



# **Florida Department of Health**

## **Regional Public Health Response Teams**

### *Team Leader Guide*

**March 2008**

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## Overview

The designated Team Leader (TL) is responsible for the welfare, safety, and conduct of the deployed team. The TL is responsible for ensuring the team operates in a safe and efficient manner and that all aspects of the assigned mission are carried out within designated guidelines. If needed, the TL will identify additional team leaders (TL) to maintain span of control.

### Expectations:

1. Team leaders are expected to assist the regional response team coordinator in the management of teams.
2. Team leaders are to review individual team member training documentation in collaboration with regional response team coordinator in order to gain an understanding of the team's level of capability.
3. Team leaders are expected to assign and track equipment such as go-kits, radios, and GPS units, issued to the team.
4. Team leaders will be responsible for evaluating individual team members following exercises and real event response.
5. Team leaders are required to complete at a minimum: ICS 100, 200, 300, and 700

### Training:

- Discipline specific training
- Generic and specific team trainings
- Team Leader Orientation
- Leadership Skills- Available at [www.training.fema.gov/emiweb/IS/](http://www.training.fema.gov/emiweb/IS/)
  - Leadership and Influence- IS 240
  - Decision Making and Problem Solving- IS 241
  - Effective Communication -IS 242

### KSAs:

- Knowledge of NIMS, and ICS principles
- Knowledge of Specific Technical Specialty of the Strike team's Operational Functions and Plans (i.e. Environmental Health, Epidemiology, Special Needs Shelters, Behavioral Health, etc.)
- Ability to manage effectively
- Ability to communicate effectively with a variety of people
- Knowledge of State Emergency Response Team (SERT) operations
- Knowledge of the Health & Medical Emergency Support Function (ESF) process

### Competencies:

Assume position responsibilities- *Description: Successfully assume role of TL and initiate position activities at the appropriate time according to the following behaviors.*

- Ensure readiness of self and crew for assignment.
- Ensure availability, qualifications, and capabilities of resources to complete assignment.
- Gather, update, and apply situational information relevant to the assignment.
- Establish effective relationships with relevant personnel.
- Establish organization structure, reporting procedures, and chain of command of assigned resources.

- Understand and comply with ICS concepts and principles.

Lead assigned personnel- *Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.*

- Ensure the safety, welfare, and accountability of assigned personnel.
- Establish work assignments and performance expectations, monitor performance, and provide feedback.
- Emphasize teamwork.
- Coordinate interdependent activities.

Communicate effectively- *Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis.*

- Ensure all relevant information is exchanged during check-in, briefings, and debriefings.
- Ensure documentation is complete and disposition is appropriate.
- Communicate and assure understanding of work expectations within the chain of command and across functional areas.

Ensure completion of assigned actions to meet identified objectives- *Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives.*

- Complete actions within established timeframe.
- Anticipate, recognize, and mitigate unsafe situations.
- Follow established and safety procedures relevant to given assignment.
- Provide logistical support as necessary.
- Plan for demobilization and ensure demobilization procedures are followed.

### **Key Areas of Responsibility:**

The TL's primary responsibility is to the safety of the team members.

- Adequate safety measures are in place
- All team members depart and return at the same time
- Team assignments are clear
- Team member locations are known
- Each team member can be reached
- Team members are briefed daily
- Team members have adequate water, food and rest
- Team members are monitored for fatigue, stress and health condition
- TL will weigh all available information on weather conditions and make informed decisions regarding the relative safety of the team during the onset of severe weather conditions such as thunderstorms and gale force winds.
- TL will ensure that team members are deployed in at least teams of two, where possible and appropriate, to ensure the safety of the team. (See The Buddy System section of Mob9 - Field Safety 2007)

The TL is responsible for reporting.

- Daily report to the supervisor, in the ICS structure
- Develop and submit response recommendations
- Keep the local Mobilization/Demobilization center/person informed of incident status, if directed
- Provide reports at designated time as directed by local operations lead

- Provide written team reports utilizing appropriate form (214-Unit Report)
- Report information in a clear and concise manner
- Report most urgent information first
- Maintain log of major actions / decisions
- Use technology as much as possible
- Report to Regional Point of Contact (POC) or designee upon return

The TL is responsible for the mission.

- Assure the original mission is specific enough
- Understand the importance and parameters of the mission
- Be able to communicate the mission to the team
- Complete the mission if possible or report why it was uncompleted
- Recommend follow up or related missions in reporting
- Identify operation schedule and time line, and report to the team
- Conduct periodic assessments of the situation
- Attend scheduled planning meetings as required
- Coordinate activity for all Strike Team members
- Coordinate activities with other Strike Team/Task Forces leaders, and Single Resources, As directed
- Carries out the demobilization orders of the incident when appropriate

The TL is responsible to assure the team is equipped.

- Establish priority use for critical resources within the team
- Requests acquisition of supplies and equipment
- Equipment and supplies are available that are specific to the mission
- Each team member has emergency supplies – at least one set per vehicle
- Ensure expensive equipment, such as cameras or laptops, that are issued are returned

**Immediate Deployment Supervisor:**

Local designated Point of Contact (POC) in the impacted area or local Mobilization/Demobilization designee.

**Direct Reports:**

Direct reports include up to 7 team members. If needed, additional Team Leaders will be identified to maintain span of control.

## ***Specific Roles and Responsibilities***

***The Team Leader(s) are responsible for the overall Team Leadership throughout the entire period of deployment.***

### **Mobilizing for Deployment:**

**Regional Point of Contact or designee has provided the Team Leader a completed Mobilization checklist:**

The Team Leader will ensure that members have been provided:

- Special Communications instructions (radio frequency, cell phone numbers, etc.)
- Instruction on Field Safety and the Buddy System (See Mob9 – Field Safety 2007)
- Information on self care (See Mob3 – Taking Care of You)
- Discussion on disaster etiquette (i.e., flexibility when assignment location has to be changed, sensitivity to those already working at the deployment site.)
- Instruction on safety issues per Convoy Standard Operating Guidelines (SOG) (See Convoy SOG)
- Instruction on time keeping and accountability logs (See Mob5 – Disaster Time Keeping System time sheet, Mob6 – Group meal log, Mob7 – P-card transaction log, and Mob8 – Asset Equipment Inventory Log)
- All team members have a copy of the Mission Team Roster with all the contact information. Each Team member is to verify their contact information is correct. (Cell phone, blackberry, direct connect, pager, radio frequency/number, etc.)
- All team members have completed the Deployment Information Sheet including emergency contact information. (See Mob4 – Information Sheet.)

The TL is responsible for all assets/resources provided to the team prior to deployment. The TL will:

- Receive and log all assets issued (See Mob8 – Asset Equipment Inventory Log). Review the log to ensure it is correct for all equipment received and sign to verify equipment was received.
- Be responsible for the management and use of all resources issued for mission completion
- Ensure that any equipment needs have been addressed and procurement arrangements have been made.
- Ensure all equipment is returned to the issuing agency/person upon return or completion of mission and that the log is signed by the distributor to indicate the successful return of the assets.
- Prepare an incident report, in accordance with DOH procedures, if any equipment is lost, stolen or damaged; and deliver it to the proper issuing agency or person.
- Maintain copies of all receipts while deployed.

The TL will coordinate the team travel as follows:

- Ensure that all drivers and navigators have been briefed on travel routes and alternate routes, have proper maps and know location of designated fueling stops.
- Obtain deployment information and current lodging situation from the mobilization/demobilization center.

- All teams will be processed through a designated mobilization/ demobilization center near the impact area.

The TL will ensure effective communications thru the following:

- TL is responsible for completing and distributing to all team members a TEAM ROSTER with all team member contact information including Home, Cell and Pager numbers and radio numbers.  
(See Mob2 – Mission Team Roster with Contacts).
- Team members may be issued communication equipment if available, and the team members will be provided instruction on the proper operations and procedures for use of the equipment.
- All team members will be provided the proper channels and frequencies for use during the deployment.

### **Deployment- Duty Site:**

Upon arrival at the designated check in location:

- TL will ensure that all team members are present and accounted for.
- TL should prepare the team that while deployed they should remember that:
  - They may be assigned to perform other duties within the scope of operations, other than their normal duties while deployed.
  - They are representing the State of Florida Department of Health; other counties or states may do some things different than how they do it at home. Do it the local way and never say- *“At home, we do it this way...”*
- TL will advise the Mobilization/Demobilization Center liaison in the impacted area of the team’s arrival and will ensure the following:
  - The liaison conducts a briefing with team which will:
    1. Confirm date and time to report to Mission assignment site
    2. Give directions to the Mission assignment site
    3. Confirm length of deployment and the assigned duty schedule
    4. Confirm type of assignment and area of responsibility, expected duties and immediate deployment supervisor and contact information
    5. Provide information on current situation conditions, chain of command, and copy of most recent IAP.
    6. Provide information on meal stations, open stores, gas stations and restaurants, if known
    7. Provide any necessary maps, specialty equipment (if applicable), and ancillary support supplies
    8. Give a reminder not to stray or re-direct from Mission assignment
    9. Establish time for next communication with liaison for demobilization information
  - Notification of team’s arrival is made to the ESF 8 Logistics Staffing Unit and the regional point of contact or designee (if appropriate).
  - The Liaison is provided all team contact information including:
    1. The team roster with all the team member’s names and contacts,
    2. The individual emergency contact form for each team members. If anyone has forgotten their form, provide one.  
(See Mob4 – Information Sheet)
  - Ensure each team member has lodging arrangements secured.
- TL will check in with the immediate deployment supervisor and receive assignment objectives

- The TL will coordinate with their local deployment supervisor to ensure the team functions properly and meets mission objectives.
- The TL is responsible for providing guidance and direction to the team.
- The TL will ensure that all team members track the appropriate information for timekeeping and reimbursement during the deployment. This includes:
  - Ensuring all team members sign in and out on daily on the staff line list.
  - Ensuring all team members complete the Disaster Time Keeping System report. (See Mob5 – Disaster Time Keeping System Timesheet)
  - Ensuring that the team maintains all the accountability logs. (See Mob6 – Group Meal Log, Mob7 – P-card Transaction Log, Mob8 – Asset Equipment Inventory Log, and the ICS 214 Unit Log)
- The TL will attend any briefings as requested by the local deployment supervisor.
- The TL will provide a daily unit report (214) to local deployment supervisor and as directed.
- TL(s) or designee will be responsible for the management and use of all resources issued.

TL daily responsibilities may go as follows:

- *At the Beginning of Operational Period, TL will:*
  - Conduct a morning Team Briefing to communicate assigned objectives.
  - Initiate Unit Log ICS Form 214 (TL2)
  - Ensure each team member has reviewed the job action sheet, if available, for their assigned position.
  - Immediately, peruse messages to identify needs/requests.
- *During the Operational Period, TL will:*
  - Ensure that all local needs/requests have been addressed.
  - Make assessments of the situation as changes occur.
  - Review priorities.
  - Resolve administrative conflicts.
  - Coordinate local issues with their local immediate deployment supervisor.
  - Maintain Unit Log ICS Form 214
- *At the End of Operational Period, TL will:*
  - Review the day's activity with the Team members. Brief the next shift or replacement TL and/or provide your contact information to deployment supervisor.
  - Close Unit Log ICS Form 214
  - Keep team motivated and praise good work.
  - Encourage team members to seek adequate rest, nourishment, personal hygiene and to observe each other for signs of physical and/or mental health support needs.

### **Demobilizing for Deployment:**

- The TL will coordinate debriefing and check out with the deployment supervisor. TL and staff will not demobilize until their replacements are briefed and all areas of responsibility are discharged to the incoming personnel.
- TL will confirm with Mobilization/Demobilization Center Liaison that the team is demobilizing including expected time of departure and direct team of the same. The team will proceed back to the Mobilization/Demobilization Center.

- At the Mobilization/Demobilization Center, the TL will check in with Center Liaison. Mobilization/Demobilization Center liaison will evaluate team and determine if team will proceed to Home County or lay over. Mobilization/Demobilization Center liaison will advise SEOC ESF8 Logistics-Staffing Unit when team will be in route to home base. (SEOC ESF8 Logistics Staffing Unit will coordinate any lodging needs for the team.)
- TL will provide information for the completion of the ICS 221 (Demobilization Checklist) to the Mobilization/Demobilization Center Liaison.
- The TL will assume overall responsibility to demobilize the Team
- The TL will ensure the following upon demobilization:
  - The Mission Number and the team roster are confirmed. All departing team members are identified and accounted for. If there is a discrepancy between the roster and those who are departing, the TL will determine the whereabouts of the team member(s) missing.
  - The ICS 226 Personnel Evaluation Form is completed for each team member before leaving the incident.
  - Inventory of the Team Go-Kit and restock, if necessary.
  - The preparation of the After Action Report (AAR) – Each team member deployed will be verbally debriefed on their completed mission immediately after demobilizing. If a written AAR is required at the conclusion of each mission, the TL may be requested to prepare the AAR using the designated format. If a designated format isn't provided the report should include the following:
    - Introductory section – all pertinent data related to the team or individual's mission (where they went, team members, tasks assigned, etc)
    - Issue – a one-sentence statement of each issue discovered by the team
    - Background – brief description of each issue in context of overall disaster response; describe scope and substance of the issue
    - Recommendations – describe a recommended solution to each issue based upon experience and observations during the response
    - In addition to significant issues found, the report should address the team's perception of the following issues:
      - Activation
      - Mobilization
      - On-site operations
      - Reassignment/demobilization
      - Post-mission activities
      - Organizational effectiveness
      - Overall policies and procedures
      - Effectiveness of operations manuals/documentation
  - If at all possible, ensure the team is debriefed with the following:
    - Each team member is provided information to assist them in ensuring optimal health, hygiene and well-being during the days and weeks following demobilization and their return home from the disaster recovery area. (See Demob2 – Upon Your Return)
    - Group Discussion with a behavioral health specialist. If formal debriefing is not available then the TL should ensure the team is provided at least 30 minutes to talk as a group about their experience.
      - a. Provide an atmosphere of calm, trust and acceptance
      - b. Facilitate a discussion of the experience (no judgment or opinions)

- Do not probe for details or emotional responses
- Do not push for more information than volunteers are willing to give
- c. Provide a round table discussion for each individual to tell their story if they choose to (no pressure)
- d. Provide tissue at the table and verbally acknowledge that it is not unusual that tears of relief or sadness may occur
- e. Acknowledge the experience the volunteers have had
- f. Emphasize that a range of emotions exist and that it is important that each individual acknowledge their own emotion/s as okay
- g. Review the reasons why someone may seek or be referred for professional help:
  - Abuse of alcohol and/or drugs
  - Suicidal or homicidal talk or actions
  - Serious withdrawal
  - Hallucinations
  - Paranoia
  - Regression to an earlier stage of development
- o Once briefing is complete, the team can depart. When the team has arrived home safely the TL will notify the regional point of contact by email or phone. The regional POC will then notify SEOC ESF8 Logistics Staffing Unit.

## Forms Summary Table

Form Name:	Completed by:	Copy Given to:	Copy Retained by:
Mob1 – Mobilization Checklist	TL or Designee	n/a	TL
Mob2 – Mission Team Roster & Contacts	TL	Team Member	TL & Team Member
Mob3 – Taking Care of You	n/a	Team Member	n/a
Mob4 – Information Sheet	Team Member	TL & Mob/Demob Liaison	Mob/Demob Liaison
Mob5- Disaster Time Keeping System FAQs	n/a	Team Member	n/a
Mob5 – Disaster Time Keeping System Timesheet	Team Member	TL, Home Supervisor & Deployment Supervisor	TL, Home Supervisor & Deployment Supervisor
Mob6 – Group Meal Log	TL or Designee	TL, Home Supervisor & Deployment Supervisor	TL, Home Supervisor & Deployment Supervisor
Mob7 – P-card Transaction Log	TL or Designee	TL, Home Supervisor & Deployment Supervisor	TL, Home Supervisor & Deployment Supervisor
Mob8 – Asset Equipment Inventory Log	TL or Designee	TL, Home Supervisor & Deployment Supervisor	TL, Home Supervisor & Deployment Supervisor
Mob9 – Field Safety 2007	n/a	Team Member	n/a
Demob1 – Demobilization Checklist	TL or Designee	TL & Mob/Demob Liaison	TL & Mob/Demob Liaison
Demob2 – Upon Your Return	n/a	Team Member	n/a
Demob3 – ICS 221 (modified) Demob Checkout Form	TL	TL & Deployment Supervisor	TL & Deployment Supervisor
Demob4 – Replacement Receipt Form	Team Member	TL, Home Supervisor & Deployment Supervisor	TL, Home Supervisor & Deployment Supervisor
Demob5 – Gas + Fuel Replacement Receipt Form	Team Member	TL, Home Supervisor & Deployment Supervisor	TL, Home Supervisor & Deployment Supervisor
Demob6 – In-State Travel Voucher Form	Team Member	TL & Home Supervisor	TL & Home Supervisor
Demob7- After Action Report	Team Member	Mob/Demob Liaison	Mob/Demob Liaison
SOG 1- Convoy Standard Operating Guidelines	n/a	Team Member	n/a
TL 1 – ICS 214 Unit Log	TL or Designee	TL, Home Supervisor & Deployment Supervisor	TL, Home Supervisor & Deployment Supervisor
TL 2 - Worker's Compensation Injury Report Process and Incident Report	TL or Designee	TL, Deployment Supervisor, & Home Supervisor and as directed	TL, Deployment Supervisor, & Home Supervisor and as directed
TL 3– ICS 226 Ind. Performance Rating	TL	TL, IC, Home Supervisor & Deployment Supervisor	TL, Home Supervisor & Deployment Supervisor
TL 4- ICS 224 Team Performance Rating	Incident Supv.	TL, IC, & Health/Medical Co-Chair	TL & Home Health/Medical Co-Chair

**Mobilization**  
**Section**

## Department of Health Mobilization Checklist

**The completion of this checklist will be the responsibility of the Regional Point of Contact or designee and a completed copy will be provided to the Team Leader prior to deployment:**

<b>MISSION NUMBER:</b>	
<b>MISSION TEAM LEADER(s):</b>	
Mission Check in Point:	
Address of Check in Point:	
Name of Contact Person at the Check in Point:	
Check in Point Contact Person's Phone Number:	
Name of Mission Site:	
Address of Mission Site:	
Name or Position of Contact Person at the Mission Site:	
Mission Site Contact Person's Phone Number:	

Activity	Notes
<input type="checkbox"/> Identify team members for deployment and complete the Mission Team Roster <i>(See Mob2 – Mission Team Roster with Contacts)</i>	
<input type="checkbox"/> Arrange for transportation	
<input type="checkbox"/> Identify/arrange for lodging	
Notify the team members of their activation and request that: <input type="checkbox"/> They update their emergency contact information <input type="checkbox"/> They report to the assigned staging area at the specified Date/Time/Location and that they attend the pre-deployment briefing	Via Email or telephonically  Report to Staging area at: Date: _____ Time: _____ Location: _____
<input type="checkbox"/> Issue cell phone to team leader, if applicable	phone # (____) ____ - ____
<input type="checkbox"/> Ensure that all team members have completed the Deployment Information Sheet including emergency contact information. <i>(See Mob4 – Information Sheet.)</i>	
<input type="checkbox"/> Identify driver and navigators <input type="checkbox"/> Provide communications equipment w/chargers for caravan communication and train on the use of the equipment <input type="checkbox"/> Provide driving directions to the site (Including maps if required)	

## Department of Health Mobilization Checklist

**The completion of this checklist will be the responsibility of the Regional Point of Contact or designee and a completed copy will be provided to the Team Leader prior to deployment:**

<p>Prior to Mobilization, Ensure the team has received a briefing including the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mission location and duration</li> <li><input type="checkbox"/> Departure location and time</li> <li><input type="checkbox"/> The contact information for the mobilization/deployment center</li> <li><input type="checkbox"/> Job assignment and job task list (if available)</li> <li><input type="checkbox"/> Reporting location and time</li> <li><input type="checkbox"/> Travel Instructions</li> <li><input type="checkbox"/> Provide a copy of the Mission Team Roster with all the contact information. Each Team member is to verify their contact information is correct. (Cell phone, blackberry, direct connect, pager, radio frequency/number, etc.) <i>(See Mob2 – Mission Team Roster with Contacts)</i></li> <li><input type="checkbox"/> Special Communications instructions (radio frequency, cell phone numbers, etc.)</li> <li><input type="checkbox"/> Instruction on Field Safety and the Buddy System <i>(See Mob9 – Field Safety 2007)</i></li> <li><input type="checkbox"/> Information on self care <i>(See Mob3 – Taking Care of You)</i></li> <li><input type="checkbox"/> Discussion on disaster etiquette (i.e., flexibility when assignment location has to be changed)</li> <li><input type="checkbox"/> Instruction on safety issues per Convoy Standard Operating Guidelines (SOG) <i>(See Convoy SOG)</i></li> <li><input type="checkbox"/> Instruction on time keeping and accountability logs <i>(See Mob5 – Disaster Time Keeping System time sheet, Mob6 – Group meal log, Mob7 – P-card transaction log, and Mob8 – Asset Equipment Inventory Log)</i></li> </ul>	<p>The most current Finance and Administration documents can be found at the following web page: <a href="http://dohiws/Divisions/Administration/emergencyindex.htm">http://dohiws/Divisions/Administration/emergencyindex.htm</a></p>
<input type="checkbox"/>	

**MISSION TEAM ROSTER**

**COMPLETE THE YELLOW-SHADED AREAS ONLY. FOR UNKNOWN INFORMATION, LEAVE THE SPACE BLANK. TITLES FOR FIELDS THAT HAVE DROP-BOX SELECTION LISTS ARE INDICATED IN BLUE  
NAMES MUST BE AS IT APPEARS ON YOUR DRIVER'S LICENSE**

<b>DATE</b>		<b>SITE NAME</b>
<b>INCIDENT NAME</b>		<b>SITE ADDRESS</b>
<b>MISSION #</b>		<b>RECRUITER 1</b>
<b>TEAM#</b>		<b>RECRUITER 2</b>
<b>TEAM TYPE</b>		<b>RECRUITER 3</b>
<b>SITE CONTACT PERSON</b>		<b>LODGING COMPLETED BY</b>
<b>SITE PHONE NUMBER</b>		<b>DOCUMENT COMPLETED BY</b>
<b>MISSION ACTIVITY</b>		<b>ACCESS DATA ENTRY BY</b>

#	STAFF LAST NAME	STAFF FIRST NAME	PHONE NUMBERS W; H; C BB; DC	Email Address	Gender	TEAM LEADER (Y)	P-CARD (Y)	IMMUNIZATIONS		Departure Travel			Return Travel				EMERGENCY CONTACT NUMBER(S)					
								Tdap (Y)	Hepatitis B (Y)	Arrival Flight Info	TRAVEL TO SITE DATE	START WORK DATE	DOH OR VOL.	COUNTY DEPLOYED FROM	SITE DEPLOYED TO	END WORK DATE		TRAVEL HOME DATE	Credentials	SKILL CATEGORY	EMERGENCY CONTACT NAME	
1																						
2																						
3																						
4																						
5																						
6																						
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8																						
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18																						
19																						

**COMMENTS**  
 Critical Information:  
 Points of Contacts: Florida:  
 Deployment Site:

# Taking Care Of You

## Care for yourself so you can care for others!

**While you are deployed to assist with disaster services, please keep your health and well being in mind. Your health and safety is just as important as those you are trying to help. You can only be of assistance to others if you are strong and healthy.**

### **Normal Reactions to a Disaster Event**

- No one who responds to a mass casualty event is untouched by it
- Profound sadness, grief, and anger are normal reactions to an abnormal event
- You may not want to leave the scene until the work is finished
- You will likely try to override stress and fatigue with dedication and commitment
- You may deny the need for rest and recovery time

### **Ways to take care of yourself**

- Be sure your team section knows where you are going, and what time you will return.
- Make sure you stay hydrated. It is recommended that you drink ½ oz. of water per pound of body weight each day. This means a 150 lb. person should drink approximately 75 oz. of water each day. Make sure the water you drink is safe. Either drink bottled water or water that has been appropriately treated with chlorine.
- Make sure you eat regularly to keep your energy level up. Avoid excessive intake of sweets, caffeine, or alcohol.
- Continue taking your regular medications at the normal times each day. In stressful situations, it is easy to forget and suffer adverse effects.
- Try to incorporate short periods of mild exercise into your day. This will help relieve stress increase energy.
- Pair up with a responder so that you may monitor one another's stress Communicate your needs to your co-workers.
- Schedule a break or rest period before you become seriously fatigued.
- If possible communicate with family members or friends for support.
- Share your feelings and frustrations with others before they cause physical or emotional symptoms and inhibit your ability to perform your job.
- Recognize signs of stress, inability to focus, sleep disturbances, physical symptoms (headache, stomach ache), physical exhaustion, and discuss with your team leader.
- Use stress management techniques, e.g. visualization, deep breathing, taking a break, stretching, or talking with a co-worker, to diffuse stress before it becomes debilitating.
- Use counseling assistance programs available through your agency

### **Signs That You May Need Stress Management Assistance**

- Difficulty communicating thoughts
- Difficulty remembering instructions
- Difficulty maintaining balance
- Uncharacteristically argumentative
- Difficulty making decisions
- Limited attention span
- Unnecessary risk-taking
- Tremors/headaches/nausea
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms.
- Disorientation or confusion
- Difficulty concentrating
- Loss of objectivity
- Easily frustrated
- Unable to engage in problem-solving
- Unable to let down when off duty
- Refusal to follow orders
- Refusal to leave the scene
- Increased use of drugs/alcohol
- Unusual clumsiness



# Disaster Time Keeping System

This system does not record leave time. It only reports when you worked and if the time worked was event or non-event time.

**Non-Event Hours Are Not Reimbursable But Must Be Entered**

Employee Name: \_\_\_\_\_

State Bi-Weekly Period: Start  End

Career Srv     SES     OPS     Contract Employee

Position Title: \_\_\_\_\_

Included FTE     Excluded FTE     FNA

Division or CHD: \_\_\_\_\_

Bureau or Office: \_\_\_\_\_

Dates:									Sub								Totals	
		Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Total	Fri	Sat	Sun	Mon	Tue	Wed	Thurs		
Event Name	Mission #'s	M#		M#	M#	M#	M#	M#	M#	M#								
									0								0	
Sub-Total for									0								0	
Duties/Tasks																		
Subtotal -All Events									0	Total All Events							0	
Event-Office Closure Hours:									0								0	
Non-Event Hours are Not reimbursable But Must Be Entered										Non-Event Hours are Not reimbursable But Must Be Entered								
Non-Event Hours		Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Total	Fri	Sat	Sun	Mon	Tue	Wed	Thurs		
									0								0	

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All days for the pay period must be completed just as in People First.

**This system does not record leave time. It only reports when you worked and if the time worked was event or non-event related**

Team Leader Guide 3/2008

## Frequently Asked Questions for the Disaster Timekeeping System

**Q. Should I enter my time on a daily basis?**

**A.** Contact your manager for his or her recommendation, however all time should be submitted and approved by the end of each pay period.

**Q. When Missions are checked under my preferences, does this hinder others from checking the same Missions.**

**A.** No. All users see all available Missions when setting up their preferences.

**Q. Can I review and or make changes to my time after I've submitted it.**

**A.** Yes, your manager can unsubmit your time for you and then you may review and make changes to your time.

**Q. How do I know I have successfully submitted my time?**

**A.** After you click on the Submit Check Mark, the status on your time entry screen will change from Draft to Submitted.

**Q. How do I know my Manager has approved my time?**

**A.** The status on your time entry screen will change from Submitted to Approved and you will receive an e-mail.

**Q. If I Log Out of Time IT without saving my time is it automatically saved?**

**A.** No, you must click on the Save Button to save your time.

**Q. What is the smallest increment of time that can be entered into the system?**

**A.** Time is entered in the system in 15 minute increments or .25 of an hour.

**Q. Why am I re-directed to the login page after being inactive?**

**A.** If you do not save or change screens for 20 minutes, the system logs you out as a security precaution.

**Q. When should I specify an Alternate Manager on the User Info page?**

**A.** When your Primary Manager is not available to approve your time.

**Q. The Mission List under Preferences is very long. How can I easily find what I am looking for?**

**A.** The Missions are divided into sections by the first digit of the mission number. There are links you can click on to jump to a particular section. You can also select "Edit" on the browser menu and "Find (on This Page)" to search by text. You can also select an Event from the drop down list to view only Missions that relate to the selected Event.

**Q. Do I have to change my Template every time I need to enter time on a new Mission and Task?**

**A.** No, you can dynamically add a new Mission and Task on the Time Entry screen by selecting a Mission and Task from the drop down boxes at the bottom of the Time Entry grid. This new entry will not be carried over to future weeks. If work will continue in this Mission and task, it is a good idea to add it to your template.

**Q. I clicked the eraser button on one of the lines in the Time Entry grid. Why did the hours disappear, but the Mission and Task line stay there?**

**A.** Missions and Tasks in your Template will continue to appear in the Time Entry grid, only the values are erased. If the Mission and Task were dynamically added on the page, it will completely disappear when the eraser button is clicked. ALL empty lines will be removed when the week is submitted.

**Q. What do I do if I get an error message?**

**A.** Place a ticket with the Customer Service Center.







**Department of Health  
Public Health Response Team  
Asset/Equipment Inventory Log**

Deployment Date:		Expected Date of Return:	
Team Leader:		Mission Location:	
Actual Date of Return:			

Equipment Issued	Inventory/Serial #	Quantity	Condition Received (Working/Damaged /Lost/Stolen)	Team Leader initials - verify condition/ receipt	Equip. Returned (initialed by distributor)	Condition Returned (Working/ Damaged /Lost/Stolen)
Shelter Ops SOG						
Cell Phone						
Satellite Phone						
Radio						
Walkie-Talkie						
Maps						
Vehicle						
Keys to Vehicle						
PPE						
Strike Team GO Kit						
EH Deployment Bag						

**Signatures below indicate that the equipment issued has been received/returned by the team leader and that the condition is as noted in the log.**

Team Leader Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Distributor Signature \_\_\_\_\_ Date of Signature: \_\_\_\_\_

# FIELD SAFETY

## INTRODUCTION

Strike Team personnel may be exposed to many hazards during the initial hours following the arrival at a disaster scene. The local jurisdiction and State will be focusing on saving lives and many public safety issues may not be immediately addressed. The Team Leader has the primary responsibility to ensure that good safety practices are maintained throughout the operation. Each team member must also recognize and practice safety procedures to ensure their individual as well as the Team's welfare.

## CLOTHING AND PROTECTIVE EQUIPMENT

- Always have your DOH identification clearly visible at all times.
- Wear laced leather boots with slip-resistant soles.
- Use gloves to protect hands.
- Wear high visibility protective vest.
- Use insect repellent when exposed to insect-occupied environment.
- Use eye protection when in dusty environments.
- Use hearing protection when working near high noise level equipment such as helicopters.

## FIRST AID

Prompt first aid should be given for all injuries. Team should always be aware of quickest access to First Aid Kit.

## HEAT STRESS RECOGNITION

Heat stress disorders are divided into four categories. They are:

- **Heat Cramps** — caused by failure to replace salt lost in sweating.
  - Symptoms are painful muscle cramps.
  - Treat by drinking lightly salted water or lemonade, tomato juice, or athletic drinks.
- **Heat Exhaustion** — caused by failure to replace water and salt lost in sweating.
  - Symptoms are weakness, unstable gait or extreme fatigue; wet, clammy skin; headache; nausea, collapse.
  - Treat by drinking lightly salted fluids and rest in a shaded area.
- **Dehydrated Exhaustion** — caused by failure to replace water losses over several days.
  - Symptoms are weight loss and excessive fatigue.
  - Treat by increasing fluid intake and provide rest until body weight is restored.
- **Heat Stroke** — caused by a total collapse of the body's temperature regulating mechanisms.
  - Symptoms are hot, often dry skin; high body temperature (106° F or higher); mental confusion, delirium, loss of consciousness, convulsions.
  - Treat by cooling the victim immediately, either by immersing in cold water or soaking clothing with cold water and fanning to promote cooling. Continue until temperature drops below 102° F. Treat for shock once temperature is lowered.

## **SUSPECTED HAZARDOUS MATERIALS**

Hazardous materials are being encountered with increasing frequency in disaster situations. Hazardous materials may be industrial or agricultural chemicals, explosive substances, military ordnance, drug labs, etc.

- Since many responders to disasters are neither, trained or equipped to identify and deal with hazardous materials, your primary responsibility is to prevent yourself and others from being adversely affected or injured.
- If you encounter what you suspect may be hazardous materials, generally:
  - Stay upwind, uphill, and avoid breathing vapors.
  - Isolate the area.
  - Warn others in the immediate vicinity.
  - If you do not have specific technical expertise to properly respond to the situation, report it to the experts. Do not get personally involved.

## **ENVIRONMENTAL HAZARDS**

**Hypothermia** — Hypothermia is a condition of subnormal body temperature caused by exposure to cold and aggravated by numerous factors.

- Hypothermia usually occurs on a cold, wet, windy day with temperatures at or above freezing.
- When working outdoors in cold weather, to prevent hypothermia:
  - Get adequate rest.
  - Eat nutritional supplements between meals.
  - Use proper clothing and a sleeping bag that is wind resistant, maintains body heat, and limits skin exposure.
- Always anticipate bad weather and dress accordingly, or carry warmer clothes with you.
- Understand the effects of cold and wind. Most hypothermia cases develop between 30° F and 50° F.
- Cover the head and neck to prevent heat loss.
- Keep active to maintain the body's metabolism.

## **POWER LINE HAZARDS**

Many types of disaster events result in downed or drooping power lines. Even deactivated transmission and distribution lines may continue to hold charges. When around downed or drooping power lines:

- DON'T drive under power lines with long radio antennas.
- DON'T fuel vehicles under power lines.
- DON'T go near or move downed power lines.
- DON'T approach power lines when standing water is present.

If a power line falls on your vehicle, DON'T leave vehicle. If for some other life-threatening reason you must leave the vehicle, jump clear, DON'T hang on, keep feet together and bunny hop away.

## **The Buddy System**

Team Leader (s) should ensure that a buddy system is adhered to during all phases of the deployment. Due to the circumstances present during a deployment team members could be put at risk. By developing and enforcing a buddy system, the team can reduce the chance of an accident involving a team member.

The following guidelines should be followed to implement a buddy system during deployment of a shelter response team.

1. **NO ONE GOES ANYWHERE OR DOES ANYTHING ALONE!**
  - When off duty all team members should travel in pairs when not in the shelter team rest area.
  - When on duty team member should be paired according to job or work area so that team members can keep an eye on each other.
2. Consider setting a buddy check in time
  - Every 30 minutes,
  - Report any missed check in to Law Enforcement/Security and the SUL immediately!
3. All buddy teams not in the rest area or at a duty station must carry at least two (2) communications sources (Radios, Cell Phones, Sat Phone, Etc.)
4. Buddy teams should notify the on duty Team Leader if they are leaving the shelter for any reason.
5. Team Leaders will conduct Personnel Accountability Checks and report to the immediate supervisor per the Personnel Accountability Report (PAR) SOG. (See the PAR SOG for more information.)

**Safety is a matter of common sense. Use it and you will keep yourself and other Team members out of trouble and get the job done safely.**

**Demobilization**  
**Section**

## **Department of Health Demobilization Checklist**

<b>Mission Number:</b>	
<b>Team Leader Name:</b>	

Activity	Notes
Debriefing – Ensure that all team members participate in health and medical demobilization process and critical incident stress debriefing	It is important that you go through the demobilization process. It will be done as quickly as possible so you can be on your way.
Ensure that all team members have completed: <ul style="list-style-type: none"> <li><input type="checkbox"/> Disaster Preparedness &amp; Response Timesheet* <i>(See Mob5 – Disaster Time Keeping System time sheet)</i></li> <li><input type="checkbox"/> Replacement Receipt Form* (if needed) <i>(See Demob4 – Replacement Receipt Form)</i></li> <li><input type="checkbox"/> Gas Fuel Replacement Receipt Form* (if needed) <i>(See Demob5 – Gas + Fuel Replacement Receipt Form)</i></li> <li><input type="checkbox"/> Travel Reimbursement Form* <i>(See Demob6 – In-State Travel Voucher Form)</i></li> <li><input type="checkbox"/> Group Meal Log* (if needed) <i>(See Mob6 – Group meal log)</i></li> <li><input type="checkbox"/> P-Card Transaction Log* (if needed) <i>(See Mob7 – P-card transaction log)</i></li> <li><input type="checkbox"/> After Action Report-, the TL will compile the teams AARs as directed.</li> <li><input type="checkbox"/> ICS 214 “Unit Log” Form <i>(See TL3 – ICS 214 Unit Log)</i></li> </ul>	*The most current Finance and Administration documents can be found at the following web page: <a href="http://dohiws/Divisions/Administration/emergencyindex.htm">http://dohiws/Divisions/Administration/emergencyindex.htm</a>
Team leader will ensure that the ICS 226 has been completed on each team member. <ul style="list-style-type: none"> <li><input type="checkbox"/> ICS 226 “Response Teams Individual Performance Rating” Form completed and copies provided to the Mobilization/Demobilization Center Liaison, Regional POC, and the team member. <i>(See TL 3 - ICS 226 Ind. Performance Rating)</i></li> </ul>	
Team leader will ensure that the ICS 224 has been completed on team. <ul style="list-style-type: none"> <li><input type="checkbox"/> ICS 224 “Team Performance Rating” Form completed and copies provided to the Incident Commander or designee, and the team member. <i>(See TL 4 - ICS 224 Team Performance Rating)</i></li> </ul>	
Team leaders may be responsible for providing information for the completion of the ICS 221 (Demobilization Checklist) to the Mobilization/Demobilization Center Liaison. <ul style="list-style-type: none"> <li><input type="checkbox"/> ICS 221 Demob Checkout Form <i>(See Demob3 – ICS 221 (modified) Demob. Checkout form)</i></li> </ul>	
<input type="checkbox"/> Provide information on fuel stops and maps, as needed	
<input type="checkbox"/> Receive returned equipment, communication equipment	

# Florida Department of Health

## UPON YOUR RETURN HOME FROM FIELD DEPLOYMENT

The purpose for information listed below is to assist you in ensuring your optimal health and well-being during the days and weeks following demobilization and your return home from the disaster recovery area.

1. It is recommended that those returning from a field deployment should:
  - a. Clean all Field equipment as usual. (When in Doubt, Throw It Out.)
    - Shoes can be cleaned of visible dirt and can be wiped off with a 1:10 bleach: water solution
  - b. Recovery workers returning to their normal duties should obtain plenty of rest, drink plenty of fluids and ensure proper nutrition.
  - c. Recovery workers with known exposure to an infectious disease should be monitored as part of a standard epidemiology investigation where they will be interviewed for symptoms, exposure, onset dates, contact investigation and or prophylaxis recommended as necessary.
2. INFECTIOUS DISEASES
  - a. It is recommended that you promptly seek medical attention if you currently have, or develop symptoms that concern you shortly after you return, particularly any of the symptoms listed below.
    - **Fever, chills, shakes, or night sweats**
    - **Cough, shortness of breath, chest pain, coughing up blood**
    - **Jaundice** (yellow discoloration of eyes and / or skin), **dark urine or pale stools**
    - **Severe headache**
    - **Diarrhea** is common, but see a doctor immediately if you are unable to keep fluids down, have fever, or if the diarrhea is bloody or profuse and watery
    - **Vomiting**, particularly if it occurs with fever
    - **Rash**
    - **Muscle aches and pains**
    - **Red eyes**
    - **Unexplained weight loss or loss of appetite**
    - **Skin infection** of cuts or abrasions acquired while assisting with hurricane relief efforts.
  - b. If you suffered *animal bites or scratches* while on deployment you should seek advice about receiving post-exposure prophylaxis for rabies *immediately*.
  - c. ***Be sure to tell your primary care physician that you have been assisting with hurricane relief efforts.***

### 3. STRESS-RELATED ILLNESS

- a. Working in a disaster region setting produces varying levels of stress for relief workers. The potential for manifestation of stress may be immediate or long term. Stress-related symptoms include:
  - **Difficulty sleeping and nightmares:** This would be the most common symptom in returning relief workers. It can happen when you have a fever but anxiety is the more common cause.
  - **Difficulty in returning to normal roles and life.**
  - **Feelings of numbness** or a loss of feelings.
  - **Negative feelings** that you could or should have done more.
  - **Breathlessness** may indicate a physical problem as well as anxiety.
  - **Sweats** can appear with infections, but are common in anxiety.
  - **Other physical responses to stress** include diarrhea or vomiting, headaches or other aches and pains, tiredness, and either over-eating or lack of appetite.
- b. Some stress-related symptoms are to be expected and everyone has their own coping style. Taking time off to readjust and be with friends and family may be all that is required, but if these symptoms become prolonged, persistent, and disruptive or distressing, you need to seek professional help.
- c. **WHO TO CONTACT IF YOU REQUIRE FURTHER ADVICE:**
  - If you become ill during the first few weeks after departure, see your physician or call your local county health department for information and assistance.
  - After contacting your physician, please notify the Florida Department of Health at the following phone number if you are experiencing symptoms: (850) 245-4401.

<b>DEMOBILIZATION CHECKOUT</b>		
1. Incident Name/Number	2. Date/Time	3. Demob. No.
4. Unit/Personnel Released		
5. Transportation Type/No.		
6. Actual Release Date/Time	7. Manifest? <input type="checkbox"/> Yes <input type="checkbox"/> No    Number	
8. Destination	9. Notified: <input type="checkbox"/> Agency <input type="checkbox"/> Region <input type="checkbox"/> Area <input type="checkbox"/> Dispatch Name: Date:	
10. Unit Leader Responsible for Collecting Performance Rating (ICS 226 forms)		
<b>11. Unit/Personnel</b>		
You and your resources have been released subject to sign off from the following: <i>Demob. Unit Leader check the appropriate box</i>		
Logistics Section		
<input type="checkbox"/> Supply Unit		
<input type="checkbox"/> Communications Unit		
<input type="checkbox"/> Facilities Unit		
<input type="checkbox"/> Ground Support Unit Leader		
Finance Section		
<input type="checkbox"/> Receipts	<input type="checkbox"/> Travel Voucher	<input type="checkbox"/> People's First Timesheet
<input type="checkbox"/> P Card Deactivation	<input type="checkbox"/> P-Card Log	<input type="checkbox"/> Disaster Time Sheet
Other		
<input type="checkbox"/> _____		
Planning Section		
<input type="checkbox"/> Documentation Unit	<input type="checkbox"/> Unit Log (ICS 214 form)	
<input type="checkbox"/> Demob Contact Info Sheet		
12. Remarks		
13. Prepared by (include Date and Time)		
14. Type of Deployment: (Special Needs Shelter or Field Duty Deployment)		

### Instructions for completing the Demobilization Checkout (ICS form 221)

Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.

Item No.	Item Title	Instructions
1.	Incident Name/No.	Enter Name and/or Number of Incident.
2.	Date & Time	Enter Date and Time prepared.
3.	Demob. No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force ID Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation	Enter Method and vehicle ID number for transportation back to home unit. Enter N/A if own transportation is provided. <i>Additional specific details should be included in Remarks, block # 12.</i>
6.	Actual Release Date/Time	To be completed at conclusion of Demob at time of actual release from incident. <i>Would normally be last item of form to be completed.</i>
7.	Manifest	Mark appropriate box. If yes, enter manifest number. <i>Some agencies require a manifest for air travel.</i>
8.	Destination	Enter the location to which Unit or personnel have been released. <i>i.e. Area, Region, Home Base, Airport, Mobilization Center, etc.</i>
9.	Area/Agency/ Region Notified	Identify the Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. <i>Not all agencies require these ratings.</i>
11.	Resource Supervision	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release.  Blank boxes are provided for any additional check, (unit requirements as needed), i.e. Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release.
13.	Prepared by	Enter the name of the person who prepared this Demobilization Checkout, including the Date and Time.
14.	Type of Deployment:	Indicate if the deployment was to a Special Needs Shelter or to a Field duty position

**DEPARTMENT OF HEALTH  
DISASTER RELIEF EFFORT  
State of Florida Purchasing Card Program**

**Replacement Receipt Form**

Cardholder Name: \_\_\_\_\_ Group ID: \_\_\_\_\_

Mission #: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Date Received: \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

Vendor Name & Address: \_\_\_\_\_  
\_\_\_\_\_

<u>ITEM</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>TOTAL PRICE</u>

All goods and services must be itemized.

Total Charge \$ \_\_\_\_\_

Receipt was (check one) \_\_\_\_\_ Lost \_\_\_\_\_ Not Obtainable

I, \_\_\_\_\_, the undersigned, do certify that the above purchase was made for official state business.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**ALL FIELDS ON THE FORM MUST BE COMPLETED.**

**DEPARTMENT OF HEALTH  
DISASTER RELIEF EFFORT  
State of Florida Purchasing Card Program**

**Gas/Fuel Replacement Receipt Form**

Cardholder Name: \_\_\_\_\_ Group ID: \_\_\_\_\_

**Mission #:** \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Date Received: \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

Vehicle Used: (Check one) \_\_\_\_\_ Rental \_\_\_\_\_ State \_\_\_\_\_ Personal \_\_\_\_\_ Tag #: \_\_\_\_\_

Vendor Name & Address: \_\_\_\_\_  
\_\_\_\_\_

<u>*ITEM</u>	<u>QUANTITY</u> (# of Gallons)	<u>UNIT PRICE</u> (Price per Gallon)	<u>TOTAL PRICE</u>

All goods and services must be itemized.

Total Charge \$ \_\_\_\_\_

Receipt was (check one) \_\_\_\_\_ Lost \_\_\_\_\_ Not Obtainable

I, \_\_\_\_\_, the undersigned, do certify that the above purchase was made for official state business.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**ALL FIELDS ON THE FORM MUST BE COMPLETED.**



**TRAVEL PERFORMED BY COMMON CARRIER OR STATE VEHICLE**

*THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN COMMON CARRIER IS BILLED DIRECTLY TO THE STATE AGENCY*

Date	Ticket Number or State Vehicle Number	From	To	Amount	Name of Common Carrier or State Agency Owning Vehicle

Benefits accruing to the State of Florida for travel incident to attendance at conferences or conventions:

**PAYMENT REQUIREMENTS:** Employee travel reimbursement requests have the same processing time and payment requirements as regular vendor invoices, including payment of interest penalties. If the date on which a travel voucher is received is not properly stamped on the voucher, the date received will default to the date prepared. F.S. 215.422(11)

**General Instructions:** Travel definitions, allowances, and limitations are detailed in DOH 40APM1, Official Travel of DOH Employees and Non-Employees. Travel by Common Carrier requires initials of company be shown under map mileage. Travel by State Vehicle requires the word STATE and vehicle TAB NUMBER be shown under map mileage. Complimentary transportation requires the word COMP under map mileage and/or vicinity mileage. Obtain paid receipts for all necessarily incurred traveling expenses regardless of exemption.

**Purchasing Card Instructions:**

Travel charges paid for with the State of Florida Purchasing Card must be itemized in the far right column on the front of this form. These charges are NOT reimbursable. A copy of ALL receipts paid for with the Purchasing Card must be attached to the travel voucher. The original receipt must accompany the Purchasing Card Reconciliation Report.

Non-reimbursable items placed on the Purchasing Card must be deducted from meal allowance and per diem due the traveler.

These items must be itemized in the far right column with the total of the non-reimbursable being deducted in space provided in the lower right of the form.

Team Leader Guide 3/2008

**Florida ESF8 After Action Reporting Form**  
*Please record strengths and areas for improvement.*

Last Update: June 2008

Please categorize issue by checking all that apply:	ISSUE/BRIEF EXPLANATION	RECOMMENDATION(S)
Check all that apply: <input type="checkbox"/> Command & Coordination <input type="checkbox"/> Communications <input type="checkbox"/> Planning: Training <input type="checkbox"/> Planning: Documentation <input type="checkbox"/> Planning: Situation Status <input type="checkbox"/> Planning: After Action Process <input type="checkbox"/> Logistics: Staffing <input type="checkbox"/> Logistics: Equip/Supplies <input type="checkbox"/> Operations <input type="checkbox"/> Finance <input type="checkbox"/> IT Systems <input type="checkbox"/> Operational Facilities (SEOC/4052) <input type="checkbox"/> Mission Flow & Processing <input type="checkbox"/> ESF8 Partner Liaison <input type="checkbox"/> Tracker/Groove <input type="checkbox"/> Forward Teams <input type="checkbox"/> Special Needs Shelters <input type="checkbox"/> Other		
Check all that apply: <input type="checkbox"/> Command & Coordination <input type="checkbox"/> Communications <input type="checkbox"/> Planning: Training <input type="checkbox"/> Planning: Documentation <input type="checkbox"/> Planning: Situation Status <input type="checkbox"/> Planning: After Action Process <input type="checkbox"/> Logistics: Staffing <input type="checkbox"/> Logistics: Equip/Supplies <input type="checkbox"/> Operations <input type="checkbox"/> Finance <input type="checkbox"/> IT Systems <input type="checkbox"/> Operational Facilities (SEOC/4052) <input type="checkbox"/> Mission Flow & Processing <input type="checkbox"/> ESF8 Partner Liaison <input type="checkbox"/> Tracker/Groove <input type="checkbox"/> Forward Teams <input type="checkbox"/> Special Needs Shelters <input type="checkbox"/> Other		

Name: \_\_\_\_\_ Section: \_\_\_\_\_ Your office phone number: \_\_\_\_\_ Cell phone/Blackberry: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Your name is optional but helpful if issue clarification is needed.)

Please return form to State ESF8 Planning Section email address [stateesf8\\_planning@doh.state.fl.us](mailto:stateesf8_planning@doh.state.fl.us)  
 or mail to ESF8 After Action, 4052 Bald Cypress Way, Bin # A22 Tallahassee, FL 32399-1704

## **Standard Operating Guidelines**

# Department of Health

## Public Health Emergency Response Teams

### STANDARD OPERATING GUIDELINES

DEPARTMENT: <b>FDOH</b>	SUBJECT: <b>Convoy</b>	POLICY #	PAGE 1 OF 1 PAGES
ORIGINAL DATE: <b>02/01/06</b>	REVISED DATE:	NEXT REVIEW DATE: <b>04/01/09</b>	
SUBMITTED BY/DATE: Patricia Frank, RN 02/01/06	REVIEWED BY/DATE: Marianne Issa, RN 04/23/08	APPROVED BY/DATE: <b>Sandra Schoenfisch, RN, PhD</b> <b>4/23/08</b>	

**Purpose:** To provide information and guidelines for traveling in a convoy.

**Policy:** When a Response/Strike team is deployed, all vehicles will travel in a convoy to ensure the safety of all members. Safety is of utmost concern, all vehicles will follow traffic regulations and the procedures outlined below.

**Scope:** Field Staff

**Reference:** Team Training

**Definition:** Convoy – a group of vehicles of not more than 6 traveling together under the same order.

**Guidelines:**

1. When in route to and from a deployment area, the Response/Strike team will travel in a convoy.
2. Each team has an identified vehicle driver and navigator.
3. The team leaders will determine the travel route to the deployment area. Contingency routes will also be identified. Maps of the area outlining the travel routes will be created.
4. Prior to departure the team leader will meet with the vehicle drivers and navigators to brief them on the travel route. The team leader will provide the navigators with appropriate maps and directions.
5. The lead and tail navigators shall be marked with antenna flags to show the front and back of the convoy.
6. Each vehicle navigator will be issued a walkie talkie for communication between vehicles and should be the only vehicles communicating. The middle vehicles should monitor all communications. All vehicles will use the walkie talkies to communicate problems.
7. When traveling in a convoy, always turn vehicle headlights on. Travel at or below the speed limit depending on road conditions. If traveling slower than the flow of traffic use flashers.
8. Maintain 5 seconds between vehicles.
9. All vehicles in the convoy should be identified, such as with magnetic signs on both sides.
10. Each driver and navigator should know the ID of the vehicles ahead and behind. Drivers should maintain visual contact with these vehicles.
11. The lead vehicle will call lane changes and turns. The tail driver will make the lane changes first, allowing the other vehicles in the convoy to make the change. When making turns or traveling through intersections, remember that the entire convoy must get through the turn, intersection or obstacle. If the convoy is cut crossing the intersection, the lead driver will pull over in a safe location and wait for the other vehicles.
12. The tail vehicle will identify if any other vehicles are having problems and will assist them. If one vehicle must stop the entire convoy will stop.
13. When traveling in a convoy, safety is of utmost concern. During a disaster it is possible that the electricity will be out and turn signals will not be working. In addition, the roadways may be littered with debris and some roads may be impassable. Remember to remain patient, be polite, drive at a consistent and cautious speed, and maintain a safe following distance.

## Reporting Forms





**INCIDENT REPORT**  
(Legal Work Product)  
**CONFIDENTIAL**

Tracking Number: \_\_\_\_\_  
Workman's Comp  
Claim Number,  
If Appropriate: \_\_\_\_\_

This form is a report of an:  
INCIDENT: CATEGORY ONE  CATEGORY TWO  INFORMATION SECURITY/PRIVACY

**I. IDENTIFYING INFORMATION**

Incident Identifying Title: \_\_\_\_\_  
 Initial Report  
 Follow-up Report Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  A.M.  P.M.  
 Office Name: \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_ Did it occur:  Inside  Outside  
 Street Address: \_\_\_\_\_ Building: \_\_\_\_\_ City: \_\_\_\_\_

**II. CATEGORIES: (Place an "X" in box for all that apply)**

Client	Employee	Visitor		Client	Employee	Visitor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alleged Abuse/Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Media Coverage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accident*/Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication or Dispensing Error
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altercation/Fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Misconduct/Criminal Activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bodily Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Assault/Harassment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bomb Threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contraband/Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide Attempt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster (natural or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspicious package or letter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Theft/Vandalism/Damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Threat of bodily harm or to physical property
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information Security Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

**III. PARTICIPANT(S)/WITNESS(ES) (Place an "X" in box for all that apply)**

Name (and address, if necessary)	Work and Home Phone Number(s)	Client	Employee	Visitor	Victim	Witness
		<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>				



**VI. INDIVIDUALS NOTIFIED (DATE/TIME)**

<b>Reported to Law Enforcement (if appropriate)</b>	<b>Date:</b>	<b>Time:</b>
<b>Law Enforcement Agency Name:</b>	<b>Report/Case Number:</b>	
<b>Officer's Name:</b>	<b>Officer's Badge Number:</b>	

Date	Time	Name of Person, Office Notified, Phone Number
		<b>DOH Chief of Staff</b>
		Information Security/Privacy Manager
		Local Safety Coordinator
		DOH Inspector General
		Local Supervisor
		Office/Program Director
		Division/Office Administrator/Director
		Human Resources (Notice of Injury)
		Division of Insurance (For automobile or general liability only)
		Parent/Guardian/Family Member
		Patient (Breach of confidential information)
		Other – Specify: _____

**Additional Comments/Information:**

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The information provided on this form is true and correct to the best of my knowledge.

	<b>Name</b>	<b>Title</b>	<b>Phone</b>
<b>Reporting Employee</b>			
<b>Reporting Employee's Signature</b>			<b>Date</b>

### INCIDENT INVESTIGATION

(To be completed by the supervisor, and information security and privacy coordinator.)

#### VII INVESTIGATIVE FINDINGS, ACTIONS TAKEN, AND COMMENTS

Provide the following codes only if this incident involved an accident:

Organizational Code: \_\_\_\_\_ EO Code:: \_\_\_\_\_ OCA Code: \_\_\_\_\_

**Contributing Causes to the Incident:** (if appropriate, check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Policies and procedures do not provide direction | <input type="checkbox"/> Error in patient identification   |
| <input type="checkbox"/> Policies and procedures were not followed        | <input type="checkbox"/> Physical standards not maintained |
| <input type="checkbox"/> Policies and procedures not enforced             | <input type="checkbox"/> Entry into unauthorized area      |
| <input type="checkbox"/> Staff not educated/trained                       | <input type="checkbox"/> Failure to safeguard information  |
| <input type="checkbox"/> Staff demonstrated knowledge, but disregarded    | <input type="checkbox"/> Other _____                       |

**Incident Injury Description:** (if appropriate, check appropriate box)

1. Injury classification:
- a. First aid; no time lost
  - b. First aid; time lost day of injury only
  - c. Disabling; time lost one or more days, excluding the day of injury
  - d. Fatal

1a. Describe any injury(ies) sustained (add pages if necessary).

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**If appropriate, or the incident involved an accident, check boxes below:**

2. Was injury work related?     Yes     No     N/A
3. Was medical treatment refused?     Yes     No     N/A
- 3a. Was medical treatment available?     Yes     No     N/A
4. Was protective safety equipment available?     Yes     No     N/A
- 4a. Was the equipment used?     Yes     No     N/A
5. Was Workers' Compensation Managed Care Arrangement (CorVel) contacted?     Yes     No     N/A  
(To report an injury, call 1-866-786-3351)
6. Was injury due to an unsafe condition?     Yes     No     N/A
- 6a. If yes, explain the unsafe condition and what was done to remove/correct it.

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**IX. ORIGINATING OFFICE**

This incident has been investigated, the proper officials have been notified, and the corrective actions have been implemented.

	Name	Title	Phone
Supervisor			
Supervisor's Signature			Date

	Name	Title	Phone
Bureau Chief/ Office Manager			
Bureau Chief/Office Manager's Signature			Date

	Name	Title	Phone
Division/Office Director/Administrator			
Division/Office Director/Administrator's Signature			Date

## INCIDENT REPORT INSTRUCTIONS

***Check box to indicate whether the report is for an information security incident, category one incident, or category two incident.***

The person submitting the form should include a Workman's Compensation claim number, if the incident involves an employee injury involving Workman's Compensation, and if the claim number is available. If the number is not available when the report is first submitted, please forward the claim number once the claim has been assigned a number.

### Section I: Identifying Information

- (1) Incident Identifying Title – Briefly identify the incident by a title.
- (2) Initial or Follow-up Report – Place an X in the “Initial Report” space, if the incident report is the first report to be completed for the incident that occurred. Place an X in the “Follow-up” incident report space if the report being completed is a follow-up to an incident for which a report has already been completed.
- (3) Date of Incident – Write the date the incident occurred.
- (4) Time of Incident – Write the time the incident took place and place an X in the appropriate a.m./p.m. box.
- (5) Office Name – Write the name of the office where the incident occurred.
- (6) Location of Incident – Describe briefly where the incident occurred and check the appropriate box describing where the incident occurred.
- (7) Street Address – Write the street address where the incident occurred.
- (8) Building – Write in the building name and/or number where the incident occurred.
- (9) City – Write in the city where the incident occurred.

### Section II: Categories (Check all that apply.)

- (1) Category of Incident – Place X's on the appropriate line to reflect the incident category and whether the incident was prompted by a client, visitor (including volunteers), or an employee. If accident involved an automobile, complete the “Automobile Accident Report” form, D14-261 (Rev. 01/03), in addition to this incident report form.
- (2) Client/Employee/Visitor – Place an X in either the “Client,” “Employee,” or “Visitor” box depending on who prompted the incident. An X may be placed in both boxes if the incident involved a client and employee. “Employee” includes full-time, part-time, OPS, and contract employees. A “visitor” is not the same as a client; but a visitor could be a non-employee “volunteer” or non-contract vendor for this report. A contracted vendor or contracted employee is considered an “employee.”
- (3) Other – Write in an incident category, if it is not included on form.

### Section III: Participant(s)/Witness(es) (Include information on the appropriate line).

- (4) Name – Write the name(s) of all participants and witnesses of the incident. Add additional pages if necessary. If a person does not have a telephone number, feel free to add a hard return to this field and include the participant's or witness' street address as a means to contact this person.
- (5) Phone Number – The daytime phone number(s), at work and/or home, of all participants and witnesses of the incident must be listed on the report, or indicate that the person does not have a phone. If the participant or witnesses have more than one daytime phone number, use a hard return to add a second line to add the additional number.
- (6) Client/Employee – Place an X in the Client, Employee, or visitor box depending on the role of the participant or witness. A “visitor” is not the same as a client; but a visitor could be a non-employee “volunteer” or non-contract vendor for this report. A contracted vendor or

contracted employee is considered an “employee.” “Employee” includes full-time, part-time, OPS, and contract employees.

- (7) Victim/Witness – Place an X in either the Victim or Witness box, depending on that person’s role in the incident.

Add pages as necessary to include all participants and witnesses.

**Section IV: Description of Incident** (Provide a detailed account of the incident that occurred).

- (1) Explain the incident that occurred. Include who, what, when where, why, and how the incident occurred.
- (2) Include drawings and/or photos of the incident, if necessary.

Note: Each employee witnessing or participating in an incident should provide a written, detailed description of the incident from his/her perspective, with those written descriptions attached to this report.

**Section V: For Medication/Dispensing Errors Only**

This section is to be completed only for medication errors; that is, any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the employee or client. Such events may be related to professional practice; healthcare products, procedures, and systems including prescribing, order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. Describe the circumstances leading to the error and the action taken. Add pages or attachments as necessary.

**Section VI: Individuals Notified (Date/Time)**

- (1) If the incident has been reported to law enforcement, enter in the law enforcement agency name, report/case number, officer’s name and badge number, and the date and time the incident was reported to law enforcement.
- (2) Enter the date and time the appropriate department personnel were notified and the name, office name, and phone number of the person to whom the incident was reported.
- (3) If the person reporting the incident has any other comments or information about the incident not covered in the first three pages of the report, enter those comments where indicated. Add additional pages as necessary.
- (4) The reporting employee must enter in his/her name, position title, and phone number.
- (5) The employee must sign and date the form verifying the information is accurate to the best of his/her knowledge. The date should be the date the form is signed.

**VII. Supervisor’s Incident Investigation: Findings, Actions Taken, and Comments** (Provide a detailed account of the incident/event that occurred and any actions that followed. Add pages as necessary).

- (1) If the incident involved an accident, please enter the organizational code, the expansion option (EO) code, and the other cost allocation (OCA) code.
- (2) Place a check mark to indicate the contributing causes of the incident.
- (3) Check appropriate boxes for questions one through seven and where indicated, provide a detailed explanation or description.
- (4) Where indicated, provide detailed supervisor’s investigative findings, recommendations, and related comments pertinent to the investigation.
- (5) If the incident involved an accident, include drawings and/or photos.

Add pages and attachments as necessary.

**Section VIII: Follow-up Required** (Complete the appropriate box).

- (1) Place an X in the appropriate box to indicate if follow-up or corrective action is needed. Specify the follow-up or corrective action needed.
- (2) State each corrective action needed, the person or persons responsible for taking the corrective action, the due date for completing the corrective action, and the date when the corrective action was completed.

Add pages and attachments as necessary.

**Section VIII: Individuals Notified (Date/Time)** (Fill in all appropriate boxes).

- (1) Date – Indicate the date the particular individual was notified.
- (2) Time – Provide the time the particular individual was notified.
- (3) Parent/Guardian/Family Member – State the name and phone number of the person notified.
- (4) Other – Specify any other individual notified of the incident.
- (5) Law Enforcement – Indicate the date, time, police department, officer's name, and badge number of the law enforcement official notified of the incident.

**Section IX: Originating Office** (All boxes must be completed).

- (6) The supervisor, bureau chief/office manager, and division/office administrator/director must enter in his/her name, position title, and phone number.
- (7) Each must sign and date the form verifying the information is accurate to the best of their knowledge. The date should be the date the form is signed.

**NOTE: Do not delay the immediate reporting of an incident because of the unavailability of an employee.**

## **Reporting Workers' Compensation Accidents/Injuries**

The following information concerns your benefits and rights if you are injured or exposed to illness at work. The Division of Risk Management has contracted with CorVel Corporation to provide medical case management for injured workers under a Managed Care Arrangement (MCA), **effective with dates of accident on or after January 1, 2003**. The MCA is responsible for receiving reports of work related injury or illness and scheduling appropriate medical treatment.

### **If you are injured at work on or after January 1, 2003...**

1. Report the injury to your supervisor immediately. Your supervisor will report the injury to CorVel's Intake Center at 1-866-786-3351. The Intake Center will complete the First Report of Injury or Illness Form (DWC-1). The injured employee will be advised of:
  - Appropriate medical provider/facility for treatment
  - Availability of prescription drug program.

**IN THE CASE OF AN EMERGENCY**, inside or outside of Florida, seek immediate attention at the nearest hospital. Following treatment and at your earliest convenience, notify your supervisor or CorVel's Intake Center at 1-866-786-3351.

Except for an emergency situation, you may **only** use medical providers from CorVel's Network (CorCare Network) and must have authorization prior to seeking treatment. Any treatment sought that is not pre-authorized by Corvel may not be covered.

2. Contact your servicing Workers' Comp Coordinator – [Coordinator List](#)
3. Complete the [DOH Incident Report](#)

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**ADDITIONAL INFORMATION concerning the Managed Care Arrangement with Corvel is available at <http://www.fldfs.com/Risk/>** From this link, click on State Employees' Workers' Compensation and then on Managed Care Assignment. You may then select from 1) Reporting Claims, 2) Employee's Rights Under Managed Care, 3) Grievance Policy and Procedures, 4) Information Poster for Workplace, and 5) CorVel Handbook.

Finally, Risk Management's MCA provider prior to January 1, 2003 (statewide for dates of accident between January 1, 1997 and December 31, 2002) was Humana/Protegrity. Therefore, if the accident date is prior to January 1, 2003, and after January 1, 1997, Humana/Protegrity continues to be responsible for medical case management and receiving claim information.

<b>Incident Personnel Performance Evaluation</b>	Instructions: The immediate team leader will prepare this form for each team member. It will be delivered to the planning section before the team leader leaves the demobilization center. Evaluation will be reviewed with the team member who will sign at the bottom.
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This rating is to be used only for determining an individuals' performance.

Name	Incident Name	
Team's Home Region	Incident Location	
Position on Team	Date of Assignment From: _____ To: _____	

**EVALUATION**

Enter X under the appropriate column indicating the individual's level of performance for each duty listed. Explain any deficiencies under remarks.

Rating Factors	Performance Level				
	Exceeds Successful	Fully Successful	Need to Improve	Unacceptable	Did not apply On this incident
Knowledge of the job					
Ability to obtain performance					
Attitude					
Decisions under stress					
Initiative					
Consideration for personnel welfare					
Obtain necessary equipment and supplies					
Physical ability for the job					
Safety					

Remarks

Team Member Signature: This rating has been discussed with me.	Date:
Team Leader Signature:	Date:

## **Incident Personnel Performance Evaluation**

Purpose: The Incident Personnel Performance Evaluation provides Agency Management with a record of the performance of personnel assigned to teams.

Initiation of Form: The Incident Personnel Performance Evaluation form is completed for each individual assigned to a team by the team leader.

Distribution: After the form is completed by the team leader, it shall be discussed with the team member prior to the team's release to return home. The completed form will be submitted to the demobilization unit leader. All Incident Personnel Performance Evaluation forms will be submitted to the Incident Commander or his/her designee for review at termination of the incident. The Incident Commander or designee will ensure that all evaluations are returned to the Team's home region Health & Medical Co-Chair.

<b>Team Performance Evaluation</b>	Instructions: Team will be evaluated by the immediate on-scene supervisor.				
This rating is to be used only for determining an individuals' performance.					
Team Name	Incident Name				
Team's Home Region	Incident Location				
Team Leader	Date of Assignment From: _____ To: _____				
<b>EVALUATION</b>					
Enter X under the appropriate column indicating the individual's level of performance for each duty listed. Explain any deficiencies under remarks.					
<b>Rating Factors</b>	<b>Performance Level</b>				
	Exceeds Successful	Fully Successful	Need to Improve	Unacceptable	Did not apply On this incident
Knowledge of the job					
Ability to obtain performance					
Attitude					
Decisions under stress					
Initiative					
Consideration for personnel welfare					
Team Organization & Equipment					
Physical ability for the job					
Use of Safe Practices					
Team Leader Performance					
Areas Needing Improvement					
Remarks					
Team Leader Signature: This rating has been discussed with me.				Date:	
Evaluated By (signature):				Date:	

## **Team Performance Evaluation**

Purpose: The Team Performance Rating form provides agency management with a record of the performance of teams during deployment.

Initiation of Form: A Team Performance Rating form will be completed for each team deployed to an incident by the team's immediate supervisor on scene.

Distribution: After the form is completed by the immediate supervisor, it shall be discussed with the team leader prior to the team's release to return home. The completed form will be submitted to the demobilization unit leader. All Team Performance Rating forms will be submitted to the Incident Commander or his/her designee for review at termination of the incident. The Incident Commander or designee will ensure that all evaluations are returned to the Team's home region Health & Medical Co-Chair.