WASHINGTON STATE DEPARTMENT OF HEALTH EMERGENCY RESPONSE PLAN

Epidemiological Response Team Standard Operating Guideline

Version 3.5

March 2019

Maintained by the Office of Communicable Disease Epidemiology

TABLE OF CONTENTS

ATTACHMENTS

Attachment 1 – DOH Incident Management Team (IMT) Schematic

Attachment 2 – Epidemiological Response Team (ERT) Activation Strategy

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

Recruitment Form 1 – ERT Member Application Survey

Recruitment Form 2 – ERT Position Description Matrix

Recruitment Form 3 – ERT Member Benefits and Expectations Agreement

Position Description 1 – ERT Leader

Position Description 2 – ERT Field Epidemiologist

Position Description 3 – ERT IT (Informatics) Specialist

Position Description 4 – ERT Interviewer

Position Description 5 – ERT Data Entry Specialist

Response Form 1 – Activation Assessment

Response Form 2 – Deployment Checklist

Response Form 3 – ICS 214 Unit Activity Log

I. INTRODUCTION

A. Background

The Epidemiological 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 Epidemiological Response Team is deployed during all-hazards incidents (natural or man-made) that exceed local capacity or events with broad impacts requiring multi-jurisdictional coordination to effectively respond.

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 for the purpose of preventing and reducing disaster-related morbidity and mortality. According to the Centers for Disease Control and Prevention (CDC), disaster epidemiology is used to assess the short- and long-term adverse health effects of disasters and aims to predict and mitigate consequences of future disasters.

The Epidemiological Response Team was established 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, first-response agency. The Epidemiological Response Team is maintained through collaboration between the Office of Communicable Disease Epidemiology (OCDE) and the Office of Emergency Preparedness and Response (OEPR), and is supported by membership of epidemiology and assessment staff from across DOH. To our knowledge as of 2018, the DOH Epidemiological Response Team is the first statewide task force in the United States focused on operationalizing disaster epidemiology capacity and capability for all-hazards emergencies.

B. Mission

The primary mission of the Epidemiological Response Team is to serve as a deployable and modular task force of mixed resources with the expertise and capability to implement disaster epidemiology tools and methods throughout each phase of an all-hazards incident. The Epidemiological Response Team 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

The purpose of this Standard Operating Guideline (SOG) is to describe the function of the Epidemiological Response Team before, during, and after an all-hazards incident. The SOG is intended to supplement and support existing plans with information and resources needed by Epidemiological Response Team members. These resources include membership and training requirements, team organization and positions, steady state and operational objectives, and other related materials to support successful response efforts. The Epidemiological Response Team works closely with local health jurisdictions (LHJs), tribal governments and Tribal Epidemiology Centers (TECs), regional partners, and first responders to provide support and guidance in order 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. Establish the Epidemiological Response Team operational framework, team organization, steady state objectives, and operational activities.
3. Specify membership and training requirements for Epidemiological Response Team members.
4. Define roles and responsibilities of the Epidemiological Response Team.
5. Outline disaster epidemiology tools and methods for steady state training and operational response.

D. Scope

This SOG is intended to provide guidelines for the Epidemiological Response Team 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 an all-hazards incident response, regardless of the kind or type of emergency.

This SOG is not intended to provide step-by-step instructions for tactical procedures carried out during response operations. Detailed tools and methods can be found in the Epidemiological Response Team Operations Manual.

This SOG only affects the Epidemiological Response Team and does not have 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.

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

E. Planning Assumptions

In addition to the planning assumptions described in the DOH Basic Plan, this SOG is based on the following guideline assumptions:

- **Responder Health and Safety**
  Protection of responder health and safety, preservation of life safety, and stabilization of the incident are the primary priorities for all Epidemiological Response Team members during any emergency.
- **Disaster Epidemiology**
  Disaster epidemiology methods and tools are useful to detect and characterize the health impacts of populations impacted by a disaster, and to provide actionable information for decision-makers to prevent, mitigate, respond, and recover.
- **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.
- **Vulnerable Populations**
  Vulnerable populations may experience exposure and impacts to hazards more than other populations. Provision of response services must be conducted in a way that is accessible to all populations. This requires forethought and subject matter expertise.

- **Ethical Leadership**
  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, and when impossible, will use their expertise and professional judgment to act in the best interest of the public.
- **Limited Expertise**
  Capabilities may vary significantly from one agency or jurisdiction to another. It is important to remain aware of varying capability levels to anticipate challenges and Epidemiological Response Team staffing resource needs in advance.

F. Guiding Principles

Development and implementation of this SOG and the Epidemiological Response Team is rooted in the following principles:

- **Ethics**
  All actions taken in response to an all-hazards incident must be undertaken with the primary motivation of protecting the health, wellbeing, and interests of the Whole Community of Washington.
- **Responder Safety**
  The safety of Epidemiological Response Team members and public health responders must be paramount in order to prevent the erosion of capability should members become impacted by the incident. The Epidemiological Response Team and all partner jurisdictions are expected to take all reasonable measures to protect the safety and wellbeing of their response personnel during an emergency.
- **Unity**
  In order to maximize the ability of each team member to carry out their mission of preventing morbidity and mortality due to an incident, all members must respond in a timely, well-coordinated manner under the framework of respect and shared objectives in protecting human health.
- **Openness**
  Information sharing is critical during any emergency, but is particularly important for response teams to respond rapidly and with maximum effectiveness. The Epidemiological Response Team should maintain a team culture of idea sharing and creative solution-making both in steady state and during operations.
- **Evidence-Based Practice**
  Evidence-based practice is essential to public health emergency management and all Epidemiological Response Team 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.

II. TEAM FRAMEWORK

A. Team Framework Objectives

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

ICS should serve as the foundational framework and provide the common terminology in which the Epidemiological Response Team employs during steady state and response operations. The Epidemiological Response Team is developed to align with the Emergency Management Assistance Compact (EMAC) and Mission Ready Packages (MRPs) for Public Health and Medical disciplines.

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

B. Incident Management Team

The DOH Incident Management Team (IMT) provides command and control for incidents requiring direct response as well as support and coordination between the DOH Agency Coordination Center (ACC) and internal/external partners. The IMT may also serve to 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 Epidemiological Response Team resources to support public health response efforts. The DOH Duty Officer will work closely with the Epidemiological Response Team Lead to coordinate response resources. See Section V. Response Operations for details.

The Epidemiological Response Team may serve in multiple capacities under the ICS structure in service to the DOH IMT or any partner jurisdiction's IMT. During any IMT activation, the Epidemiological Response Team may function in tactical operations, planning and situational awareness, or in other capacities as needed.

C. Division/Group Supervisor

When DOH's or partner jurisdictions' IMT is activated, a Division/Group Supervisor may be assigned within the Operations Section. The Division/Group Supervisor is responsible for managing the Epidemiological Response Team activities for members deployed under the Operations Section.

D. Epidemiological Response Team

The Epidemiological Response Team 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 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.

III. TEAM ORGANIZATION

A. Team Objectives

The Epidemiological Response Team 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 Epidemiological Response Team activation could include a single resource, a full team, or multiple teams based on the needs of the incident and the capability requested by the affected jurisdiction(s).

Epidemiological Response Team (ERT) Objectives:

1. Support public health authorities and partner jurisdictions with disaster epidemiology activities related to an incident.
2. Perform epidemiological tasks, including:
   a. Designing and conducting data collection related to disease propogation, or injury agent, or to assess community health issues and/or needs,
   b. Conducting data analysis,
   c. Developing and presenting 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 any appropriate control measures, including isolation and quarantine.
   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 and 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. Epidemiological Response Team Leader

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 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.

2. Epidemiological Response Team Field Epidemiologist

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.

3. Epidemiological Response Team IT (Informatics) Specialist

Manages the technical hardware and/or software requirements needed to meet mission objectives. 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.

4. **Epidemiological Response Team Interviewer**
   Conducts individual interviews to gather data for epidemiologic surveillance, investigation, evaluation and/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 respectful, culturally competent manner.

5. **Epidemiological Response Team Data Entry Specialist**
   Performs administrative functions, including compiling, computing and assembling data to be used in reports, studies, surveys and/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 narrative to the appropriate teammate responsible for the source data or to 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.

C. Team Capabilities

The operational activities carried out by the Epidemiological Response Team highly depend on the nature of the incident. Detailed step-by-step instructions for tactical procedures during response operations can be found in the Epidemiological Response Team Operations Manual. In general, the Epidemiological Response Team has the capacity to 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 is used to identify, investigate, and design data-driven, rapid responses to emerging public health threats. These data can provide insights into chronic disease burden, environmental threats, and injury trends. Syndromic surveillance has been used for early detection of outbreaks, and to follow the size, spread, and health impact of an event or emergency.

   In Washington, the DOH Rapid Health Information NetwOrk (RHINO) program is responsible for syndromic surveillance data collection, analysis, and distribution. Syndromic surveillance data is collected in near real-time from hospitals and clinics from 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 emergency department (ED) data for Washington 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 after an incident for decision making and/or resource allocation for an affected population. Collected information about health status and needs can prioritize public health interventions and serve as an important 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 longitudinal individual observation before or after epidemiological studies and investigations. Information from registries help to 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 refer to the collection and integration of data from environmental monitoring, exposure, and health effects in people over time. Information is typically gathered during response and recovery phases, and helps 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 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 Epidemiological Response Team has adopted an integrated team approach in which resources from all divisions at DOH can be combined and deployed together. Steady state addresses how the Epidemiological Response Team is composed, recruitment strategies and membership, training requirements for specific positions, and 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 Epidemiological Response Team. DOH employees with the minimum qualifications for each position may apply to be an Epidemiological Response Team 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 Epidemiological Response Team 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. Epidemiological Response Team Lead

The DOH Disaster Epidemiologist (or their designee/alternate) serves as Epidemiological Response Team Lead, which includes managing and coordinating Epidemiological Response Team steady state activities, including Team recruitment, membership, training, and maintenance. Upon request from the DOH IMT and/or partner jurisdictions, the Epidemiological Response Team Lead is responsible for gathering the appropriate management and leadership personnel required for the initial needs assessment of the incident prior to activation and deployment of the Epidemiological Response Team.

The Epidemiological Response Team Lead is primarily responsible for the day-to-day maintenance of the Epidemiological Response Team. Tasks include:

- Programmatic tasks such as updating SOGs and reference materials;
- Planning and executing training sessions/exercises;
- Liaising with local, state, federal and Tribal Government response teams;
- Tracking Epidemiological Response Team equipment and supplies;
- Managing team recruitment, membership and training

C. Recruitment and Membership

Employees across all divisions at DOH are invited to apply for the Epidemiological Response Team. The Epidemiological Response Team Lead 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 including Epidemiological Response Team Leader, Field Epidemiologist, IT/Informatics Specialists, Interviewer, and Data Entry Specialist. See Position Descriptions 1 – 5 for basic education and training requirements. Epidemiological Response Team 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 Epidemiological Response Team. 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 and/or deployment during response operations. Membership benefits include disaster epidemiology program education and training opportunities scheduled throughout the year, which is further outlined in the Training section below.

2. Basic Requirements

Employees meeting the basic education and experiential requirements for a given team position are encouraged to apply. Your ability to serve on the Epidemiological

Response Team is contingent upon completing required training for those specified position(s) prior to deployment and supervisory support for your involvement with the Epidemiological Response Team, which may include deployment on short notice.

3. **Commitment Letter**
   Once identified, candidates will be contacted and an "ERT Commitment Letter" will be sent to the candidate and their supervisor. This letter states in further detail the benefits and expectations associated with ERT membership and requests that the candidate will be committed to ERT membership for at least one (1) year. Both the candidate and her/his supervisor will sign and date the commitment letter and return it to the Epidemiological Response Team Lead. Candidates selected for ERT membership have the opportunity to learn more information about membership, time commitments, membership benefits, and/or upcoming training opportunities.

4. **Membership Assumptions**
   The Epidemiological Response Team Lead reserves the right to determine if a candidate's experience is appropriate for Epidemiological Response Team membership, and in what capacity. A roster of all active ERT members will be maintained and updated regularly. Although not every ERT member will be deployed during every ERT response, each responder must understand that they may be deployed with short notice at any time when an ERT response is requested.

5. **Membership Renewal**
   Each ERT member will receive an annual letter/e-mail from the Epidemiological Response Team Lead to assess their desire to remain an ERT member. These messages will remind responders of their commitment to the team and 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 plays a key role in ensuring the Epidemiological Response Team can appropriately respond as an integrated team. Training must be completed in order to be considered for deployment under specific team positions.

<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 feedback from past investigations, after-action reports (AAR), and "hot wash" sessions;
- **Mentorship**
  Informal mentoring of new Epidemiological Response Team 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 including regularly scheduled workgroup meetings/trainings/exercises with other ERT members and ERT partners.

V. RESPONSE OPERATIONS

A. Operational Objectives

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

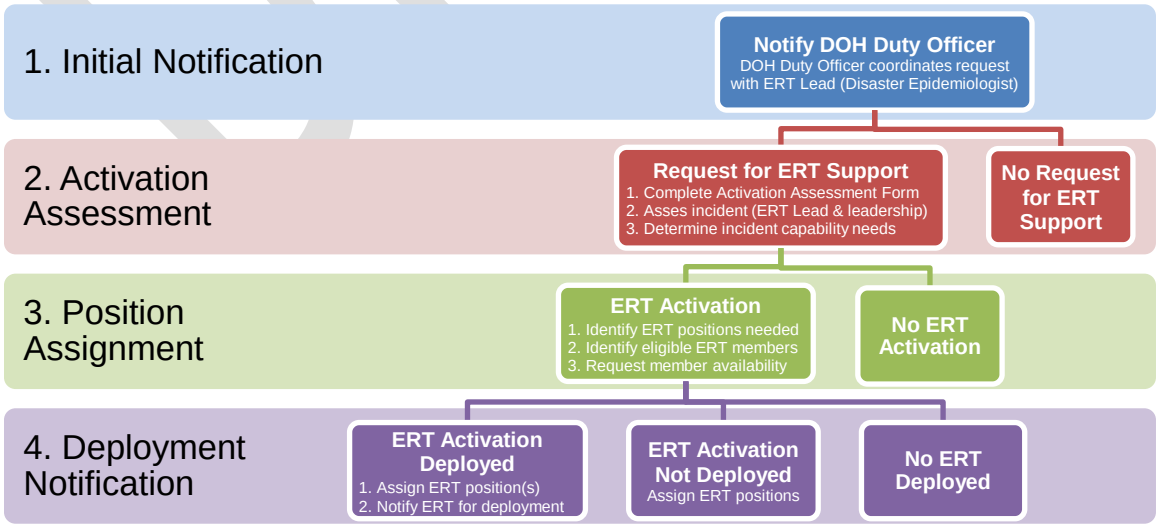
The DOH IMT may activate the Epidemiological Response Team to enhance response capacity within DOH as needed. Please refer to the DOH Emergency Response Plan Annex 4: Support and Coordination for details on the processes for requesting a DOH response team or response resources. If the DOH IMT is active, 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 Epidemiological Response Team should be considered when a requesting authority having jurisdiction (AHJ) has an incident which exceeds or will imminently exceed their capacity to respond effectively and they request assistance. To activate the Epidemiological Response Team, the Epidemiological Response Team Lead and appropriately assigned management and/or leadership involved in the incident must review and discuss the information provided by the requesting AHJ in order 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 Office of Emergency Preparedness and Response (EPR) Response Operations Coordinator.

Diagram 1. Epidemiological Response Team (ERT) Activation Strategy



1. **Initial Notification**
   DOH is commonly notified by partner jurisdictions about ongoing or new incident(s) of concern that exceeds or will imminently exceed their capacity to respond effectively. To request Epidemiological Response Team resources call the DOH Duty Officer at 360-888-0838 or email at HANALERT@doh.wa.gov. Initial notification to request Epidemiological Response Team services will be forwarded or involve the Epidemiological Response Team Lead who will provide coordination and support to activate the Epidemiological Response Team. Close collaboration between the Epidemiological Response Team Lead and the Office of Emergency Preparedness and Response (EPR) are critical to supporting response efforts.

2. **Activation Assessment**
   The Epidemiological Response Team Lead will complete the Activation Assessment Form (see Form 1) in coordination with appropriately assigned management and/or leadership. The Activation Assessment Form will help identify and determine:
   - Kind and type of resources requested
   - Duration and scheduling considerations
   - Epidemiological Response Team staffing needs
   - Need for onsite deployment of the Epidemiological Response Team
   - Incident complexity and cross-agency support needs

3. **Position Assignment**
   After activation has been determined, the Epidemiological Response Team Lead will identify 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 Epidemiological Response Team Leader.

4. **Deployment Notification**
   Once the Epidemiological Response Team has been activated and positions assigned, ERT members may be deployed. 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 will be available for technical assistance. If the incident requires field deployment, the assigned Epidemiological Response Team 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/or equipment will respond to an incident only after the request is approved and resources are dispatched. All communication regarding pre-mobilization, deployment, and demobilization will be initiated through the Epidemiological Response Team Leader. See Form 2 Deployment Checklist.

   ERT members deployed as part of the Epidemiological Response Team should continue to operate as a team and report solely to the Epidemiological Response Team Leader in command until the deployment period has ended. See attached Position Descriptions for all team positions that include required education and training for each team member type.

Typical deployments are seven (7) days long. This includes five (5) operational days and two (2) days for travel before and after. In extreme situations, or by request in advance, deployment may be extended for longer periods.

C. Responder Safety

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

- No ERT responder should exceed a 12-hour work day
- If any ERT responder is feeling fatigued or ill notify the ERT Leader immediately
- All injuries to ERT members during a response should be reported to the ERT Leader immediately
- Time must be tracked daily on a ICS 214 form and submitted to the ERT Leader
- If overtime (over 40 hours) is accrued during activation notify your immediate supervisor
- Assure all staff are taking appropriate breaks and any ill or fatigued staff should be replaced or relieved, if possible.

1. Situational Awareness

All Epidemiological Response Team responders shall remain situationally aware of unfolding events that could impact the health or safety of responders. At least daily situational reports should be compiled by each activated ERT responder and relayed back to the ERT Leader. This situational report will be combined with the IMT's final situational awareness report and provided to staff daily.

2. Weather Awareness

All Epidemiological Response Team responders shall be notified of potential weather hazards during response. A situational report shall go out daily to make ERT responders aware of any potential concerns. It is the responsibility of all response staff to remain aware 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 Epidemiological Response Team Lead 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 Epidemiological Response Team will be equipped with Go-Kits and Jump Kits (see Attachment 3) which will include all appropriate personal protective equipment (PPE). If these kits supplies are depleted notify the Epidemiological Response Team Lead to replenish the stock of supplies prior to deployment.

D. Demobilization

The Epidemiological Response Team Leader will assess and determine continued resourcing needs for every operational period. The ERT Leader will communicate with appropriate host partners to relay needs for ongoing support. Based on continual assessment of progress and need a determination will be made in regards to whether or not on-site staffing resources are still required.

E. After-Action Reporting

In addition to the Epidemiological Response Team 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, to determine the cost of the event, and to enhance 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 Epidemiological Response Team response operations
- Implications for the public health infrastructure

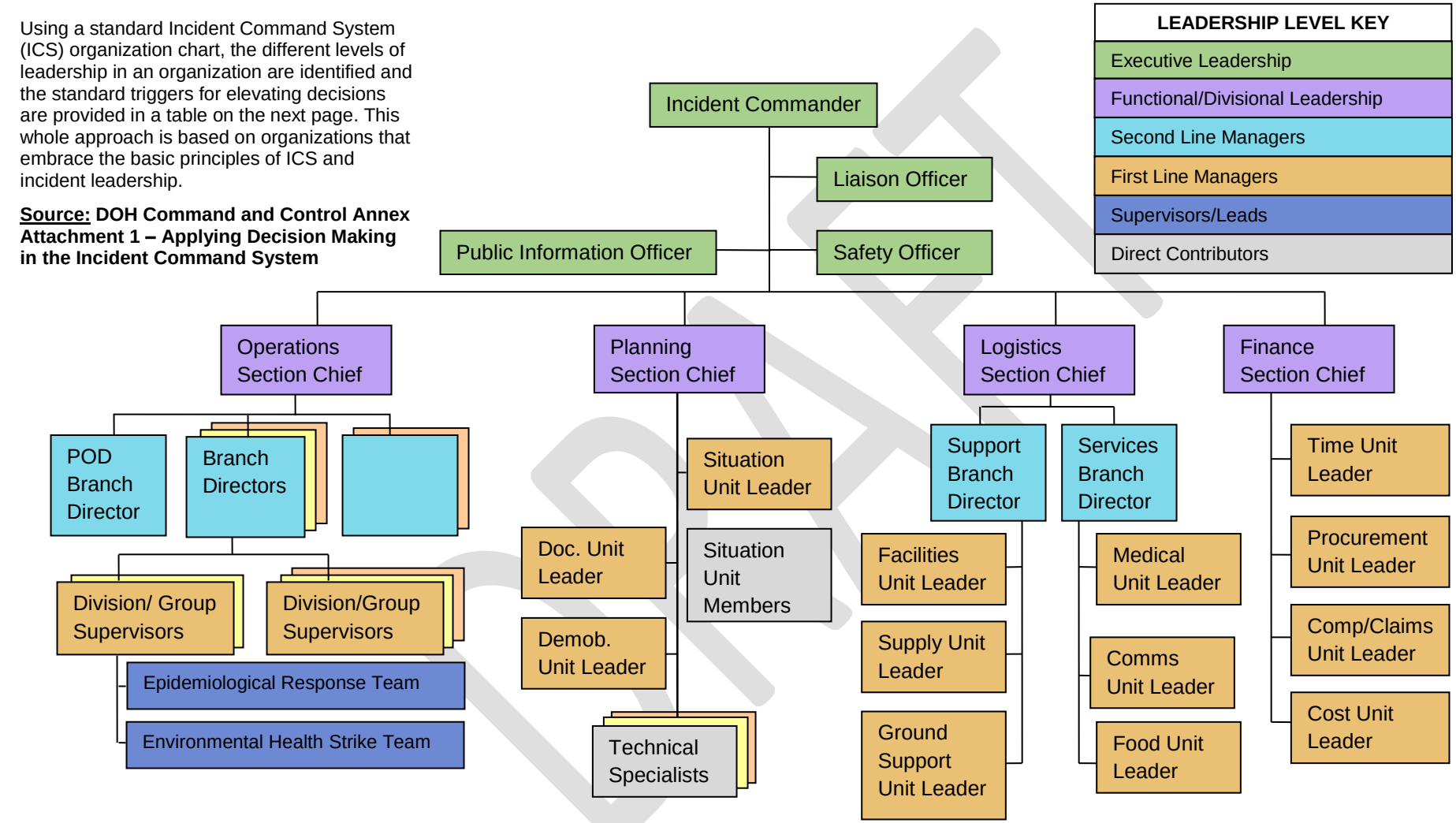
An after-action report (AAR) needs to be completed to collect key information that will improve any future epidemiological response. This AAR will include, at a minimum:

- What occurred, including
  - ✓ Number of cases identified
  - ✓ Start and stop dates/times
  - ✓ Total number of hours of operation
  - ✓ List of all personnel involved (ICS 207)
  - ✓ 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



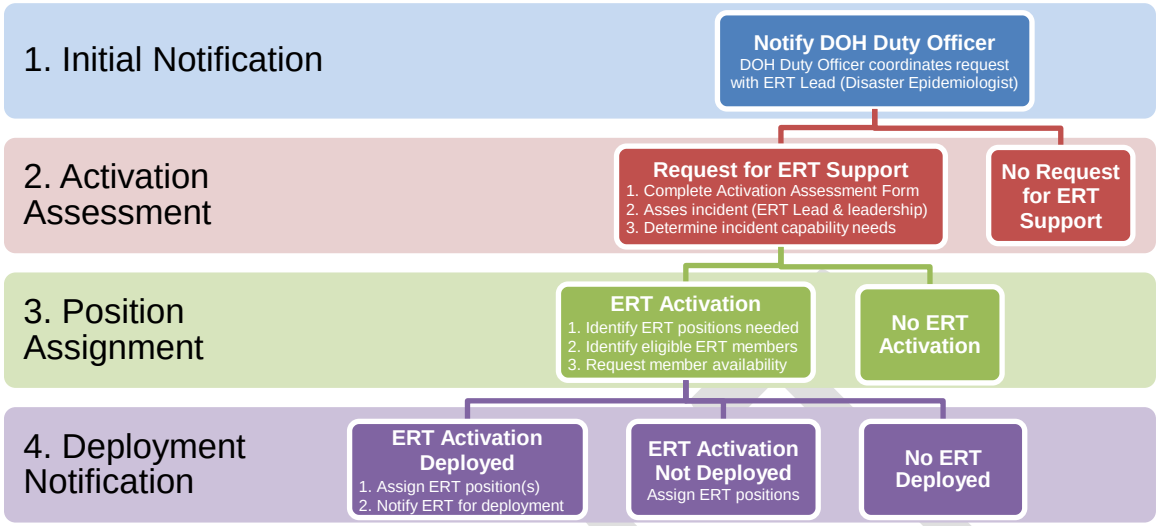
The Operations Section is built from the single resource, to the Task Force/Strike Team, to the Division/Group, and to the Branch. As additional resources are added to the organization, the span of control will be managed according to ICS Doctrine.

*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 issues or emergent issues of significance: interagency issues with broad state-wide political implications. Making a formal report: statewide reports, official agency reports, reports to the Governor's Office, statewide public information. Making a request for 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 of the agency, public information to support divisional missions. Making a request for 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 issues 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 issues 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 work group progress, reports to partners, or public information. Making a request for additional resources- Requests for any resources from beyond the section or work group. Receiving and giving work assignments- Recommendations to second line managers that informs leader's intent, office or work unit work plans, or for taking action on strategies that could maximize the impact of their section or work group.
Supervisors/Leads	Reporting safety issues or emergent issues of significance- Safety and wellness issues observed or reported by staff, team issues with section or work group impacts. Information regarding threats, weaknesses, or opportunities identified by staff or observed when completing work. Making a formal report- Reports on team progress, reports to partners, 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 informs leader's intent, team work plans, or for taking action on tactics that could maximize the impact of their team.
Direct Contributors	Reporting safety issues 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, 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 informs leader's intent, individual work plan, or for taking action on tactics that could maximize the impact of their team.

Attachment 2 – Epidemiological Response Team (ERT) Activation Strategy



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

Purpose:

To protect the health and safety of the Epidemiological Response Team and to provide them the technical capabilities to respond effectively during response operations Go-Kits and Jump Kits are available to Epidemiological Response Team members deployed for an all-hazards mission. Go-Kits and Jump Kits include crucial items for on-site 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 assure relevant content
3) Deployed staff are required to return kits within 3 working days after deployment for restocking and quality control
4) Epi Response Team members will be asked to complete the following forms and keep them available in the Go-Kits and Jump Kits at all times:
    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 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 caps	☐ 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 – Epidemiological Response Team Member Application Survey

WHAT IS THE DOH EPIDEMIOLOGICAL RESPONSE TEAM?
The Epidemiological 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 incidents (natural or man-made) that exceeds local capacity or public health events with broad impacts requiring multi-jurisdictional coordination to effectively respond.

APPLICATION PROCESS
Employees from all divisions across DOH are invited to apply for the Epidemiological Response Team (ERT). In order to apply, please complete this brief 5 minute survey to determine your availability, experience, and preferred ERT Team Position(s). Candidates may apply to one or more positions. For more information about team positions and membership benefits please refer to the ERT Standard Operating Guideline. Please submit your application to Joanne Amlag at joanne.amlag@doh.wa.gov or contact 206-418-5630.

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 of time?			
☐Yes	☐No	☐ Unknown	Comments:
Are you willing and able to work in austere environments with limited access to communications, electricity, and/or other basic services?			
☐Yes	☐No	☐ Unknown	Comments:

SECTION 5: TRAINING

Please indicate which incident Command System (ICS) courses you've taken. 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 trainings			
Do you have the training certificates for ICS trainings or other trainings?					
☐ Yes	☐ Yes, partial	☐ None	Comments:		
Please select any of the following trainings 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 Epidemiological Response Team application survey!					

Please submit your application to Joanne Amlag at joanne.amlag@doh.wa.gov or contact 206-418-5630.

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

Recruitment Form 2 – Epidemiological Response Team Position Description Matrix

WHAT IS THE DOH EPIDEMIOLOGICAL RESPONSE TEAM?

The Epidemiological 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 incidents (natural or man-made) that exceeds local capacity or events with broad impacts requiring multi-jurisdictional coordination to effectively respond.

The following five Epi Response Team positions have been developed to align with FEMA/NIMS Resource Typing for a standard Epidemiological 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	Team Leader	Field Epidemiologist	Information Technology (Informatics) Specialist	Interviewer	Data Entry Specialist
Responsibilities	Manages and conducts command and control for the Epidemiological 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/or software requirements needed to meet mission objectives. 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/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 respectful, culturally competent manner.	Performs administrative functions, including compiling, computing and assembling data to be used in reports, studies, surveys and/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 narrative to the appropriate teammate responsible for the source data or to 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	Team Leader	Field Epidemiologist	Information Technology (Informatics) Specialist	Interviewer	Data Entry Specialist
Basic Education Requirements	• Master's degree with a focus in epidemiology with two (2) or more years' 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, PhD, 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, PhD, RS) with specific epidemiology training (e.g., MPH degree, CDC Epidemic Intelligence Service program) or • Combination of eight (8) years of post-high school education and experience, in accordance with CSTE Tier 2 Epidemiologist requirements	Bachelor's degree with formal education in health informatics or information technology (IT)	Bachelor of Arts (BA) or a Bachelor of Science (BS)	Associate's degree
Experience	1. Two (2) to four (4) years of epidemiology experience 2. Experience leading a team during at least three (3) incidents or full-scale exercises 3. Experience working with emergency response organizations	Experience: • At least two (2) years of epidemiology experience	Knowledge, Skills, and Abilities: 1. Knowledge of public health databases 2. Ability to use software such as spreadsheets, word processing, and databases 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 and/or SAS and/or STATA and/or RStudio	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 3. Clinical specimen collection skills as appropriate	Experience: 1. One (1) year of experience using data entry software, word processing, database spreadsheets, and/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

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

WHAT IS THE DOH EPIDEMIOLOGICAL RESPONSE TEAM?

The Epidemiological 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 incidents (natural or man-made) that exceeds local capacity or public health events with broad impacts requiring multi-jurisdictional coordination to effectively respond.

RECRUITMENT AND MEMBERSHIP

The Epi Response Team is seeking qualified staff to serve in a variety of interesting 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. For more information about each team position, see the Position Description Matrix for basic requirements. All applications will be evaluated for best fit based on experience and education, also considering team needs.

What are the benefits of serving on the Epidemiological 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 an important 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

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

- Supervisor supports membership on the ERT
- Participate in team meetings and/or trainings for approximately four (4) hours per month
- Attend at least 75% of trainings annually 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/or deployed for response efforts up to 14 business days
- Members will be contacted annually to discuss ERT membership renewal

Epidemiological 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 on the Epidemiological Response Team. I understand the expectations of ERT membership and agree that if I am selected to 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 Epidemiological Response Team (ERT) Member Benefits and Expectations Agreement, including:

- Supervisor supports employee's membership on the ERT
- Employee's participation in ERT meetings and/or trainings for approximately four (4) hours per month
- Employee's attendance to at least 75% of trainings 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
- Employee may be activated and/or deployed for response efforts up to 14 business days
- 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 Epidemiological 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 – Epidemiological 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 Epidemiological 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. The Leader protects the safety and wellness of the deployed team, provides tactical direction, serves as the primary point of communications 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' 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, PhD, 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 in accordance with Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 6. Training in accordance with OSHA 29 CFR Part 1910.134: Respiratory Protection 7. Training in accordance with 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	1. Two (2) to four (4) years of epidemiology experience 2. Experience leading a team during at least three (3) incidents or full-scale exercises 3. Experience working with emergency response organizations

Position Description 2 – Epidemiological Response Team Field 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, PhD, RS) with specific epidemiology training (e.g., MPH degree, CDC Epidemic Intelligence Service program) or combination of eight (8) years of post-high school education and experience, in accordance with CSTE Tier 2 Epidemiologist requirements
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 in accordance with Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 6. Training in accordance with OSHA 29 CFR Part 1910.134: Respiratory Protection 7. Training in accordance with 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. At least two (2) years of epidemiology experience

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

Position Description	**ERT IT (Informatics) Specialist** (Ref. RTLT ID 12-509-1242)
Mission	Incident title
Location	Incident location
Category	**Criteria**
Responsibilities	Sets up and manages the technical hardware and/or software requirements needed 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. 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 in accordance with Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 6. Training in accordance with OSHA 29 CFR Part 1910.134: Respiratory Protection 7. Training in accordance with 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 and/or SAS and/or STATA and/or RStudio

Position Description 4 – Epidemiological 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 and/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) 4. IS-100: Introduction to the Incident Command System, ICS-100 5. IS-200: Incident Command System for Single Resources and Initial Action Incidents 6. IS-700: National Incident Management System, An Introduction 7. IS-800: National Response Framework, An Introduction 8. Training in accordance with Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 9. Training in accordance with OSHA 29 CFR Part 1910.134: Respiratory Protection 10. Training in accordance with 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) years of work experience involving interviewing, preferably in the epidemiology field in a public health agency 2. Phlebotomy skills as appropriate 3. Clinical specimen collection skills as appropriate

Position Description 5 – Epidemiological Response Team Data Entry Specialist

Position Description	**ERT Data Entry Specialist** (Ref. RTLT ID 12-509-1240)
Mission	Incident title
Location	Incident location
Category	**Criteria**
Responsibilities	Performs administrative functions, including compiling, computing and assembling data to be used in reports, studies, surveys and/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 narrative to the appropriate teammate responsible for the source data or the Leader for clarification.
Education	Associate's degree
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 in accordance with Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) Part 1910.120: Hazardous Materials Awareness 6. Training in accordance with OSHA 29 CFR Part 1910.134: Respiratory Protection 7. Training in accordance with 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. One (1) year of experience using data entry software, word processing, database spreadsheets, and/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

Response Form 1 – Epidemiological 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.

---

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 on-site?
   ☐Yes
   ☐No
   ☐Unknown

5. Do you have space, equipment, and resources available for a DOH response team?
   ☐Yes
   ☐No
   ☐Unknown

6. If no, 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 – **Epidemiological Response Team Deployment Checklist**

Prior to 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

☐ Epidemiological 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 unit activity, including strike team activity or individual activity. These logs provide the basic reference from which to extract 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. 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 date (month, day, and year) and time prepared (24-hour clock).