

FAIRFAX COUNTY  
POLICE DEPARTMENT

**SAFETY OFFICER**

# WHAT IS A SAFETY OFFICER

## A “5<sup>th</sup>” SET OF EYES

1. You
2. Your partner, team member, squad
3. Supervisor
4. Commander
5. Safety Officer

# WHAT ARE SAFETY OFFICER RESPONSIBILITIES

- ICS component
- Environmental concerns on major incidents
- Exposure Control
- Safety Messages
- Training Programs
- Risk Management
- Officer Rehab

# WHY DO WE HAVE SAFETY OFFICERS

- National Incident Management Systems  
Incident Command Systems

## Command Staff

Incident commander

Public Information Officer

Safety Officer

## General Staff

Logistics

Planning

Operations

Finance

# INCIDENT COMMAND SYSTEMS

- The Safety Officer is a Command Staff position that monitors safety conditions and develops measures for assuring the safety of all assigned personnel.
- The Safety Officer maintains an awareness of active and developing situations, approves the medical plan, and includes safety messages in each action plan. The Safety Officer reports to the Incident Commander.

# DUTIES UNDER NIMS/ICS

- Obtain incoming briefings from I/C
- Identify hazards and unsafe conditions
- Participate in planning meetings
- Review the incident action plan
- Conduct safety briefings
- Exercise emergency authority
- Investigate accidents within the incident
- Assign assistants as needed
- Review and approve the medical plan (ICS 206)
- List the expendable supplies that need replenishing
- Maintain the unit log (ICS 214 or local form)

# MAJOR INCIDENT SCENE

- Officer Rehab - the special response vehicle
  - additional clothing and supplies
- Environmental Concerns – weather reports
  - air monitoring equipment
- Accountability - logs
  - during training (active shooter, dive team)
- Overall safety - to include use of proper PPE

# SPECIAL RESPONSE VEHICLE





# INTERIOR



# EXPOSURE CONTROL

- Knowledge of proper terminology
- Knowledge of required reporting requirements and forms
- Knowledge and experience in response, handling and counseling of exposed personnel

**FAIRFAX COUNTY POLICE DEPARTMENT  
BLOODBORNE / AIRBORNE PATHOGEN and CHEMICAL EXPOSURE REPORT**

EXPOSURE CONTROL NUMBER <small>(Block is for PRD use only)</small>		DATE FORM COMPLETED	POLICE EVENT NUMBER	
DATE OF EXPOSURE	TIME OF EXPOSURE	LOCATION OF EXPOSURE		
Type of Exposure	Bloodborne	Airborne	Chemical / Biological Agents	
TYPE OF AGENT EXPOSED TO: <small>(for infectious material complete below)</small>				
Biological (e.g. Anthrax, Ricin)		Other:		
Chemical (e.g. HAZMAT, Smoke, Toxic Vapors)				
<b>EXPOSED EMPLOYEE INFORMATION</b>				
EMPLOYEES FULL NAME Last, First, Middle <small>(No initials)</small>		EIN	RANK	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER		
INFECTIOUS MATERIAL <small>(i.e., Blood, Spit or Urine)</small>	EXPOSED BODY PART(S)	HOW WAS EMPLOYEE DECONTAMINATED		
PERSONAL PROTECTIVE EQUIPMENT USED DURING EXPOSURE		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF YES, WHAT PROTECTIVE GEAR WAS WORN:				
Gloves	Eye Protection	APR	N95 Mask	Tyvek Suit
SCBA	Boot Covers			
RISK EVENT EXPOSURE: <input type="checkbox"/>		NON- RISK EVENT EXPOSURE: <input type="checkbox"/>		
<b>SOURCE INFORMATION</b>				
FULL NAME Last, First, Middle		HOME PHONE NUMBER	WORK NUMBER OR CELL PHONE	
RACE	SEX	DATE OF BIRTH	SSN	HOSPITAL PATIENT ID NUMBER <small>(Obtain from staff or ID bracelet)</small>
HOSPITAL BLOOD WAS DRAWN FROM:		LIST ANY IMMEDIATE CONCERNS FROM HOSPITAL STAFF		
LIST ANY KNOWN INFECTIOUS DISEASES AND HOW THE INFORMATION WAS RECEIVED <small>(i.e., Hepatitis C-Source or HIV-Medical Staff)</small>				
<b>EMPLOYEE ACKNOWLEDGEMENT</b>				
I agree with the information listed in the initial investigation of facts surrounding the exposure.				
EMPLOYEES SIGNATURE	DATE	COMMENTS		
<b>SUPERVISOR'S INFORMATION</b>				
CIRCUMSTANCES SURROUNDING EXPOSURE:				
NAME OF REPORTING SUPERVISOR	EIN	SUPERVISOR'S SIGNATURE	DATE COMPLETED	

**A COPY OF THE POLICE REPORT SHOULD BE ATTACHED TO THIS FORM**

# SAFETY MESSAGES

- Working with the Academies Physical Therapist
- Also work with Department Administration to address issue's during:

adverse weather conditions

holidays

special events

known threats

training exercises

# TRAINING PROGRAMS

- Chain Saw
- Winch
- Vehicle Towing (hitch and ball use)
- Snow Blower
- Use / Maintenance / Fit Testing of Department Air Purifying Respirator (APR & N95)

# FIT TESTING



SERGEANT DAVID KUHAR

571-641-7239

- **QUESTIONS**