

## SAFETY OFFICER

**Mission:** Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions.  
Have authority to halt any operation that poses immediate threat to life and health.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____	
<b>Position Reports to: TMTS Administrator</b>	Signature: _____
TMTS Command Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the TMTS Administrator.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Establish contact with the Communications Unit Leader and confirm your contact information.		
Appoint Safety team members and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation and incident objectives; develop response strategy and tactics; outline action plan and designate time for next briefing.		
Determine safety risks of the incident to personnel, the TMTS facility, and the environment. Advise the TMTS Administrator and Section Chiefs of any unsafe condition and corrective recommendations.		
Communicate with the Logistics Chief to procure and post non-entry signs around unsafe areas.		
Ensure the following activities are initiated as indicated by the incident/situation: <ul style="list-style-type: none"> <li>• Evaluate building or incident hazards and identify vulnerabilities</li> <li>• Specify type and level of PPE to be utilized by staff to ensure their protection, based upon the incident or hazardous condition</li> <li>• Monitor operational safety of decontamination operations</li> <li>• Ensure that Safety staff identify and report all hazards and unsafe conditions to the Operations Section Chief</li> <li>• Identify securable area for medication storage and pharmacy operations</li> </ul>		
Assess TMTS operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		
Initiate the Incident Action Plan Safety Analysis (HICS Form 261).		
Ensure implementation of all safety practices and procedures in the TMTS or facility.		
Initiate environmental monitoring as indicated by the incident or hazardous condition.		
Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility safety requirements.		



<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Request one or more recorders as needed to perform documentation and tracking.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Attend all command briefings and Incident Action Planning meetings to gather and share incident and TMTS facility information. Contribute safety issues, activities and goals to the Incident Action Plan.		
Continue to assess safety risks of the incident to personnel, the hospital/facility, and the environment. Advise the TMTS Administrator and Section Chiefs of any unsafe condition and corrective recommendations.		
Ensure proper equipment needs are met and equipment is operational prior to each operational period.		
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Re-assess the safety risks of the extended incident to personnel, the hospital/facility, and the environment and report appropriately. Advise the TMTS Administrator and Section Chiefs of any unsafe condition and corrective recommendations.		
Continue to update the Incident Action Plan Safety Analysis (HICS Form 261) for possible inclusion in the facility Incident Action Plan.		
Continue to assess TMTS operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		
Continue to attend all command briefings and incident action planning meetings to gather and share incident and hospital/facility information. Contribute safety issues, activities and goals to the Incident Action Plan.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the TMTS Administrator.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the TMTS Administrator on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: <ul style="list-style-type: none"> <li>• Accomplishments and issues</li> <li>• Review of pertinent position descriptions and operational checklists</li> <li>• Recommendations for procedure changes</li> </ul>		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

<b>Documents/Tools</b>
<input type="checkbox"/> Incident Action Plan <input type="checkbox"/> HICS Form 207 – Incident Management Team Chart <input type="checkbox"/> HICS Form 213 – Incident Message Form <input type="checkbox"/> HICS Form 214 – Operational Log <input type="checkbox"/> HICS Form 261 – Incident Action Plan Safety Analysis <input type="checkbox"/> TMTS emergency operations plan <input type="checkbox"/> TMTS organization chart <input type="checkbox"/> TMTS telephone directory <input type="checkbox"/> Radio/satellite phone <input type="checkbox"/> Material safety data sheets (MSDS) or other information regarding involved chemicals (ATSDR, CHEMTREC, NIOSH handbook)