



## EMERGENCY DUTY ASSESSMENT

Florida Department of Health (DOH) staff are subject to mandatory emergency duty to meet the needs of an emergency, disaster or public health emergency response (Department of Health DOHP 310-2-18, Emergency Duty). Deploying to an area following a disaster, where you may encounter limited resources and certain physical hardships, may not be appropriate for all staff. As a potential responder, you and your supervisor must evaluate your situation and determine where you can be the most useful to the response effort.

### **INSTRUCTIONS**

Review and complete the Emergency Duty Assessment form annually (preferably prior to the start of hurricane season). If this is not possible, review and complete prior to deployment. Please use additional sheets if necessary to respond to questions on the form.

Upon completion of the assessment, the employee and supervisor must sign the form in agreement on the suitability of the potential work environment and requirements for deployment. Please contact your human resource office for any questions/issues, including those about the Americans with Disabilities Act (ADA) or protected information under the Health Insurance Portability and Accountability Act (HIPAA).

### **ASSESSMENT**

#### **General and Personal Circumstances to Considerations Prior to Deployment**

- I have made safe and dependable arrangements for children and/or adult dependents and pets. These arrangements may be for up to 14 calendar days (this includes 2 travel days).
- I can easily extend these arrangements if I am unable to return when expected.
- I have made appropriate arrangements for mail delivery, newspaper, bill payments, medical/dental appointments, etc. based on a possible deployment of up to 14 calendar days (including 2 travel days), or longer if required.
- I can go several days without a shower and use bath in a bag as alternative.
- I do not mind sharing sleeping quarters with other relief workers, male and female.
- I am able to sleep on a cot, if the need arises. (Note: sleeping accommodations are usually offsite, but under certain circumstances, deployed staff may be expected to sleep at a shelter, in a tent, or other structure used for response.)
- I have a valid Driver's License.
- I can operate vehicles other than a car or pickup truck. List:
- I am willing to operate other vehicles if training is provided.
- I speak other languages besides English fluently. List:
- I have experienced a natural disaster or deployment. When and what was your experience?

**Medical Considerations**

For medical considerations, please submit an Emergency Duty Request for Exemption ticket.

**Work Considerations**

- I have completed the National Incident Management System (NIMS) Incident Command System (ICS) 100 and 700.
- I can work and sleep in a non-air-conditioned environment for an extended period of time. I understand this might mean working in extreme humidity and upwards of 100-degree weather during Florida summers.
- I am able to stand for long periods of time.
- I am able to work in areas with low lighting.
- I am able to lift over 10 pounds.
- I am able to work in highly chaotic environments for long periods of time.
- I am able to follow instructions and complete tasks in a timely manner.
- I am comfortable encountering disaster victims who do not speak English.
- I have a state Purchasing Card (P-card).

**Helpful Skills/Assets**

- I can handle stress.
- I am a self-starter.
- I can multi-task.
- I can handle a high activity level.
- I can make and keep a commitment.
- I can devote the time needed.
- I am flexible to changing needs and environments.
- I am able to work long hours.

I have thoroughly reviewed this Emergency Duty Assessment and discussed any relevant concerns with my supervisor. I understand that as an employee assigned to EDG1, it is highly recommended that I discuss any medical considerations, concerns or limitations with my health care practitioner prior to deployment.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

- I certify this employee meets criteria for Emergency Duty Group 1
- I certify this employee meets criteria for Emergency Duty Group 2
- I certify this employee is exempt from Emergency Duty