | 1 | $11.55 | Test Strip,QAC,200 to 1500 PPM,PK50 | Serim QAC-Quat Test Strips estimate QAC (quaternary ammonium compound) concentrations from 50 - 1,000 ppm with coded color blocks at 50, 100, 200, 400 and 1000 ppm.\*Necessary item | $8.00 | Yes |
| Electric Outlet Tester | 1 | $18.01 | Photo of an electrical testing instrument | Sperry Instruments STK001 Non-Contact Voltage Tester (VD6504) & GFCI Outlet / Receptacle Tester (GFI6302) Kit, Electrical AC Voltage.\* Recommended item | $18.01 | No |
| Leather Gloves | 1 | $12.99 | Photo of some work gloves | Work Gloves FN330, Durable Water Based Nitrile, 3D Comfort Power Grip, Thin Stretchy-Fit Nylon Spandex, Cool Breathable Foam, Machine Washable, Black Grey 3 Pairs Pack \* Necessary item | $12.99 | No |
| Econo-style Safety Vest, Reflective | 1 | $4.42 | Econo-Style Safety Vest, Reflective | Buy now for just $7.49! | G & F 41113 Industrial Safety Vest with Reflective Stripes, Neon Orange \* Necessary item | $4.42 | No |
| 5010 Reusable Poncho | 1 | $6.49 | Photo of a package containing a poncho | IIT 77500 Heavy Duty Rain Poncho Hooded rain poncho with drawstringsHeavy polyethelene constructionConvenient and easy to carryOne size fits all.\* Necessary item | $6.49 | No |
| Boots |  | Varies | Boot | \*\*Suggest bringing a second pair of boots |  | No |
| Black pens | 1 | $6.07 | PaperMate® Stick Pens, Medium Point, Black, 60/Box | PaperMate® Stick Pens, Medium Point, Black, 60/Box A reliable pen at an affordable price Medium point Black Smooth writing ink | $6.07 | No |
| Mechanical pencils | 2 | $5.18 | Mechanical Pencil | BIC® Mechanical Pencils .7mm, Dozen Available with new grip features for a comfortable hold. .7mm lead Each pencil contains three self-feeding leads Convenient pocket clip in assorted colors Eraser- tipped #2 lead. | $10.36 | No |
| Sharpies | 1 | $4.53 | Sharpie | Black - Made to write on, stand out on, and stay on practically any surface\* Necessary item | $4.53 | No |
| First Aid Kit - Individual | 1 | $12.18 | Willson General Purpose First Aid Kit | This general first aid kit is a must-have for the household, workshop and recreational areas. A sturdy plastic case with weather-resistant gasket contains a wide variety of items for basic and more severe injuries. Keep one in the house and one in each car so you're always prepared.\*Recommended item | $12.18 | Yes |
| Duct tape #’ x 60 yards | 1 | $6.12 | Duct Tape — 3in. x 60 Yard Length | Buy now for just $5.00! | Industrial grade duct tape has so many uses. Comes in 3in. x 60 yard roll. Random colors. No choice of colors. U.S.A.\* Necessary item | $6.12 | No |
| Ziploc freezer bags, gallon size (25/box) | 1 | $4.75 | Ziploc® Commercial Resealable Bags | Ziploc Freezer Bags – Gallon Size. It is sturdy, disposable, easy-to-open and easy-to-fill. Unique interlocking zipper seals securely; Help keep items protected from the elements with easy open tabs\*Recommended item | $4.75 | No |
| Ref: Disaster Field Manual | 1 | $35.00 | disaster | This manual is intended to complement existing disaster preparedness plans and professional training. The manual is divided into the following major sections: 1. Structure of Emergency Operations 2. Water 3) Food 4) Liquid Waste 5) Housing/Mass Care Shelters 6)Vectior Control 7) HAZMAT 8)Med Waste 9) Rad Materials. The manual is 4" x 7.75" in size and the covers are constructed of 0.035 gauge polyethylene. [Link to Disaster Field Guide](http://www.globalsecurity.org/wmd/library/report/1997/cwbw)\*Necessary item | $35.00 | No |
| Ref: DOT Emergency Response Guidebook | 1 | Free Down-load | DOT Emergency Response Guide | [Link to the DOT Emergency Response Guidebook](http://www.cdc.gov/niosh/npg/)\*Necessary item | Free | Updates Regularly |
|  |  |  |  | Approximate Total | $500.00 |  |

# References:

**Readiness Resources:**

**Readiness**

* Readiness Down to Basics:<https://dcp.psc.gov/CCMIS/RedDOG/Forms/Basic_Readiness_Checklist.pdf>
* [Deployment Checklist](https://dcp.psc.gov/ccmis/RedDOG/Forms/Deployment_Checklist_March2016.pdf): <https://dcp.psc.gov/ccmis/RedDOG/Forms/Deployment_Checklist_March2016.pdf>
* [Readiness Reminder Tips](https://dcp.psc.gov/OSG/Nurse/documents/NPAC-Readiness-Reminder-Tips.pdf): <https://dcp.psc.gov/OSG/Nurse/documents/NPAC-Readiness-Reminder-Tips.pdf>
* [RedDOG Website](https://dcp.psc.gov/ccmis/DCCPR_readiness_and_deployment_m.aspx): <https://dcp.psc.gov/ccmis/DCCPR_readiness_and_deployment_m.aspx>
* Readiness Assistance email: RedDOG@hhs.gov
* [Family Readiness Guide](https://dcp.psc.gov/OSG/Nurse/documents/Family-Readiness-Guide.pdf): <https://dcp.psc.gov/osg/JOAG/documents/Family-Readiness-Guide.pdf>
* [Corps Response Structure](https://dcp.psc.gov/ccmis/ReDDOG/REDDOG_current_teams_m.aspx): <https://dcp.psc.gov/ccmis/ReDDOG/REDDOG_current_teams_m.aspx>

[**APFT:**](http://dcp.psc.gov/CCMIS/RedDOG/REDDOG_APFT_m.aspx)

* [Requirements & Resources](http://dcp.psc.gov/CCMIS/RedDOG/REDDOG_APFT_m.aspx): <https://dcp.psc.gov/CCMIS/RedDOG/REDDOG_APFT_m.aspx>
* [Revised APFT:](https://dcp.psc.gov/CCMIS/ccis/documents/pom15_004.pdf) <http://usphs-hso.org/sites/default/files/hso_docs/pags/itpag/Overview%20of%20Revised%20APFT.pdf>
* Medical waivers FAQ: <https://dcp.psc.gov/OSG/pharmacy/documents/Medical-Waiver-FAQ-Update.pdf>
* Dietary Guidelines for Americans 2015-2020: <https://health.gov/dietaryguidelines/2015/guidelines/>
* Healthy Weight loss resources: <https://dcp.psc.gov/osg/Dietitian/fit_for_life.aspx>
* USPHS [Weight Standards](https://dcp.psc.gov/ccmis/pdf_docs/Commissioned%20Corps%20Retention%20Weight%20Standards.pdf): <https://dcp.psc.gov/ccmis/pdf_docs/Commissioned%20Corps%20Retention%20Weight%20Standards.pdf>
* [USPHS approved techniques for estimating body fat percentage](http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Documents/Guide%204-%20Body%20Composition%20Assessment%20%28BCA%29.pdf): <http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Documents/Guide%204-%20Body%20Composition%20Assessment%20%28BCA%29.pdf>
* [Choose My Plate](https://www.choosemyplate.gov/): <https://www.choosemyplate.gov/>
* [Fitness & Healthy Living Resources](https://dcp.psc.gov/OSG/Nurse/documents/Fitness-Information-and-Healthy-Living-Resources.pdf)

**BLS:**

* [American Red Cross](http://www.redcross.org/take-a-class/bls): <http://www.redcross.org/take-a-class/bls>
* [American Heart Association](http://www.heart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHomePage.jsp): <http://www.heart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHomePage.jsp>
* [JOAG Calendar with available BLS course dates](https://dcp.psc.gov/osg/JOAG/committees_readiness.aspx): <https://dcp.psc.gov/osg/JOAG/committees_readiness.aspx>

**Helpful resources:**

* Smoking Cessation: <https://dcp.psc.gov/OSG/tobacco/>
* Medical Forms: <https://dcp.psc.gov/ccmis/forms/FORMS_medical_m.aspx>
* RedDOG Training Webpage: <https://dcp.psc.gov/ccmis/RedDOG/REDDOG_training_m.aspx>
* JOAG Proper Uniform Wear: <https://dcp.psc.gov/OSG/JOAG/documents/JOAG_Proper_Uniform_Wear_Presentation.pdf>
* [JOC 2017 Winter Edition Deployment Boots Survey](https://dcp.psc.gov/OSG/Nurse/documents/JOC-2017-Winter-Edition-Deployment-Boot-Survey.pdf): <https://dcp.psc.gov/osg/nurse/documents/JOC-2017-Winter-Edition-Deployment-Boot-Survey.pdf>
* PHS Athletics: <https://dcp.psc.gov/OSG/phsa/>

**Resources for Deployment Preparedness:**

**Emergency Preparedness**

[The Public Health Emergency Preparation and Response: Principles and Practice](https://www.cdc.gov/phlp/publications/topic/emergency.html)

**General Environmental Health**

[State and Local Guide 101, Guide for All-Hazard Emergency Operations Planning*,* FEMA](http://www.fema.gov/pdf/plan/slg101.pdf)

[Environmental Health Management After Natural Disasters, Pan American Health Organization](http://healthlibrary.com/book48_chapter824.htm)

[Field Operations Guide for Disaster Assessment and Response](https://scms.usaid.gov/sites/default/files/documents/1866/fog_v4.pdf), U.S. Agency for International Development Bureau for Humanitarian Response, Office of Foreign Disaster Assistance

[Disaster Field Manual for Environmental Health Specialists](http://www.ccdeh.com/resources/products-for-sale/disaster-field-manual), California Conference of Directors of Environmental Health

[Engineering Field Reference Manual](https://www.aiha.org/Lists/Products/DispForm.aspx?ID=56), American Industrial Hygiene Association

FM 21-10, [Field Hygiene and Sanitation, U.S. Army](https://archive.org/details/FM21-10_2000)

[DOT Emergency Response Guidebook](https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/docs/ERG2016.pdf)

**Food Safety**

[Model Consumer Commodity Salvage Code, Association of Food and Drug Officials](http://www.afdo.org/page-1280262)

[Keeping Food Safe During an Emergency](http://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/emergency-preparedness/keeping-food-safe-during-an-emergency/CT_Index)*,* USDA FSIS

[Food consumer advice/disaster assistance](http://www.foodsafety.gov/keep/emergency/)

[Control of Communicable Diseases Manual, American Public Health Association](http://www.amazon.com/Control-Communicable-Diseases-Manual-Heymann/dp/087553189X)

[FDA Emergency Operations](https://www.fda.gov/AboutFDA/CentersOffices/OfficeofOperations/OfficeofEmergencyManagement/default.htm), Emergency Line for FDA regulated products: 24/7, (301) 443-1240

[CDC Director’s Emergency Operation Center](https://www.cdc.gov/phpr/eoc.htm):24/7, 1-866-300-4374

Ask for NCID or NCEH/ATSDR

**Hazardous Waste and Materials**

[29 Code of Federal Regulations 1910](http://www.ecfr.gov/cgi-bin/ECFR?page=browse)

[29 Code of Federal Regulations 1926](http://www.ecfr.gov/cgi-bin/ECFR?page=browse)

[AIHA Emergency Response Planning Guideline and Workplace Environmental Exposure Level Guides](https://www.aiha.org/get-involved/AIHAGuidelineFoundation/WEELs/Pages/default.aspx)

[NIOSH Pocket Guide](http://www.cdc.gov/niosh/npg/)

[Medical aspects of Chemical and Biological Warfare](http://www.globalsecurity.org/wmd/library/report/1997/cwbw)

[USAMRIID’s Medical Management of Biological Casualties Handbook](http://www.usamriid.army.mil/education/bluebookpdf/USAMRIID%20BlueBook%207th%20Edition%20-%20Sep%202011.pdf)

[USAMRICD’s Medical Management of Chemical Casualties Handbook](https://www.globalsecurity.org/wmd/library/policy/army/other/mmcc-hbk%204th-ed.pdf)

[CDC Director’s Emergency Operation Center](https://www.cdc.gov/phpr/eoc.htm):24/7, 1-770-488-7100

Ask for NCEH/ATSDR or NIOSH

**Occupational Health/Industrial Hygiene**

[AIHA Emergency Response Planning Guideline and Workplace Environmental Exposure Level Guides](https://www.aiha.org/get-involved/AIHAGuidelineFoundation/WEELs/Pages/default.aspx)

[Medical aspects of Chemical and Biological Warfare](http://www.globalsecurity.org/wmd/library/report/1997/cwbw)

[USAMRIID’s Medical Management of Biological Casualties Handbook](http://www.usamriid.army.mil/education/bluebookpdf/USAMRIID%20BlueBook%207th%20Edition%20-%20Sep%202011.pdf)

[CDC Director’s Emergency Operation Center](https://www.cdc.gov/phpr/eoc.htm):24/7, 1-770-488-7100

Ask for NCEH/ATSDR or NIOSH

**Safety Officer**

[29 Code of Federal Regulations 1910](http://www.ecfr.gov/cgi-bin/ECFR?page=browse)

[29 Code of Federal Regulations 1926](http://www.ecfr.gov/cgi-bin/ECFR?page=browse)

[NFPA Life Safety Code](http://www.nfpa.org/aboutthecodes/aboutthecodes.asp?docnum=101&amp;cookie%5Ftest=1)

[NIOSH Pocket Guide](http://www.cdc.gov/niosh/npg/)

[NFPA Fire Code](http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=1)

[Medical aspects of Chemical and Biological Warfare](http://www.globalsecurity.org/wmd/library/report/1997/cwbw)

[USAMRIID’s Medical Management of Biological Casualties Handbook](http://www.usamriid.army.mil/education/bluebookpdf/USAMRIID%20BlueBook%207th%20Edition%20-%20Sep%202011.pdf)

[USAMRICD’s Medical Management of Chemical Casualties Handbook](https://www.globalsecurity.org/wmd/library/policy/army/other/mmcc-hbk%204th-ed.pdf)