WASHINGTON STATE DEPARTMENT OF HEALTH EMERGENCY RESPONSE PLAN

Epidemiology Response Team
Standard Operating Guideline

Version 5.0
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Maintained by the Office of Communicable Disease Epidemiology

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Version 5	Plan update	Aug 2022	Leslie Taylor, Training, Tactical Operations, Personnel (T-TOP) Unit Manager

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I. INTRODUCTION

A. Background

The Epidemiology Response Team (also referred to as the "Epi Response Team" or ERT) is a Department of Health (DOH) response team consisting of members trained in disaster epidemiology and public health emergency management. The ERT may be deployed to carry out epidemiology, assessment, and evaluation missions during all-hazards incidents (natural or man-made) that exceed local capacity or events with broad impacts requiring multi-jurisdictional coordination to respond within an emergency management framework effectively. In addition, the ERT may be employed to carry out DOH missions or missions under another public health authority's jurisdiction.

One of the primary goals of public health in a disaster is to use epidemiological tools and methods to understand the health impacts of the disaster to prevent and reduce disaster-related morbidity and mortality. According to the Centers for Disease Control and Prevention (CDC), disaster epidemiology assesses the short- and long-term adverse health effects of disasters and predicts and mitigates future disasters' consequences.

The ERT was initially developed in 2014 during heightened response to the Ebola epidemic through the CDC's Public Health Emergency Preparedness (PHEP) Cooperative Agreement and the Washington State Secretary of Health's 2013 DOH directive to become an all-hazards responder agency. The Training, Tactical Operation, and Personnel (T-TOP) Unit maintains the ERT within the Office of Health and Sciences, Readiness andResponse Section. Program maintenance is a collaborative effort with the T-TOP Unit Personal Management Team, Training Group, Office of Communicable Disease Epidemiology (OCDE), and the Executive Office of Resilience and Health Security.

B. Mission

The primary mission of the ERT is to serve as a deployable and modular team of mixed resources with the expertise and capability to implement disaster epidemiology tools and methods throughout each phase of an all-hazards incident. The ERT aims to protect human health by rapidly assessing critical health needs, providing reliable and actionable information to decision-makers, and preventing or minimizing adverse health outcomes in populations impacted by disasters.

C. Purpose

This Standard Operating Guideline (SOG) describes the function of the ERT before, during, and after an all-hazards incident, including surge support to partners. The SOG is intended to supplement and support existing plans with information and resources needed by ERT members. These resources include membership requirements and expectations, team organization and positions, training resources, steady-state and operational objectives, and other related materials to support successful response efforts. In addition, the ERT accepts mission requests from state agencies, local health jurisdictions (LHJs), tribal governments, Tribal Epidemiology Centers (TECs), regional partners, and other local partners to provide support and guidance to protect human health and improve public health emergency management during all phases of a disaster.

SOG Objectives:

1. Support existing preparedness, mitigation, response, and recovery plans and frameworks.
2. Define the mission, scope, and guiding principles of the Epidemiology Response Team (ERT).
3. Establish the ERT operational framework, team organization, steady-state activities, and response objectives.
4. Specify ERT membership requirements and expectations.
5. Define ERT team positions and their corresponding roles and responsibilities.
6. Outline ERT training resources, including disaster epidemiology tools and methods, to build epidemiological response capacity and capability across DOH and Washington State.

D. Scope

This SOG is intended to provide guidelines for the ERT organization and strategic activities during steady-state (when no emergency exists and the team is not activated) as well as during response operations (when the team is activated) and involved in all-hazards incident response, regardless of the kind or type of emergency.

This SOG does not provide step-by-step instructions for tactical procedures carried out during response operations.

This SOG only affects the ERT and does not have a bearing on other DOH emergency response teams or functions. This SOG works within the frameworks detailed within the Washington State Comprehensive Emergency Management Plan (CEMP), Emergency Support Function 8 (ESF 8 and Appendices), and the DOH Basic Plan and Annexes.

This SOG is not intended to conflict with or supersede existing plans for any agency, office, or organization.

E. Planning Assumptions and Guiding Principles

Development of the ERT and implementation of this SOG are rooted in the following assumptions and guiding principles:

- **Responder Health and Safety**
  Protecting responder health and safety, preserving life safety, and stabilizing the incident are the primary priorities for all activated and/or deployed ERT members. Therefore, all partner jurisdictions are expected to take all reasonable measures to protect the safety and wellbeing of response personnel during an emergency.

- **Health Equity**
  Specific populations are at increased risk for experiencing disproportionately severe impacts of a disaster than other populations. Therefore, efforts to identify and respond to health impacts of disasters, assess needs for services and evaluate the efficacy of response actions must be conducted to equitably address the needs of all people affected and targeted to address known health disparities. This requires careful thought and in-depth knowledge of community characteristics.

- **Limited Resources**
  Public health and medical services, resources, facilities, and personnel may be limited in availability or capacity during and following an all-hazards incident.

- **Limited Capacity and Capability**
  Capabilities may vary significantly from one agency or jurisdiction to another. Therefore, it is vital to remain aware of different capability levels to anticipate challenges and ERT staffing resource needs.

- **Ethical Leadership**
  All actions in response to an all-hazards incident must be undertaken to protect the health, wellbeing, and interests of the Whole Community of Washington. Unfortunately, empirical data to guide public health and medical response during an emergency are often limited. In such circumstances, it is assumed that authorities will carry out evidence-based interventions when possible. They will use their expertise and professional judgment to act in the public's best interest when it is impossible.

- **Evidence-Based Practice**
  Evidence-based practice is essential to public health emergency management and all ERT activities. Whenever possible, team members should seek to validate methods and gather data to guide their actions and contribute to the body of knowledge to inform future practice.

- **Openness**
  Information sharing is critical during any emergency but is particularly important for response teams to respond rapidly and effectively. Therefore, the ERT should maintain a team culture of idea sharing and creative solution-making both in steady-state and during operations.

- **Unity**
  To maximize the ability of each team member to carry out their mission of preventing morbidity and mortality from an incident, all members must respond in a timely, well-coordinated manner under the framework of respect and shared objectives in protecting human health. ERT members must collaborate effectively with responders at all levels to carry out assigned missions successfully.

II. TEAM FRAMEWORK

A. Team Framework Objectives

The ERT requires a flexible response structure that can adapt to the size and complexity of each incident. Therefore, each ERT member's basic knowledge and training include the Incident Command System (ICS) – a nationally recognized, standardized, and scalable response management system.

ICS serves as the foundational framework and provides the common terminology the ERT employs during steady-state and response operations. In addition, the ERT is developed to align with the Emergency Management Assistance Compact (EMAC) and the National Incident Management System (NIMS) resource typing definition for an Epidemiological Response Team.

Within the framework of ICS, disaster epidemiology tools and methods should guide ERT members' expertise and capabilities, given specific roles and responsibilities.

B. Activation Assessment

Upon receiving a request for ERT activation, the T-TOP Unit Manager evaluates the request to the Readiness & Response Support Section Manager. Then, in direct collaboration with the Director of Communicable Disease Epidemiology, Assistant Secretary for the Division of Disease Control and Health Statistics (DCHS) and Executive Office of Resilience and Health Security or their designee(s) determines the appropriate response to determine if the ERT will be deployed or not, or as a single resource or as a group within an IMT.

C. ERT Interactions with Incident Management Teams

The DOH Incident Management Team (IMT) provides command and control for incidents requiring a direct response, support, and coordination between the DOH Agency Coordination Center (ACC) and internal/external partners. The IMT may also support another jurisdiction's IMT and/or response activities.

Partner jurisdictions, such as Tribal governments, local, state, regional, or federal agencies or organizations, should contact the DOH Duty Officer to request ERT resources to support public health response efforts. The DOH Duty Officer will work closely with the T-TOP Unit Staff to coordinate response resources. See Section V. Response Operations for details.

The ERT may serve in multiple capacities under the ICS structure in service to the DOH IMT or any partner jurisdiction's IMT. For example, the ERT may function in tactical operations, intelligence, planning, situational awareness, or other necessary capacities during any incident.

Incident Management Team Structure

At its core, the Incident Management Team (IMT) is an organizational response structure that focuses on collaborating disparate response entities (both inside and outside of an agency), ranging from individuals to whole organizations, to resolve large-scale emergencies within and outside Washington. Most IMT activities within DOH focus on organizing response teams and limiting logistical barriers supporting local public health. Given the role of the ERT as an asset to the IMT, it serves to have a brief overview of the (typical) structure of an IMT, with a focus on roles that will directly interact with the IMT. For a complete graphical reference, please see Attachment 1.

Agency Representative: While not formally part of the Incident Management Team in Incident Command System (ICS) Documentation, the ERT Coordinator is used as an ad-hoc Safety Officer and Liaison Officer when sending ERT Response Teams to Local Health Jurisdictions. Duties include passing information back to the primary Safety Officer (or IC, if no Safety Officer is activated) about risks and concerns from/regarding deployed staff and coordinating integration of duties and information to and from the Local Health Jurisdiction and the Department of Health.

Incident Commander: Incident Commanders are, as the name may suggest, in charge of the overall response and serves as the de facto leader. While there are roles above the Incident Commander (Agency Leadership, for instance), the Incident Commander (IC) handles day-to-day and minute-to-minute operational direction. All IMT Chiefs (General

Staff) and the Public Information Officer, Safety Officer, and Liaison Officer (Command Staff) report directly to the IC.

General Staff

Operations Section Chief: The Operations Section Chief (OSC) is primarily concerned with producing or coordinating results with responsibilities ranging from tactical assignments to changing strategic operations based on incoming information in coordination with the Planning Section Chief and Logistics Section Chief.

Division/Group Supervisor: The Division Group Supervisor (often shortened to Div/Group Sup) is positioned under the Operations Section Chief and handles control for a singular division or group to which they are assigned. Divisions are often identified geographically, while groups are typically aligned by specialty. For example, in Public Health settings, this organizational structure can often be seen in identifying an Epidemiology Group Supervisor who provides leadership and coordination to support specific activities their team performs in the Operations Section. This position may also collaborate with internal and external response team leads.

Planning Section Chief: While the Operations Section is primarily concerned with immediate needs and actions, the Planning Section and Planning Section Chief (PSC) are concerned with making well-informed strategic decisions in partnership with the IC to achieve response objectives. This includes conducting key coordination meetings, synthesizing information into reports for internal and external use, resourcing teams and equipment (with the Logistics Section Chief), and documenting activities for posterity. In addition, the Planning Section Chief often prepares the IMT and associated groups for the next Operational Period, typically between 24-72 hours ahead of current activities. However, this can fluctuate dependent on incident needs.

Situation Unit Leader: Serving under the Planning Section Chief, the Situation Unit Leader (SITL) can be best described as the intelligence-gathering arm of the Planning Section. Coordinating with a diverse group from across the IMT, the primary responsibilities of the SITL include informing the formation of the Situation Report (SitRep) and Situational Awareness Dashboard. Additional duties can consist of information-seeking activities for standing questions of the IMT or response teams.

Logistics Section Chief: The Logistics Section Chief oversees all the incident's support needs, such as ordering resources and providing facilities, transportation, supplies, equipment maintenance and fuel, communications, and food and medical services for incident personnel. This position can be ordered as a single resource or in conjunction with a National Incident Management System (NIMS) typed team

Finance/Admin Section Chief: Manage all financial aspects of an incident. Provide financial and cost analysis information as requested. Ensure compensation and claims functions are being addressed relative to the incident.

Command Staff

Safety Officer: Monitors incident operations and advises the Incident Commander (IC) or Unified Command on all matters relating to operational safety, including the health and safety of incident personnel.

Public Information Officer: Under the IC, the Public Information Officer (PIO) coordinates and disseminates information to the public regarding the ongoing incident, usually through coordination with other members of the IMT staff. This can include holding press conferences, scheduling or participating in interviews, and creating media for the public, and can be seen as the "face" of the response in many ways.

Liaison Officer: The primary duty of the Liaison Officer is information sharing with fellow response groups and affected jurisdictions. This response facet is essential for Public Health due to the information-sharing needs of Hospital Systems, Health Care Coalitions, and Local Health Jurisdictions. Actions taken during incidents do not rely on incorrect assumptions or artificialities that may result from informal communications. This position may also work closely with the PIO, OSC, and/or Div/Group Supervisor to best align information-sharing activities with partners or impacted jurisdictions.

D. DOH Supervisor of ERT Members

While not part of the ERT, DOH Supervisors of ERT Members play a critical role during any ERT response; in writing, they must confirm their approval of the ERT member's availability to activate for an incident. Likewise, ERT members are encouraged to coordinate with their DOH Supervisor to ensure any essential duties or responsibilities are completed or passed onto a surrogate until the ERT member can return to normal work duties. Therefore, all members of the ERT must have supervisory support for their ongoing involvement in the ERT. During the annual review of ERT member interest, their DOH Supervisor will be contacted to confirm continual support and approval. Additionally, upon emergency activation, supervisors are alerted their ERT staff is needed with a 48-hour turnaround to boots on the ground).

E. Epidemiology Response Team Members

The ERT is a statewide specialized team of mixed resources consisting of personnel from divisions across DOH. Members are trained in disaster epidemiology to assess, monitor, evaluate, and investigate disease, injuries, and/or deaths related to an all-hazards incident. In addition, in the event of a natural (i.e., biological, geological, or hydrometeorological) or man-made disaster (unintentional or intentional), the ERT is capable of deploying its members locally or remotely for any mission at the request of a partner jurisdiction to provide needed epidemiological surveillance or investigation capacity regardless of incident kind or type.

During what can be defined as a Steady-State (a period that can be defined as one without an ERT activation), the duties of ERT Members include training, preparing, and exercising. As outlined in the Epidemiology Response Team Member Benefits and Expectations Agreement, members are expected to participate in at least 75% of ERT meetings or training during Steady-State, involving a time commitment of approximately 4 hours per month. Likewise, there is an expectation that ERT members will complete their position-specific training requirements within one year of being assigned to a position.

During a response, the duties of ERT Members may expand considerably. This will include the opportunity to serve within the ERT in a position as described in Section III, Subsection B, "Team Positions," to help fulfill Team Objectives (where relevant) listed in Section III, Subsection A. Deployments in such a team may be remote or in-person,

require short-notice deployment (including the potential for Emergency Mutual Aid Compact [EMAC] deployment to other states) for as many as 10 days per calendar year.

F. <u>The ERT Staff is currently comprised of the following personnel:</u>

a. <u>Office of Communicable Disease Epidemiology</u>
   i. Office Director
   ii. Readiness and Response Section Manager
   iii. Training, Tactical Operations, & Personnel Unit Manager
   iv. ERT Coordinator
   v. Communicable Disease Response Planner
b. Collaborating teams
   i. Personal Management Team
   ii. Training Group
   iii. Executive Office of Resilience and Health Security

III. TEAM ORGANIZATION

A. Team Objectives

The ERT is modular, flexible, and scalable. Its staffing may be adjusted for each mission based on the capability requested and the mission tasking for the team. As such, an ERT activation could include a single resource, an entire team, or multiple teams based on the needs of the incident and the capability requested by the affected jurisdiction(s). Approval and subsequent activation are to be determined by the T-TOP staff and office leadership.

<u>Epidemiology Response Team (ERT) Objectives</u>:

1. Support public health authorities and partner jurisdictions with disaster epidemiology activities related to an incident.
2. Perform epidemiology tasks, including:
   a. Design and conduct data collection related to disease propagation or injury agent and assess community health issues or needs,
   b. Conduct data analysis,
   c. Develop and present qualitative and quantitative parameters describing the impacted and at-risk populations, the methods of agent spread or transmission, and other insights that inform decision-making, policy, and actions to control the incident impact,
   d. Manage, implement, and monitor appropriate control measures, including isolation and quarantine, in partnership with additional response assets.
   e. Perform disease and/or injury investigation traceback and/or trace-forward.
3. Interface and coordinate with public health agencies, including Tribal governments and TECs, Emergency Support Function (ESF) #8 – Public Health and Medical partners, healthcare coalitions, environmental health teams, and specialists, other public health teams, disciplines, and laboratories.

B. Team Positions

The ERT consists of the following single resources, which can be combined in different arrangements depending on the needs of the mission. See Position Descriptions 1 – 5 for basic education and training requirements.

1. ERT Leader

Serves as the leader of the Epidemiological Response Team (ERT). Manages and conducts Command and control for the ERT. The ERT Leader protects the safety and wellness of the team, provides tactical direction, serves as the primary point of communication with the team, and ensures the ERT's work contributes to achieving mission objectives. This work includes collaborating with the DOH IMT (working primarily alongside the Division Group Supervisor as the IMT interface and the Safety Officer regarding Responder Safety) or the requesting jurisdiction, partner agencies, other public health disciplines, and laboratories in a culturally competent manner to integrate community dimensions and epidemiological practice. Serves as lead for communication with external agencies.

2. **ERT Epidemiologist**
   Gathers and analyzes field epidemiology data to identify and target countermeasures to prevent or reduce morbidity or mortality related to the mission. An ERT Field Epidemiologist supports epidemiological surveillance, investigation, evaluation, and/or other public health data analysis requirements. In addition, they recommend evidence-based interventions and control measures. This work includes interfacing with the DOH IMT (including primarily the Safety Officer if there is a safety issue, ERT Lead for general upstream communications, and in some cases Local Health IMTs which may need additional direction) and the requesting jurisdiction, partner agencies, and other public health disciplines and laboratories in a culturally competent manner.

3. **ERT Information Technology (IT) Specialist**
   Manages the technical hardware and software requirements needed to meet mission objectives. In addition, the IT Specialist supports epidemiological surveillance, investigation, evaluation, and/or other public health data analysis requirements. This work includes interfacing with the DOH IMT (through primarily the Safety Officer if there is a safety issue, Division Group Supervisor, ERT Program staff for general upstream communications, or in some cases Local Health IMTs which may need additional direction) or the requesting jurisdiction, partner agencies, or other public health disciplines and laboratories in a culturally competent manner.

4. **ERT Interviewer**
   Conducts individual interviews to gather data for epidemiologic surveillance, investigation, evaluation, or other disaster epidemiology tools and methods requiring individual interviews. This work includes interfacing with the DOH IMT (through primarily the Safety Officer if there is a safety issue, Division Group Supervisor in a rare circumstance, ERT Program staff for general upstream communications, or in some cases Local Health IMTs which may need additional direction) or the requesting jurisdiction, partner agencies, or other public health disciplines and laboratories in a respectful, culturally competent manner.

5. **ERT Public Health Generalist**
   Performs administrative functions, including compiling, computing, and assembling data in reports, studies, surveys, or forecasts required for the mission. The Data Entry Specialist reviews data for accuracy and completeness, reviews reports for clarity and accuracy, and refers questionable data or narratives to the appropriate teammate responsible for the source data or the ERT Leader for clarification. This

work includes interfacing with the DOH IMT (through primarily the Safety Officer if there is a safety issue, Division Group Supervisor in a rare circumstance, ERT Program Staff for general upstream communications, or in some cases Local Health IMTs which may need additional direction) or the requesting jurisdiction, partner agencies, or other public health disciplines and laboratories in a respectful, culturally competent manner.

C. Team Capabilities

The operational activities carried out by the ERT highly depend on the nature of the incident. Detailed step-by-step instructions for tactical procedures during response operations can be found in the Epidemiology Response Team Operations Manual. In general, the ERT can use the following disaster epidemiology tools and methods related to controlling public health threats:

1. Public Health Surveillance

One example of public health surveillance is syndromic surveillance. Syndromic surveillance identifies, investigates, and designs data-driven, rapid responses to emerging public health threats. These data can provide insights into chronic disease burden, environmental threats, and injury trends. In addition, syndromic surveillance has been used to detect outbreaks and follow the size, spread, and health impact of an event or emergency.

The DOH Rapid Health Information Network (RHINO) program is responsible for syndromic surveillance data collection, analysis, and distribution in Washington. Syndromic surveillance data is collected near real-time from hospitals and clinics across the state. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This robust system is one of only two sources of Washington's emergency department (ED) data and the only source for outpatient (primary, specialty, and urgent care) clinical data.

2. Rapid Needs Assessment

Rapid needs assessment methods are needed to collect reliable, objective information for decision-making or resource allocation for an affected population after an incident. Collected information about health status and needs can prioritize public health interventions and serve as an essential guide to emergency efforts. One commonly used rapid needs assessment tool developed by the CDC is the Community Assessment for Public Health Emergency Response (CASPER). CASPER uses valid statistical methods to gather information about health and basic needs, allowing public health and emergency managers to prioritize their response and distribution of resources accurately. CASPER may also be used for conducting Health Impact Assessments (HIAs) or other community-level surveys during non-emergency situations.

3. Registries

As specialized surveillance, registries employ structures and processes for documenting environmental hazards and exposures for individual longitudinal observation before or after epidemiological studies and investigations. Information from registries helps identify medium- to long-term health consequences and needs for testing or care and clarifies the link between exposures and health outcomes.

4. Tracking Systems

Tracking systems involve collecting and integrating data from environmental monitoring, exposure, and health effects over time. Information is typically gathered during the response and recovery phases to help identify needs for ongoing care or public health interventions and informs the development of health education and disease prevention measures.

5. Epidemiological Investigation and Studies

One of the essential public health services at the state level has been identified as the ability to diagnose and investigate health problems and health hazards in the community. Epidemiological investigations and studies establish determinants for adverse health outcomes so that interventions may be designed and implemented to prevent further morbidity and mortality. In public health emergencies, epidemiological investigations and studies may also serve to do the following:

a. Enhance communication strategies in collaboration with the appropriate partners by identifying effective languages and media for promoting behavioral change during the warning, response, and recovery phases,
b. Validate or refute specific behavioral responses and safety messages in collaboration with the appropriate partners, and
c. Aggregate information from multiple disasters to identify commonalities or patterns at a broader level.

IV. STEADY-STATE

A. Steady State Objectives

The ERT has adopted an integrated team approach in which resources from all divisions at DOH can be combined and deployed. Steady-state addresses ERT composition, recruitment strategies and membership, training requirements for specific positions, team maintenance for day-to-day readiness, ongoing preparedness activities, and sustaining training resources and opportunities.

B. Steady State Composition

DOH is the primary participating agency providing personnel to the ERT. DOH employees with the minimum qualifications for each position may apply to be an ERT member who would have the opportunity to be selected for deployment based on their availability, expertise, and the resources needed for response to an incident.

1. Members

Members are DOH personnel who hold the basic education and position-specific experience required to fill the ERT positions outlined in Section III: Team Organization. Membership is voluntary, and members are provided additional training and access to exercise opportunities to ensure that the team has sufficient depth of knowledge to respond to a variety of incidents in varying capacities. Depending on the mission, the number of members deployed during a particular response will vary.

2. ERT Program Staff

The DOH, ERT Coordinator under the general direction of the Engagement and Coordination Unit Manager, manages and coordinates ERT steady-state activities. These activities collaborate with the Communicable Disease Response Planner, Personnel Management Team, and the Training Group. In addition, the Executive

Office of Resilience and Health Security will collaborate to ensure the ERT fulfills the DOH response team requirements. Additionally, upon request from the DOH IMT or partner jurisdictions, the Engagement and Coordination Unit Manager is responsible for gathering the appropriate management and leadership personnel required for the initial needs' assessment for the incident before activation and deployment of an ERT.

The ERT Coordinator is responsible for the day-to-day supervision of the ERT.

Tasks include:

- Collaborating with Communicable Disease Response Planner to review and updated SOGs and reference materials;
- Collaborating with the Training Group for planning and executing training sessions/exercises;
- Collaborating with the Personnel Management Team to recruit new members. Liaising with local, state, federal, and Tribal Government response teams;

C. Recruitment and Membership

Employees across all divisions at DOH are invited to apply for the Epidemiology Response Team on an ongoing basis. The T-TOP Unit Staff, in collaboration with the Personnel Management Team, will identify applicants with the education, skills, and experience required to match them to the appropriate team position(s). Applicants may apply to multiple team positions. See Position Descriptions 1 – 5 for basic education and training requirements. ERT needs may be determined through a capacity assessment or other methods of recognizing team personnel requirements.

1. Recruitment

All DOH employees are eligible to apply for one or more team positions on the ERT. Membership is voluntary, and supervisor support is required. Time commitment may vary depending on an applicant's training status and availability if selected for activation or deployment during response operations. Membership benefits include disaster epidemiology program education and training opportunities scheduled throughout the year, further outlined in the Training section below. Applications are accepted on a rolling basis and thus may be completed at any time.

2. Basic Requirements

Employees meeting the basic education and experiential requirements for a given team position are encouraged to apply. However, members' ability to serve on the ERT is contingent upon supervisory support for involvement with the ERT and completing required training for that specified role(s) before deployment.
Suppose applicants do not meet primary education and experiential requirements for the ERT position for which they apply. In that case, the Personnel Management Team will provide information on obtaining the training needed to enable their future ERT participation.

3. Membership Benefits and Expectations Agreement

Once identified, candidates will be contacted, and an "ERT Membership Benefits and Expectations Agreement" will be sent to the candidate and their supervisor. This letter further details the benefits and expectations of ERT membership and requests that the candidate is committed to ERT membership for at least one (1) year. The candidate and their supervisor will sign and date the commitment letter and return it

to the Personnel Management Team. Candidates selected for ERT membership can learn more information about membership, time commitments, membership benefits, and upcoming training opportunities.

4. **Membership Assumptions**
   The T-TOP Unit Staff reserves the right to determine if a candidate's experience is appropriate for ERT membership and in what capacity. A roster of all active ERT members will be maintained and updated quarterly by the Personnel Management Team. Although not every ERT member will be deployed during every ERT response, each responder must understand that they may be deployed with short notice when an ERT response is requested.

5. **Membership Renewal**
   Each ERT member will receive an annual letter/e-mail from the Personnel Management Team to assess their desire to remain an ERT member. These messages will remind responders of their commitment to the team. They will also provide an opportunity for responders to suggest desired training courses and other considerations for obtaining additional qualifications, skills, knowledge, etc.

D. Training

Training is crucial in ensuring the ERT can appropriately respond as an integrated team. Training must be completed to be considered for deployment under specific team positions. Training activities will be created, compiled, evaluated, and provided by the Training Group within the Readiness and Response Section, following up-to-date policies and procedures and overseen by SMEs.

<u>ERT Training and Education Program:</u>

- **Resources**
  Formal classroom and just-in-time training (JITT) in the principles of disaster epidemiology;
- **Professional Development**
  Disaster epidemiology experience and incorporation of "Lessons Learned" from feedback from past investigations, after-action reports (AAR), and "hot wash" sessions;
- **Mentorship**
  Informal mentoring of new ERT members by experienced members;
- **Training**
  Seminars, workshops, tabletop case studies, and exercises/drills of disaster epidemiology tools and methods for all-hazards response;
- **Deployment Opportunities**
  Actual deployments for on-the-job experience related to ICS, position-specific shadowing; and
- **Community**
  Team-oriented training includes regularly scheduled workgroup meetings/training/exercises with other ERT members and partners.

V. RESPONSE OPERATIONS

A. Operational Objectives

The ERT will activate or deploy by request from partner jurisdictions, such as local, Tribal, state, regional, and federal agencies or organizations, to provide operational support or epidemiological surveillance, investigation, or assessment capability for all-hazards emergencies regardless of the kind or type.

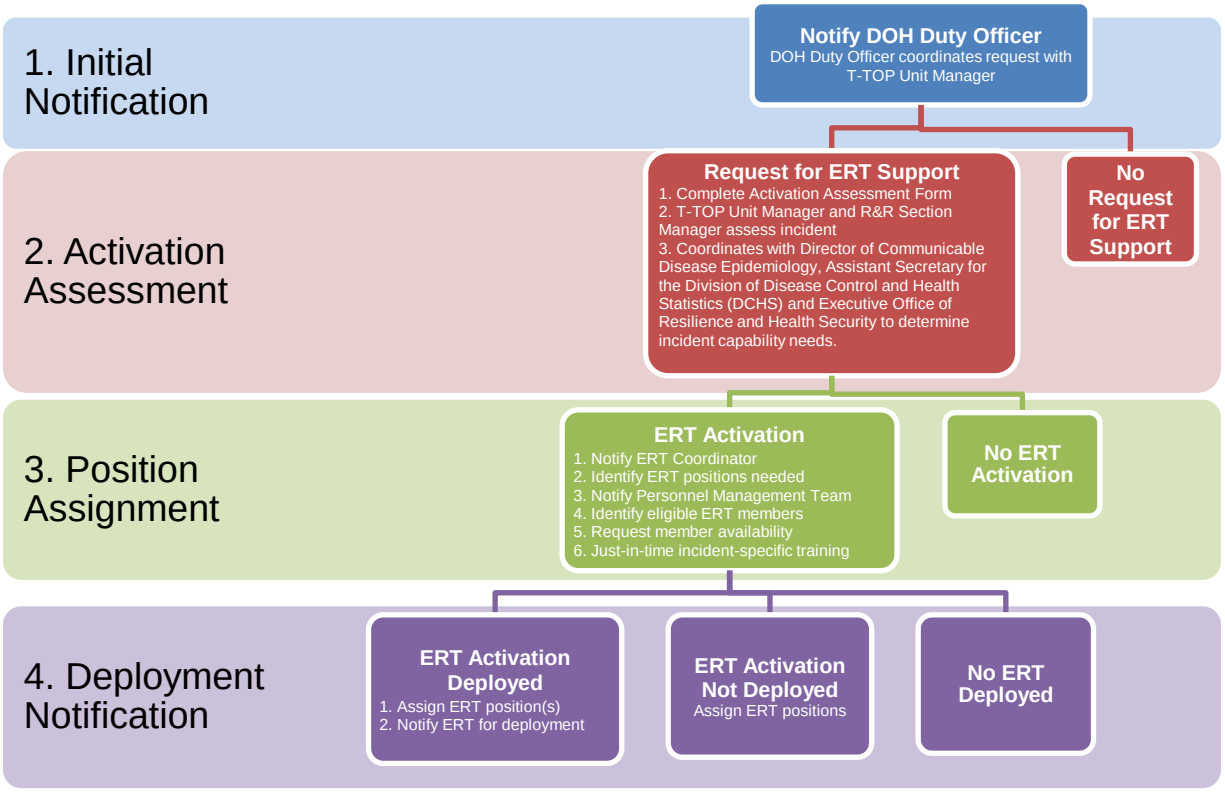
The DOH IMT may activate the ERT to enhance response capacity within DOH as needed. Please refer to the DOH Emergency Response Plan Annex 4: Support and Coordination for details on the processes for requesting a DOH response team or response resources. If the DOH IMT is active, all requests will be managed through the DOH IMT. If the DOH IMT is not activated, requests will be received through the DOH Duty Officer at 360-888-0838 or HANALERT@doh.wa.gov.

B. Activation Strategy

Activation of the ERT should be considered when a requesting Authority Having Jurisdiction (AHJ) has an incident that exceeds or will imminently exceed their capacity to respond effectively and request assistance. To activate the ERT the T-TOP Unit Manager, the Readiness and Response Section Manager, and appropriately assigned management or leadership involved in the incident must review and discuss the information provided by the requesting AHJ to assess incident needs and complexity.

Activating response resources for out-of-state deployment is considered by request through Interstate Mutual Aid processes in coordination with the iii.Executive Office of Resilience and Health Security, Response Operations Coordinator.

Diagram 1. Epidemiology Response Team (ERT) Activation Strategy



1. **Initial Notification**
   Partner jurisdictions commonly notify DOH about the ongoing or new incident(s) of concern that exceeds or will imminently exceed their capacity to respond effectively. To request ERT resources, call the DOH Duty Officer at 360-888-0838 or email HANALERT@doh.wa.gov. Initial notification to request Epidemiology Response Team services will be forwarded or involve the T-TOP Unit Manager, who will provide coordination and support to activate the ERT. The T-TOP Unit Manager and the Readiness and Response Section Manager assess incidents along with the Executive Office of Resilience and Health Security is critical to supporting response efforts.

2. **Activation Assessment**
   The Activation Assessment Form (filled out by the requesting entity) will help identify and determine:
   - Kind and type of resources requested
   - Duration and scheduling considerations
   - Epidemiology Response Team staffing needs
   - Need for the onsite deployment of the Epidemiology Response Team
   - Incident complexity and cross-agency support needs

3. **Position Assignment**
   After activation has been determined, the T-TOP Unit Manager will contact the ERT Coordinator and the Personnel Management Team to coordinate the identification of

ERT members for response operations and mission requirements. ERT members will be contacted as early as possible and briefed on the incident and overview of the mission. Every mission must provide an assigned Epidemiology Response Team Leader.

4. Deployment Notification

ERT members may be deployed once the ERT has been activated and positions assigned. The threshold to deploy is based on the level of response needed. If the incident is localized, ERT members will be alerted for possible deployment and available for technical assistance. If the incident requires field deployment, the assigned ERT Coordinator, in collaboration with the ERT Leader, will assure adequate coverage and safety for all activated ERT members.

Deployment of ERT members may include one individual or numerous personnel in the form of a task force or potentially multiple task forces or strike teams to meet the needs of the requested mission. Personnel and equipment will respond to an incident only after the request is approved and resources are dispatched. Communication regarding pre-mobilization, deployment, and demobilization will be initiated through the ERT Coordinator and then forwarded to the Personnel Management Team. See Form 2 Deployment Checklist.

ERT members deployed as part of the Epidemiology Response Team should continue to operate as a team and report solely to the ERT Leader in Command, who will report to the ERT Coordinator until the deployment period has ended. See attached Position Descriptions for all team positions, including required education and training for each team member.

Typical deployments are ten (10) days long. This includes eight (8) operational days and two (2) days for travel, one before and one after. In extreme situations or requests in advance, deployment may be extended longer.

C. Responder Safety

Specific guidance should be adhered to by all Epidemiology Response Team responders:

- No ERT responder should exceed a 12-hour workday
- If any ERT responder is feeling fatigued or ill, they will notify the ERT Leader immediately, who will contact the ERT Coordinator
- All injuries to ERT members during a response should be reported to the ERT Leader immediately, and in the case of illness, the ERT Team Leader will directly contact the ERT Coordinator
- Time must be tracked daily on an ICS 214 form and submitted to the ERT Leader
- If overtime (over 40 hours) is accrued during activation, notify your immediate supervisor
- The ERT Leader will assure all staff is taking appropriate breaks, and any ill or fatigued staff should be replaced or relieved, if possible.
- In the event Go and Jump Kits need to be resupplied, the ERT Leader will notify the ERT Coordinator for provisions. The ERT Coordinator will then contact the Personnel Management Team to procure needed supplies. The ERT Coordinator will coordinate the distribution of supplies to teams in the field or returning from deployment.

1. **Situational Awareness**
   All ERT responders must remain situationally aware of unfolding events that could impact the health or safety of responders. Therefore, at least daily situational reports completed by the ERT Leader must provide information back to the ERT Program Coordinator regarding the status of the mission and DOH personnel assigned. Regular flow of information is essential to maintain a common operating picture and support the effectiveness of the team and the project's mission.

2. **Weather Awareness**
   The ERT Coordinator will continually monitor the weather while teams are deployed in the field and report any adverse weather conditions to the ERT Leader. The ERT Leader is responsible for ensuring all ERT responders shall be notified of potential weather hazards during response. A daily situational report completed by the ERT Coordinator will inform ERT responders of any possible concerns. It is the responsibility of all response staff to remain mindful of the weather conditions and take appropriate precautions to mitigate potential harm.

   If a delay in transit occurs due to unexpected weather conditions, notify the ERT Coordinator as soon as you are in a safe and hazard-free location. A notification will be sent to the requesting organization, and an alternative strategy may be developed if the weather event is perceived to be a prolonged threat to responder safety.

3. **Personal Protective Equipment**
   The Personnel Management Team will provide the ERT with Go-Kits and Jump Kits (see Attachment 3), including all appropriate personal protective equipment (PPE). If these kits' supplies are depleted, notify the ERT Coordinator to replenish the stock of supplies before deployment.

D. Demobilization

ERT Program Leadership, ERT Leader, and the ERT Coordinator will assess and determine continued resourcing needs for every operational period. In addition, the ERT Leader will communicate with appropriate host partners to relay needs for ongoing support. Based on a continual assessment of progress and need, a determination will be made regarding whether onsite staffing resources are still required. The following is a draft of the ERT Demobilization Plan:

Draft ERT Demobilization Plan

I. General Information

In the event of demobilization due to surplus resources, staff needs, or other considerations, the ERT Leader will notify the ERT Coordinator, who will then inform the Division Group Supervisor to demobilize individual assets, sub-teams, or the whole of the ERT. This information will then be passed on to the Operations, Planning, Logistics, and Finance Chiefs, their delegates, and the Incident Commander for approval. If approved, the Demob Unit will coordinate with the Division Group Supervisor and ERT to ensure the safe, efficient demobilization of relevant assets.

II. General Guidelines

i) No resources or personnel will leave the incident until authorized by the Incident Commander, as facilitated through the Demob Unit.
ii) All releases and travel home, or subsequent reassignment, will comply with the National Work Rest Guidelines provided by the National Multi-agency Coordination Group.
iii) All deployed personnel must be dismissed with adequate time to reach their home destination by 22:00 or earlier.
iv) If air transportation is needed for any ERT Personnel, they are expected to arrive at the airport at least 2 hours before the scheduled departure time. The Demob Unit is expected to make arrangements with the Logistics Section to provide adequate and viable transportation.
v) The ERT is expected to have accurate team manifests (supported by ICS-211 "DAILY SIGN-IN SHEET" documentation) that reflect any mobilization changes and team composition changes throughout the incident.
vi) In the event of "whole-team" demobilization, the team should be disbanded before release.
vii) Additionally, in an Adverse Weather Event, the ERT Division Group Supervisor will coordinate with the Logistics and Finance Section Chiefs to attain safe transportation for their team(s) to and from the incident before deployment to ensure safe return.
viii) All demobilized ERT members are expected to fill an ICS-221 Demobilization Checkout Form before leaving the area of operations and communications to the Demob Unit (with the Division Group Supervisor CC'd) with information to include:
    (1) Method of Travel.
    (2) Fellow Passengers (if applicable).
    (3) Destination (Home, Office, etc., and approximate distance).
    (4) Any need for overnight stops.
    (5) Estimated Time of Departure and Time of Arrival to destination.

III. Release Procedures

i. With consultation with T-TOP Unit Leaders, the ERT Coordinator, and any relevant local response assets the ERT is supporting, Division Group Supervisors will notify the Planning Section Chief and Demob Unit Leader of any surplus resources within the team or those that need demobilization.

ii. It is expected that the Demob Unit Leader will notify the relevant IMT staff (including the Incident Commander) of demobilization notices and inform the Resource Unit of pending demobilization to ensure that resource rostering is current.

iii. Following approval of the demobilization request, it is expected that the Demob Unit will initiate a demobilization briefing procedure that includes information sharing regarding sections ii-viii of **II. General Guidelines**, as shown above. Likewise, notification will go to the Team Members' Work Supervisor that the team member will return to normal work duties as agreed upon in prior deployment notification(s).

iv. If any additional equipment has been given to the ERT Member(s) such as communication equipment, it will be inspected and collected by the

ERT Leader to be transported back to the Public Health Laboratory Campus or alternative site for storage and restock.

v. Go-Kits, and Jump-Kits will be inventoried by the ERT member and a list will be given to the ERT Leader who will ensure to pass inventory replenishment requests to the ERT Coordinator. The ERT Coordinator will then contact the Personnel Management Team to procure needed supplies. The ERT Coordinator will coordinate the distribution of supplies to teams returning from deployment. It is expected the final ICS 221, once completed, will be sent for approval to the Demob Unit Leader, who will then attach any travel itineraries (if applicable) for retention by the Documentation Unit Leader.

vi. Before final departure from the incident, the demobilized ERT member(s) is expected to attend an exit safety briefing from the onsite Safety Officer, which shall also provide risk mitigation for travel if possible. In the event of Adverse Weather Events or a high risk of a fatigue-related accident or injury, this may include alternative transportation options or extended lodging within the area of operations.

vii. Upon arrival to the Team Member(s) home destination, the Team Member will notify their Division Group Supervisor and the Demob Unit Leader of their safe arrival or any hazards. This, under no circumstances, should supersede or delay a call to Emergency Services if such services are required. This notification should arrive by way of Email, Text Message, or Voice Message in order of preference.

IV. Post Release Resources and Opportunities

After participation within the IMT or the ERT deployment, ERT members are encouraged to participate in "hot-wash" debriefs, After Action Report meetings, and surveys and seek additional support from within the agency using the Support Our Agency Responders (SOAR) resources. A brief explanation of each component is listed below:

"Hot-wash" Debriefs: Immediately following participation in an incident or exercise (sometimes before departure), ERT members are encouraged to participate in an individual or group meeting to help identify best practices, and areas for improvement and allow for a discussion of the incident on the whole. This is meant to act as the initial debrief and an urgent needs assessment while the incident is ongoing or at the very least still "fresh."

After Action Report Meeting(s): Typically, within 90 days of an incident, a more formalized set of group meetings, as well as the possibility of a survey, will occur that will take into account the experiences of those who participated within the incident both within and outside of the ERT. These experiences and lessons learned will be composed into a formal After-Action Report (AAR), which will help guide future responses for DOH. As such, participation and contributions are greatly valued.

EAP Resources: After an ERT Member has returned to their normal work duties, an email from the Personnel Management Team will be sent to the Team

Member and their appropriate Supervisor. These emails will contain information regarding post-deployment stress management, Employee Assistance Program (EAP) Resources, and pertinent Information Sheets related to potential exposures resulting from the incident response. Additionally, these emails will provide a method by which the supervisor, Team Member, or both may raise concerns, identify needs, or otherwise communicate with IMT staff or Supervisory staff on how to further support those who have responded to the incident question. Email as a delivery method for EAP Resources is used because "Employees are likelier to use EAP services if employees know their use of the EAP will be confidential. Conversely, if employees believe using these services will negatively impact their careers, they will avoid using the EAP if possible." (Managing Employee Assistance Programs (shrm.org)).

E. After-Action Reporting

In addition to the ERT activation assessment, deployment notification, and daily situational reports, a final after-action report (AAR) will be compiled. Depending on the size and cost of the response, additional post-event activities may be necessary to ensure the event is documented for the public record, determine the cost of the event, and enhance the efficiency of operations for future efforts.

Evaluation of response efforts should include the following:

- Expenditures and in-kind costs incurred in the operation
- Identified successes and opportunities for improvement
- Recommended changes in ERT response operations
- Implications for the public health infrastructure

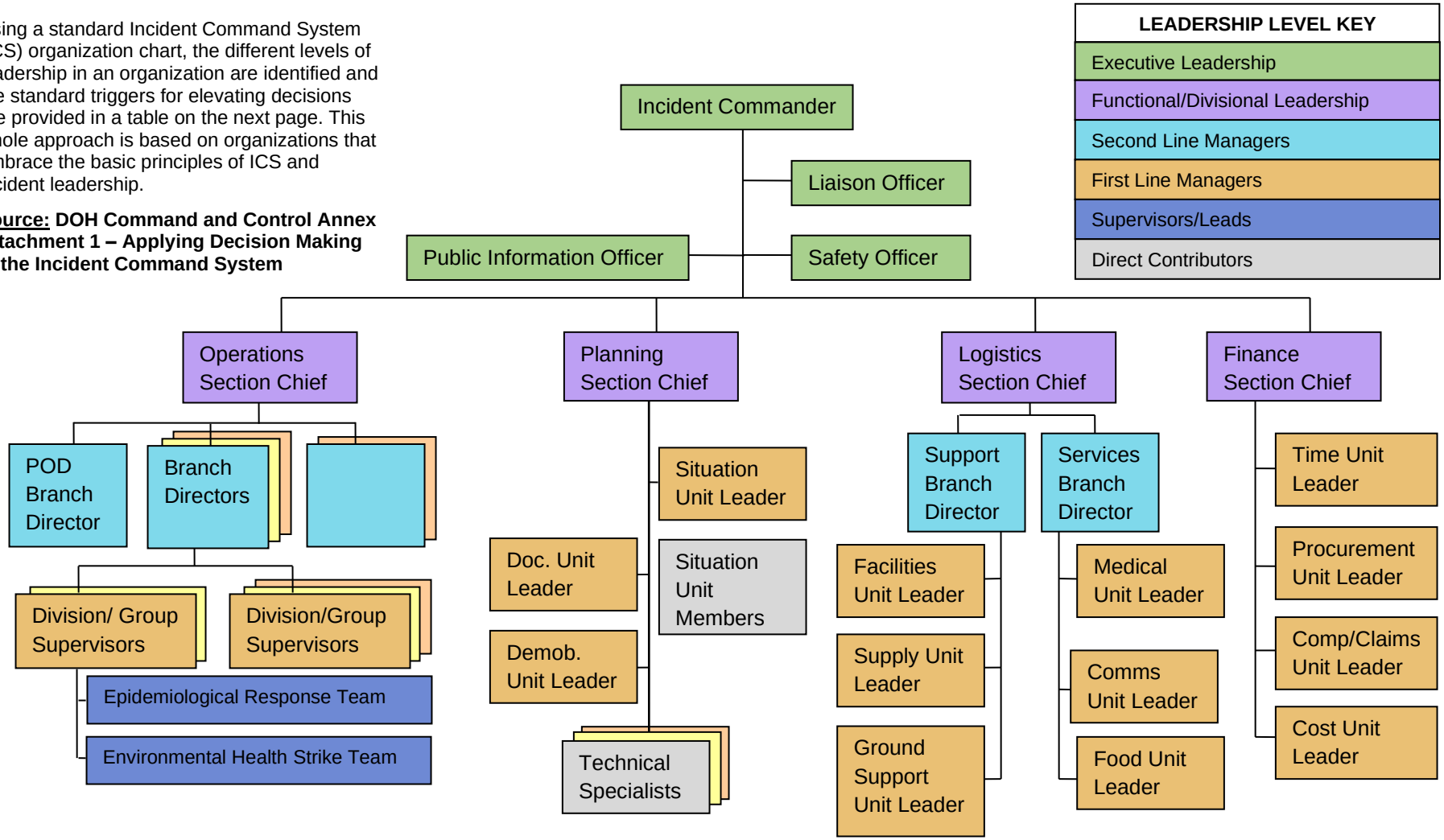
An after-action report (AAR) must be completed to collect critical information to improve any future epidemiological response. This AAR will include, at a minimum:

- What occurred, including
  - ✓ Number of cases identified
  - ✓ Start and stop dates/times
  - ✓ Total number of hours of operation
  - ✓ List of all personnel involved as noted in ICS 207 documentation
  - ✓ How the process took place (e.g., what did we expect and what happened)
  - ✓ Strengths of response efforts
  - ✓ Areas for improvement

Attachment 1 – DOH Incident Management Team (IMT) Schematic

Using a standard Incident Command System (ICS) organization chart, the different levels of leadership in an organization are identified and the standard triggers for elevating decisions are provided in a table on the next page. This whole approach is based on organizations that embrace the basic principles of ICS and incident leadership.

Source: DOH Command and Control Annex Attachment 1 – Applying Decision Making in the Incident Command System



The Operations Section is built from the single resource, to the Task Force/Strike Team, to the Division/Group, and to the Branch. As additional resources are added to the organization, the span of control will be managed according to ICS Doctrine.

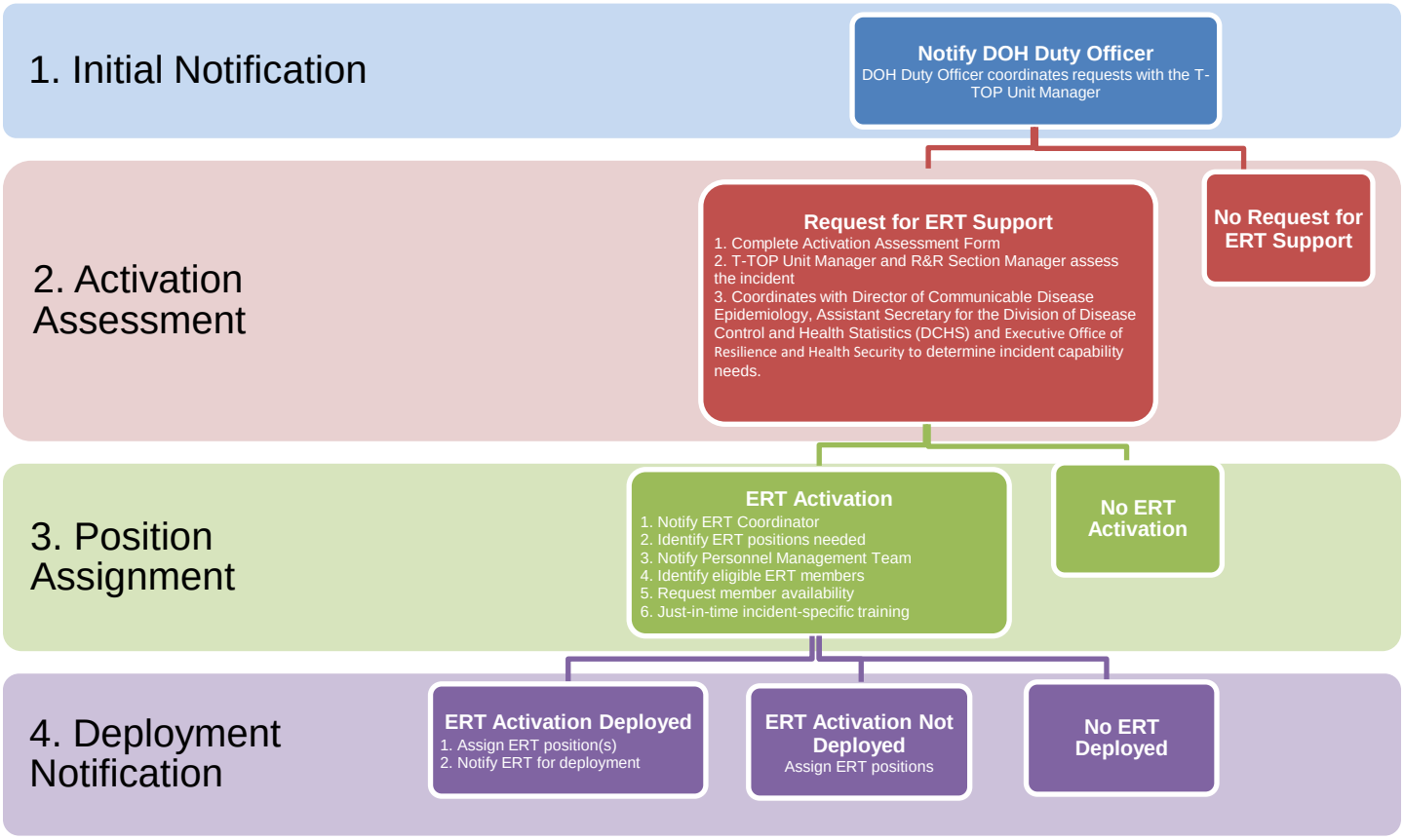
*Per NIMS doctrine, any position not filled remains the responsibility of the supervisor.

Attachment 1 (continued) – DOH IMT Schematic

Leadership Levels	Decisions to be Elevated
Executive Leadership	Reporting safety or emergent issues of significance: interagency issues with broad statewide political implications. Making a formal report: statewide reports, official agency reports, reports to the Governor's Office, statewide public information. Requesting additional resources- Efforts requiring formal interagency commitments of resources. Receiving and giving work assignments- Recommendations to the Governor's Office about potential opportunities for taking action or strategies that could maximize the impact of state agency work.
Functional/Divisional Leadership	Reporting safety issues or emergent issues of significance-Agency level issues with public health, industry, or health care sector political impacts Making a formal report- Functional or divisional reports, reports to key constituents outside the agency, public information to support divisional missions. Requesting additional resources- Requesting resources from other agency divisions or functions. Receiving and giving work assignments- Recommendations to executive leadership about elements of the strategic plan or for taking action on strategies to maximize the impact of their function's or division's efforts.
Second Line Managers	Reporting safety or emergent issues of significance- Safety issues observed or reported by staff, office, or work unit issues with functional or divisional impacts. Making a formal report- Reports to advisory groups, key external partners, reports that speak to issues of other offices or work units. Any planned public information campaigns. Making a request for additional resources- Requests for help from outside the office or work unit. Receiving and giving work assignments- Recommendations to functional or divisional leadership about the divisional strategic plan, or for taking action on strategies to maximize the impact of their office or work unit.
First Line Managers	Reporting safety or emergent issues of significance- Safety and wellness issues observed or reported by staff, section or work group issues with office or work unit impacts. Information regarding threats, weaknesses, or opportunities identified in working with staff or completing work. Making a formal report- Reports on section or workgroup progress, reports to partners, or public information. Making a request for additional resources- Requests for any resources from beyond the section or workgroup. Receiving and giving work assignments- Recommendations to second-line managers that inform the leader's intent, office or work unit work plans, or for acting on strategies that could maximize the impact of their section or workgroup.
Supervisors/Leads	Reporting safety or emergent issues of significance- Safety and wellness issues observed or reported by staff, team issues with section or workgroup impacts. Information regarding threats, weaknesses, or opportunities is identified by staff or observed when completing work. Making a formal report- Reports on team progress, reports to partners, and public information. Making a request for additional resources- Requests for any resources from beyond the immediate team. Receiving and giving work assignments- Recommendations to managers that inform the leader's intent, teamwork plans, or for taking action on tactics that could maximize the impact of their team.
Direct Contributors	Reporting safety or emergent issues of significance- Safety and wellness issues observed, workplace concerns, information regarding threats, weaknesses, or opportunities observed when completing work. Making a formal report- Reports on progress toward meeting objectives, reports to partners, and public information. Making a request for additional resources- Requests for any resources from beyond the immediate team. Receiving and giving work assignments- Recommendations to managers that inform the leader's intent, individual work plan, or for taking action on tactics that could maximize the impact of their team.

Epidemiology Response Team (ERT) Standard Operating Guideline (SOG)

Attachment 2 – Epidemiology Response Team (ERT) Activation Strategy



Attachment 3 – Epidemiology Response Team (ERT) Go-Kits and Jump Kits

Purpose:

To protect the Epidemiology Response Team's health and safety and provide them the technical capabilities to respond effectively during response operations, Go-Kits and Jump Kits are available to Epidemiology Response Team members deployed for an all-hazards mission. Additionally, go-Kits and Jump Kits include essential items for onsite deployment anywhere within the state.

Goals:

1. Increase responder safety for Epi Response Team deployment
2. Provide adequate resources in the field for Epi Response Team responders
3. Formalize response efforts and assure preparedness for Epi Response Team deployment

Plan:

1) 10 Go-Kits and 3 Jump Kits will be stored and kept secure at the central office
2) All Go-Kits and Jump Kits will be updated annually to ensure relevant content
3) Deployed staff are required to return kits within three working days after deployment for restocking and quality control
4) Epi Response Team members will always be asked to complete the following forms and keep them available in the Go-Kits and Jump Kits:
    a. Emergency Contact Form
    b. Vaccination History Form
    c. Training Checklist

Go-Kit PPE: (1 set per Go-KIT)	Jump Kit PPE: (1 set per Jump Kit)
☐1 backpack	☐ 1 large bag/duffle bag
☐ 1 red first aid kit	☐ 1 black clipboard with pen
☐ 1 pair of scissors	☐ 1 box of Sharpies (4 pack)
☐ 1 black carabiner	☐ 1 box of pens or pencils
☐ 1 black BYB flashlight	☐ 1 Laptop computer
☐ 3 AAA batteries	☐ 1 Portable wireless Printer
☐ 16 pair earplugs	☐ 1 TracFone
☐ 5 Tylenol (500mL)	☐ 1 Dongle
☐ 5 Advil (200 mL)	☐ 1 Wireless charging station
☐ 5 Aspirin (325 mL)	☐ 1 Encrypted Flash Drive
☐ 10 dispatch bleach wipes	☐ Emergency Contact Form (per ERT member)
☐ 1 bag with 5 pairs gloves (L)	☐ Vaccination History Form (per ERT member)
☐ 1 bag with 5 pairs gloves (M)	☐ Training Checklist (per ERT member)
☐ 1 bag with 5 pairs gloves (S)	☐ Deployment Checklist (per ERT member)
☐ 1 bottle of hand sanitizer (alcohol based)	☐ Responder Safety JITT specific to mission
☐ 2 Biohazard bag and zip ties	☐ ICS Forms
☐ 2 yellow impermeable gowns (L)	☐ Disease Fact Sheets
☐ 2 pairs of boot covers (shoe and lower leg)	☐ Disease Investigation Forms
☐ 2 N95 Masks	☐ Water
☐ 2 Full Face Shields	☐ Meal Bars
☐ 2 Hoods (3M model)	☐ Glow Stick
☐ 1 bouffant cap	☐ Blanket
☐ 1 Plastic "Big Bag" Ziploc (XL)	☐ Bright Safety Vest
☐ 1 Plastic Gallon Size Ziploc	☐ 2 Isolation signs/2 stop sign stickers

Recruitment Form 1 – Epidemiology Response Team Member Application Survey

WHAT IS THE DOH EPIDEMIOLOGY RESPONSE TEAM?
The Epidemiology Response Team (also referred to as the "Epi Response Team" or ERT) is a Department of Health (DOH) response team consisting of members trained in disaster epidemiology and public health emergency management. The ERT may be requested to deploy during an all-hazards incident (natural or man-made) that exceeds local capacity or public health events with broad impacts requiring multi-jurisdictional coordination to respond effectively.

APPLICATION PROCESS
Employees from all divisions across DOH are invited to apply for the Epidemiology Response Team (ERT). Please complete this brief 15-minute survey to determine your availability, experience, and preferred ERT Team Position(s) to apply. Candidates may apply to one or more positions, and applications are accepted on a rolling basis. Please refer to the ERT Standard Operating Guideline for information about team positions and membership benefits. Please submit your application to DOHEpiResponseTeam@doh.wa.gov

SECTION 1: INDIVIDUAL INFORMATION

First Name:		Last Name:	
Agency:		Office / Division:	
Working Position Title:	(e.g., Epi)	Position Classification:	(e.g. Epi 1)
Office Phone:		Email:	
Length of time in current position:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years		
Amt. of time working in Public Health:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years		
Select the ERT position(s) you are most interested in applying for:	**☐ Team Leader ☐ Field Epidemiologist ☐ Interviewer ☐ Data Entry Specialist ☐ IT/Informatics Specialist**		

SECTION 2. EDUCATION

Years of post-high school education:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years
List all degrees and concentrations:	
Professional Licenses/Certificates:	
Area of Expertise/Technical Area:	

SECTION 3: EXPERIENCE
For each activity listed, please select the category that best matches your years of experience.

Activity	Years of Experience
Years as an epidemiologist:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years ☐ NA
Years leading an epidemiology team:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years ☐ NA
Years working with emergency response organizations:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years ☐ NA
Years working in a public health agency:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years ☐ NA
Years entering data in a public health setting:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years ☐ NA
Years analyzing data in a public health setting:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years ☐ NA
Years using statistical software:	☐ 0-1 year ☐ 1-2 years ☐ 3-4 years ☐ 5-10 years ☐ 10+ years ☐ NA

SECTION 3: EXPERIENCE (continued)

For each activity listed, please select the category that best matches your level of expertise.

ACTIVITY	Known As Expert	Needs No Assistance	Repeated Successful Experiences	Received Basic Training	No Training or Experience
Conducting Case Investigation	☐	☐	☐	☐	☐
Conducting Contact Tracing	☐	☐	☐	☐	☐
Monitoring Quarantined Individuals	☐	☐	☐	☐	☐
Database Development	☐	☐	☐	☐	☐
Public Health or Community Assessments	☐	☐	☐	☐	☐
Recommending evidence-based interventions	☐	☐	☐	☐	☐
Interfacing with other public health disciplines	☐	☐	☐	☐	☐
Developing and analyzing public health policies	☐	☐	☐	☐	☐
Providing leadership for scientific analysis and public health research	☐	☐	☐	☐	☐
DATA ANALYSIS & MANAGEMENT	**Known As Expert**	**Needs No Assistance**	**Repeated Successful Experiences**	**Received Basic Training**	**No Training or Experience**
MS Excel	☐	☐	☐	☐	☐
MS Access	☐	☐	☐	☐	☐
SAS	☐	☐	☐	☐	☐
STATA	☐	☐	☐	☐	☐
RStudio	☐	☐	☐	☐	☐
SQL Server	☐	☐	☐	☐	☐
Python	☐	☐	☐	☐	☐
Other(s): _____	☐	☐	☐	☐	☐
METHODS, TOOLS, & DATASETS	**Known As Expert**	**Needs No Assistance**	**Repeated Successful Experiences**	**Received Basic Training**	**No Training or Experience**
PHIMS/WDRS	☐	☐	☐	☐	☐
CASPER	☐	☐	☐	☐	☐
EPI Info	☐	☐	☐	☐	☐
NSSP BioSense/ ESSENCE	☐	☐	☐	☐	☐
Epi-X	☐	☐	☐	☐	☐
Tableau	☐	☐	☐	☐	☐
ArcGIS	☐	☐	☐	☐	☐
REDCap					
WA Tracking Network	☐	☐	☐	☐	☐
EDRS/WHALES	☐	☐	☐	☐	☐
National Healthcare Safety Network (NHSN)	☐	☐	☐	☐	☐
Emergency Responder Health Monitoring and Surveillance (ERHMS)	☐	☐	☐	☐	☐
Other(s): _____	☐	☐	☐	☐	☐

SECTION 4: AVAILABILITY

Are you able to deploy locally on short notice?			
☐Yes	☐No	☐ Unknown	Comments:
Are you able to deploy long-distance on short notice?			
☐ Yes, up to 50 miles		☐ Yes, up to 100 miles	☐ Yes, any distance
☐ No		☐ Unknown	Comments:
Are you willing to perform duties under emergency conditions, which may include 12-hour days under physical and emotional stress for sustained periods?			
☐Yes	☐No	☐ Unknown	Comments:
Are you willing and able to work in austere environments with limited access to communications, electricity, and/or other essential services?			
☐Yes	☐No	☐ Unknown	Comments:

SECTION 5: TRAINING

Please indicate which Incident Command System (ICS) courses you've taken and received training certificates for. **Check as many that apply:**
☐ ICS 100 ☐ ICS 200 ☐ ICS 300 ☐ ICS 400 ☐ ICS 700 ☐ Other: ☐ ICS 800 ☐ Division/Group Supervisor ☐ I have not taken any ICS training
Please select any of the following training you have received:
☐ Phlebotomy ☐ Clinical specimen collection ☐ Forensic epidemiology ☐ Risk communications ☐ Psychological First Aid ☐ Other:
List any additional relevant training:
Thank you for completing the Epidemiology Response Team application survey!

Please submit your application to DOHEpiResponseTeam@doh.wa.gov

Recruitment Form 2 – Epidemiology Response Team Position Description Matrix

WHAT IS THE DOH EPIDEMIOLOGY RESPONSE TEAM?

The Epidemiology Response Team (also referred to as the "Epi Response Team" or ERT) is a Department of Health (DOH) response team consisting of members trained in disaster epidemiology and public health emergency management. The ERT may be requested to deploy during an all-hazards incident (natural or man-made) that exceeds local capacity or events with broad impacts requiring multi-jurisdictional coordination to respond effectively.

The following five Epi Response Team positions have been developed to align with FEMA/NIMS Resource Typing for a standard Epidemiology Response Team. DOH staff may apply to one or more of the following five positions. Please see the Epi Response Team Member Application Survey to apply.

ERT Position	Leader	Epidemiologist	Information Technology Specialist	Interviewer	Public Health Generalist
Responsibilities	Manages and conducts Command and control for the Epidemiology Response Team (ERT). The ERT Leader protects the safety and wellness of the team, provides tactical direction, serves as the primary point of communication with the team, and ensures the ERT's work contributes to achieving mission objectives. This work includes collaborating with the DOH IMT and/or the requesting jurisdiction, partner agencies, and/or other public health disciplines and laboratories in a culturally competent manner to integrate community dimensions and epidemiological practice.	Gathers and analyzes field epidemiology data to aid in identifying and targeting countermeasures to prevent or reduce morbidity or mortality related to the mission. An ERT Field Epidemiologist supports epidemiological surveillance, investigation, evaluation, and/or other public health data analysis requirements. They recommend evidence-based interventions and control measures. This work includes interfacing with the DOH IMT and/or the requesting jurisdiction, partner agencies, and/or other public health disciplines and laboratories in a culturally competent manner.	Manages the technical hardware and software requirements needed to meet mission objectives. In addition, the IT/Informatics Specialist supports epidemiological surveillance, investigation, evaluation, and/or other public health data analysis requirements. This work includes interfacing with the DOH IMT and/or the requesting jurisdiction, partner agencies, and/or other public health disciplines and laboratories in a culturally competent manner.	Conducts individual interviews to gather data for epidemiologic surveillance, investigation, evaluation, and other disaster epidemiology tools and methods requiring individual interviews. This work includes interfacing with the DOH IMT and/or the requesting jurisdiction, partner agencies, and/or other public health disciplines and laboratories in a respectful, culturally competent manner.	Performs administrative functions, including compiling, computing, and assembling data for reports, studies, surveys, and forecasts required for the mission. The Data Entry Specialist reviews data for accuracy and completeness, reviews reports for clarity and accuracy, and refers questionable data or narratives to the appropriate teammate responsible for the source data or the ERT Leader for clarification. This work includes interfacing with the DOH IMT and/or the requesting jurisdiction, partner agencies, and/or other public health disciplines and laboratories in a respectful, culturally competent manner.
FEMA/NIMS RTLT Reference ID	12-509-1052	12-509-1050	12-509-1242	12-509-1051	12-509-1240

ERT Position	Leader	Epidemiologist	Information Technology Specialist	Interviewer	Public Health Generalist
Basic Education Requirements	• Master's degree with a focus in epidemiology with two (2) or more years of work experience in epidemiology in a public health agency; or • Doctoral-level epidemiologist or • Other non-epidemiology professional degree or certification (e.g., RN, MD/DO, DDS/DMD, DVM, Ph.D., RS) with specific epidemiology training (e.g., MPH degree, CDC Epidemic Intelligence Service program) or at least four (4) years' experience performing epidemiologic work under the guidance of a tier-3 epidemiologist	• Master's degree with a focus in epidemiology or • Other non-epidemiology professional degree or certification (e.g., RN, MD/DO, DDS/DMD, DVM, Ph.D., RS) with specific epidemiology training (e.g., MPH degree, CDC Epidemic Intelligence Service program) or 1. combination of six (6) to ten (10) years of post-high school education and experience, following a. CSTE Tier 1 Epidemiologist competencies for a Type 3 ERT b. CSTE Tier 2 Epidemiologist competencies for a Type 2 ERT c. CSTE Tier 3a Epidemiologist competencies for a Type 1 ERT	Bachelor's degree with formal education in health informatics or information technology (IT)	Bachelor of Arts (BA) or a Bachelor of Science (BS)	Associate degree for a Type 3 ERT, Bachelor of Arts (BA) or a Bachelor of Science (BS) for Type 1 and 2.
Experience	1. Two (2) to four () years of epidemiology experience 2. Experience leading a team during at least three (3)	Knowledge, Skills, and Abilities:	Knowledge, Skills, and Abilities: 1. Knowledge of public health databases	Knowledge, Skills, and Abilities:	Knowledge, Skills, and Abilities:

	incidents or full-scale exercises Experience working with emergency response organizations	Knowledge of working in clean and contaminated areas Experience: • Two (2) to four () years of epidemiology experience	2. Ability to use software such as spreadsheets, word processing, and databases 3. Knowledge of working in clean and contaminated areas Experience: 1. Inputting and analyzing surveillance data in a public health setting 2. Using online public health databases and additional epidemiologic or statistical software, such as Epi Info, SAS, STATA or RStudio	Knowledge of working in clean and contaminated areas Experience: 1. Two (2) years of work experience involving interviewing, preferably in the epidemiology field in a public health agency 2. Phlebotomy skills as appropriate Clinical specimen collection skills as appropriate	Knowledge of working in clean and contaminated areas Experience: 1. One (1) year of experience using data entry software, word processing, database spreadsheets, or other appropriate public health data systems 2. One (1) year of experience entering epidemiological data in a public health setting, such as recording infectious disease reports, entering immunization, vital statistics, or other registry data Experience supporting needs assessments, disease prevention, health promotion, and/or health education and training

Recruitment Form 3 – Epidemiology Response Team
Member Benefits and Expectations Agreement

WHAT IS THE DOH EPIDEMIOLOGY RESPONSE TEAM?

The Epidemiology Response Team (also referred to as the "Epi Response Team" or ERT) is a Department of Health (DOH) response team consisting of members trained in disaster epidemiology and public health emergency management. The ERT may be requested to deploy during an all-hazards incident (natural or man-made) that exceeds local capacity or public health events with broad impacts requiring multi-jurisdictional coordination to respond effectively.

RECRUITMENT AND MEMBERSHIP

The Epi Response Team seeks qualified staff to serve in various exciting and challenging roles. All DOH employees meeting basic requirements for each position are eligible to apply for one or more team positions on the ERT. Team positions include Team Leader, Field Epidemiologist, IT/Informatics Specialist, Interviewer, and Data Entry Specialist. See the Position Description Matrix for basic requirements for more information about each team position. All applications will be evaluated for best fit based on experience and education, considering team needs.

What are the benefits of serving on the Epidemiology Response Team?

- Receive classroom education and just-in-time training (JITT) in the principles of disaster epidemiology and public health emergency management
- Learn new skills to succeed in your team position(s) and meet career goals
- Provide a vital service to communities impacted by disasters within and outside of Washington state
- Connect and collaborate with colleagues from across the agency
- Opportunities to train and exercise with partner jurisdictions and emergency responders
- Access to Epi Response Team resources such as Personal Protective Equipment (PPE), ERT member Go-Kits and Jump Kits, and all-hazards response materials
- Deploy for on-the-job experience related to emergency response efforts
- Informal mentorship and feedback from past investigations, after-action reports (AAR), and "hot wash" sessions
- Professional development in epidemiological methods and public health emergency management for all-hazards events, including seminars, workshops, and exercises/drills
- Foster cross-cutting and interdisciplinary Public Health knowledge development.

What are the expectations of each member of the Epidemiology Response Team?

- Supervisor supports membership in the ERT
- Participate in team meetings and training for approximately four (4) hours per month
- Attend at least 75% of annual training to remain an active member of the team
- Participate in team response efforts to public health emergencies upon availability
- Complete training requirements specific to your position on the team within the first year
- Deploy at short notice (e.g., travel for field work) to partner jurisdictions or upon request from another state or territory under an Emergency Management Assistance Compact (EMAC) mutual aid agreement
- Members may be activated and deployed for response efforts up to 10 business days
- Members will be contacted annually to discuss ERT membership renewal

Epidemiology Response Team
Member Benefits and Expectations Agreement (Continued)

SECTION 1: MEMBER AGREEMENT

First Name:		Last Name:	
Select the ERT position(s) you applied for:	☐ Team Leader ☐ Field Epidemiologist ☐ Interviewer ☐ IT/Informatics Specialist ☐ Data Entry Specialist		
I understand that submitting this application does not guarantee membership in the Epidemiology Response Team. I understand the expectations of ERT membership and agree that if I am selected for the ERT, I will adhere to the above expectations.			
Employee Name: (Printed)	Employee Signature: (electronic signature acceptable)		Date: Click here to enter a date.

SECTION 2: SUPERVISOR APPROVAL

The supervisor understands and agrees to the terms and conditions of the Epidemiology Response Team (ERT) Member Benefits and Expectations Agreement, including:

- Supervisor supports employee's membership in the ERT
- Employee's participation in ERT meetings and training for approximately four (4) hours per month
- Employee's attendance to at least 75% of training annually to remain an active member of the ERT
- Employee's participation in ERT response efforts to public health emergencies
- Employee's training requirements specific to their team position on the ERT
- Employee may deploy at short notice (e.g., travel for field work) to partner jurisdictions or upon request from another state or territory under an Emergency Management Assistance Compact (EMAC) mutual aid agreement
- Employees may be activated and deployed for response efforts up to 10 business days
- The employee will be contacted annually to discuss ERT membership renewal

I support the employee to participate as a member of the Epidemiological Response Team and understand and agree to the Benefits and Expectations of their membership.		
Supervisor Name: (Printed)	Supervisor Signature: (electronic signature acceptable)	Date: Click here to enter a date.
☐ Recommend Approval ☐ Recommend Disapproval Reason for denial/recension:		

SECTION 3: APPOINTING AUTHORITY'S SIGNATURE

☐ I approve / ☐ I deny/rescind this Epidemiology Response Team member agreement		
Appointing Authority/Designee Name (Printed):	Signature: (electronic signature)	Date: Click here to enter a date.
Reason for denial/recension:		

Position Description 1 – Epidemiology Response Team Leader

Position Description	**ERT Leader** (Ref. RTLT ID 12-509-1052)
Mission	Incident title
Location	Incident location
Category	**Criteria**
Responsibilities	Manages and conducts Command and control for the Epidemiology Response Team. This work includes interfacing with the DOH IMT and/or the requesting jurisdiction, partner agencies, and/or other public health disciplines and laboratories in a culturally competent manner to integrate community dimensions and epidemiological practice. In addition, the Leader protects the safety and wellness of the deployed team, provides tactical direction, serves as the primary point of communication with the team, and ensures that the work of the deployed team contributes to achieving the mission objectives.
Education	• Master's degree with a focus in epidemiology with two (2) or more years of work experience in epidemiology in a public health agency; or • Doctoral-level epidemiologist or • Other non-epidemiology professional degree or certification (e.g., RN, MD/DO, DDS/DMD, DVM, Ph.D., RS) with specific epidemiology training (e.g., MPH degree, CDC Epidemic Intelligence Service program) or at least four (4) years' experience performing epidemiologic work under the guidance of a tier-3 epidemiologist
Training	Completion of the following courses: (within the last three (3) years) 1. ICS-300: Intermediate Incident Command System 2. ICS-400: Advanced Incident Command System 3. IS-700: National Incident Management System, An Introduction 4. IS-800: National Response Framework, An Introduction 5. Training following Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 6. Training following OSHA 29 CFR Part 1910.134: Respiratory Protection 7. Training following OSHA 29 CFR Part 1910.1030: Bloodborne Pathogens Recommended: 1. Basic Health Risk Communication 2. Forensic Epidemiology 3. Mental Health First Aid 4. First Aid/CPR
Experience	3. Two (2) to four () years of epidemiology experience 4. Experience leading a team during at least three (3) incidents or full-scale exercises 5. Experience working with emergency response organizations

Position Description 2 – Epidemiology Response Team Epidemiologist

Position Description	**ERT Field Epidemiologist** (Ref. RTLT ID 12-509-1050)
Mission	Incident title
Location	Incident location
Category	**Criteria**
Responsibilities	Gathers and analyzes field epidemiology data to aid in the identification and targeting of countermeasures to prevent or reduce morbidity or mortality related to the mission. This work includes interfacing with the DOH IMT and/or the requesting jurisdiction, partner agencies, and/or other public health disciplines and laboratories in a culturally competent manner. Supports epidemiological surveillance, investigation, evaluation, and/or other public health data analysis requirements. Recommends evidence-based interventions and control measures.
Education	• Master's degree with a focus in epidemiology or • Other non-epidemiology professional degree or certification (e.g., RN, MD/DO, DDS/DMD, DVM, Ph.D., RS) with specific epidemiology training (e.g., MPH degree, CDC Epidemic Intelligence Service program) or 2. combination of six (6) to ten (10) years of post-high school education and experience, following d. CSTE Tier 1 Epidemiologist competencies for a Type 3 ERT e. CSTE Tier 2 Epidemiologist competencies for a Type 2 ERT f. CSTE Tier 3a Epidemiologist competencies for a Type 1 ERT
Training	Completion of the following courses: (within the last three (3) years) 1. ICS-300: Intermediate Incident Command System 2. ICS-400: Advanced Incident Command System 3. IS-700: National Incident Management System, An Introduction 4. IS-800: National Response Framework, An Introduction 5. Training following Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 6. Training following OSHA 29 CFR Part 1910.134: Respiratory Protection 7. Training following OSHA 29 CFR Part 1910.1030: Bloodborne Pathogens Recommended: 1. Basic Health Risk Communication 2. Forensic Epidemiology 3. Mental Health First Aid 4. First Aid/CPR
Experience	Knowledge, Skills, and Abilities: Knowledge of working in clean and contaminated areas Experience: 1. Two (2) to four () years of epidemiology experience

Position Description 3 – Epidemiology Response Team IT (Informatics) Specialist

Position Description	**ERT IT Specialist** (Ref. RTLT ID 12-509-1242)
Mission	Incident title
Location	Incident location
Category	**Criteria**
Responsibilities	Set up and manage the technical hardware and/or software requirements to meet mission objectives. This work includes interfacing with the DOH IMT and/or the requesting jurisdiction, partner agencies, and/or other public health disciplines and laboratories in a culturally competent manner. In addition, the IT/Informatics Specialist supports epidemiological surveillance, investigation, evaluation, and/or other public health data analysis requirements.
Education	Bachelor's degree with formal education in health informatics or information technology (IT)
Training	Completion of the following courses: (within the last three (3) years) 1. IS-100: Introduction to the Incident Command System, ICS-100 2. IS-200: Incident Command System for Single Resources and Initial Action Incidents 3. IS-700: National Incident Management System, An Introduction 4. IS-800: National Response Framework, An Introduction 5. Training following Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 6. Training following OSHA 29 CFR Part 1910.134: Respiratory Protection 7. Training following OSHA 29 CFR Part 1910.1030: Bloodborne Pathogens Recommended: 1. Basic Health Risk Communication 2. Forensic Epidemiology 3. Mental Health First Aid 4. First Aid/CPR
Experience	Knowledge, Skills, and Abilities: 1. Knowledge of public health databases 2. Ability to use software such as spreadsheets, word processing, and databases 3. Knowledge of working in clean and contaminated areas Experience: 1. Inputting and analyzing surveillance data in a public health setting 2. Using online public health databases and additional epidemiologic or statistical software, such as Epi Info, SAS, STATA or RStudio

Position Description 4 – Epidemiology Response Team Interviewer

Position Description	**ERT Interviewer** (Ref. RTLT ID 12-509-1051)
Mission	Incident title
Location	Incident location
Category	**Criteria**
Responsibilities	Conducts individual interviews to gather data for epidemiologic surveillance, investigation, evaluation, or other disaster epidemiology tools and methods requiring individual interviews. This work includes interfacing with the DOH IMT and/or the requesting jurisdiction, partner agencies, and/or other public health disciplines and laboratories in a culturally competent manner.
Education	Bachelor of Arts (BA) or a Bachelor of Science (BS)
Training	Completion of the following courses: (within the last three (3) years) 6. IS-100: Introduction to the Incident Command System, ICS-100 7. IS-200: Incident Command System for Single Resources and Initial Action Incidents 8. IS-700: National Incident Management System, An Introduction 9. IS-800: National Response Framework, An Introduction 10. Training following Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 11. Training following OSHA 29 CFR Part 1910.134: Respiratory Protection 12. Training following OSHA 29 CFR Part 1910.1030: Bloodborne Pathogens Recommended: 1. Basic Health Risk Communication 2. Forensic Epidemiology 3. Mental Health First Aid 4. First Aid/CPR
Experience	Knowledge, Skills, and Abilities: Knowledge of working in clean and contaminated areas Experience: 3. Two (2) years of work experience involving interviewing, preferably in the epidemiology field in a public health agency 4. Phlebotomy skills as appropriate 5. Clinical specimen collection skills as appropriate

Position Description 5 – Epidemiology Response Team Public Health Generalist

Position Description	**ERT Public Health Generalist** (Ref. RTLT ID 12-509-1240)
Mission	Incident title
Location	Incident location
Category	**Criteria**
Responsibilities	Performs administrative functions, including compiling, computing, and assembling data for reports, studies, surveys, or forecasts required for the mission. Works in a culturally competent manner to integrate community dimensions into epidemiological practice. The Data Entry Specialist reviews data for accuracy and completeness, reviews reports for clarity and accuracy, and refers questionable data or narratives to the appropriate teammate responsible for the source data or the Leader for clarification.
Education	Associate degree for a Type 3 ERT, Bachelor of Arts (BA) or a Bachelor of Science (BS) for Type 1 and 2.
Training	Completion of the following courses: (within the last three (3) years) 1. IS-100: Introduction to the Incident Command System, ICS-100 2. IS-200: Incident Command System for Single Resources and Initial Action Incidents 3. IS-700: National Incident Management System, An Introduction 4. IS-800: National Response Framework, An Introduction 5. Training following Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 6. Training following OSHA 29 CFR Part 1910.134: Respiratory Protection 7. Training following OSHA 29 CFR Part 1910.1030: Bloodborne Pathogens Recommended: 1. Basic Health Risk Communication 2. Forensic Epidemiology 3. Mental Health First Aid 4. First Aid/CPR
Experience	Knowledge, Skills, and Abilities: Knowledge of working in clean and contaminated areas Experience: 3. One (1) year of experience using data entry software, word processing, database spreadsheets, or other appropriate public health data systems 4. One (1) year of experience entering epidemiological data in a public health setting, such as recording infectious disease reports, entering immunization, vital statistics, or other registry data 5. Experience supporting needs assessments, disease prevention, health promotion, and/or health education and training

Response Form 1 – Epidemiology Response Team Activation Assessment

Date: Click here to enter a date.
Time of Request: Click here to enter text. ☐AM ☐PM
Requesting Organization: Click here to enter text.
Type of Requesting Organization: Choose an item.
Requester Name: Click here to enter text.
Requester Address: Click here to enter text.
Requester Phone Number: Click here to enter text.
Description of Incident: Click here to enter text.

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1. Please describe the kind of epidemiology support needed. Click here to enter text.
2. How soon do you need assistance?
   - ☐Within 24 hours
   - ☐2-5 days
   - ☐1 week
   - ☐Other: Click here to enter text.
3. How long do you anticipate the need for assistance?
   - ☐Less than 1 week
   - ☐1 week
   - ☐2 weeks
   - ☐Unknown
   - ☐Other: Click here to enter text.
4. Do you need a deployable team to assist onsite?
   - ☐Yes
   - ☐No
   - ☐Unknown
5. Do you have space, equipment, and resources for a DOH response team?
   - ☐Yes
   - ☐No
   - ☐Unknown
6. If not, what is needed for an onsite DOH response team? Click here to enter text.
7. Is there immediate work DOH can assist you with remotely?
   - ☐Yes
   - ☐No
   - ☐Unknown

DOH USE ONLY

DOH Assessment Staff Name: Click here to enter text.
Date: Click here to enter a date.
Request Processed: ☐Yes ☐No
Request Approved: ☐Yes ☐No
Date of Approval: Click here to enter a date.

Response Form 2 – **Epidemiology Response Team Deployment Checklist**

Before deploying to an incident response site, assure that all the items on this list have been completed (if applicable):

☐ Notified supervisor deployment details (i.e., location, dates, ERT Leader contact information)

☐ Completed Emergency Contact Form

☐ Completed Vaccine History Sheet

☐ Epidemiology Response Team Operations Manual

☐ Location address and point(s) of contact information for deployment destination

☐ Appropriate Personal Protective Equipment (PPE) available (Go-Kits)

☐ Agency phone chargers (if applicable)

☐ Agency laptop, charger, phone, etc. (Jump Kit)

☐ Completed appropriate training

☐ Completed Risk Assessment

☐ Consulted with ERT Leader to receive incident and mission briefing

Response Form 3 – ICS 214 Unit Activity Log

1. Incident Name	2. Operational Period (Date/Time) From: To:	UNIT LOG ICS 214-CG

3. Unit Name/Designators	4. Unit Leader (Name and ICS Position)

5. Personnel Assigned

NAME	ICS POSITION	HOME BASE

6. Activity Log (Continue on Reverse)

TIME	MAJOR EVENTS

7. Prepared by: **Date/Time**

Response Form 3 (continued) – ICS 214 Unit Activity Log

UNIT LOG (ICS FORM 214-CG)

Purpose. The Unit Log records details of the unit activity, including strike team activity or individual activity. These logs provide the basic reference for extracting information for inclusion in any after-action report.

Preparation. A Unit Log is initiated and maintained by Command Staff members, Division/Group Supervisors, Air Operations Groups, Strike Team/Task Force Leaders, and Unit Leaders. Completed logs are submitted to supervisors, who forward them to the Documentation Unit.

Distribution. The Documentation Unit maintains a file of all Unit Logs. Therefore, all completed original forms MUST be given to the Documentation Unit.

Item Title	Instructions
Incident Name	Enter the name assigned to the incident.
Check-In Location	Enter the time interval for which the form applies. Record the start and end date and time.
Unit Name/Designators	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, and Strike Team).
Unit Leader	Enter the name and ICS Position of the individual in charge of the Unit.
Personnel Assigned	List the name, position, and home base of each member assigned to the unit during the operational period.
Activity Log	Enter the time and briefly describe each significant occurrence or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.)
Prepared By	Enter name and title of the person completing the log. Provide log to immediate supervisor at the end of each operational period.
Date/Time	Enter the date (month, day, and year) and time prepared (24-hour clock).