



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice: Section 2.21	Issue Date: 11/3/2020 New <u> X </u> Revised _____ Supersedes Policy Dated:
Title: Critical Workforce Personnel	Approved By Effingham County Board of Commissioners Initials and Date

### 2.21 - CRITICAL WORKFORCE PERSONNEL

#### A. PURPOSE

During emergency and disaster operations, Effingham County will face conditions requiring unique human resource services and compensation. Accordingly, every Effingham County employee, both Exempt and Non-Exempt, must be classified into one of four categories for assignment during emergency operations. This policy implements uniform procedures for defining employee work responsibilities during an impending or declared emergency and the recovery period following an emergency or disaster.

#### B. STANDARD

The needs of Effingham County citizens must continue to be addressed during an impending or declared Emergency or Disaster Response and Recovery period. In order to accomplish this, County employees shall complete an Emergency Work and Skills Form and update the form anytime pertinent information changes. Supervisors should review the Emergency Work and Skills Form with each employee. If changes are made, copies shall be provided to Human Resources and the Emergency Management Director. The Emergency Management Director should conduct a review of all Emergency Work and Skills Form annually before the start of the Atlantic hurricane season.

#### C. SCOPE

Upon receipt of the Emergency Work and Skills Form, the Emergency Management Director or their designee shall review the forms and assign employees to the necessary category. The categories for assignment are:

1. Category 1 – Department Continuity of Operations (COOP) Team: Staff members in this category manage the Department’s COOP. Generally, the COOP



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

### **C. SCOPE Continued:**

Team is made up of the minimum contingent required to meet the department’s needs of preservation and restoration of assets, resources and essential services. These team members are responsible for:

- a. Coordinating the evacuation of the department to an identified alternate facility.
- b. Ensuring the mission essential services identified in the COOP remain operational and are brought online as soon as possible.
- c. Ensures reconstitution of the department.

2. Category 2 – Critical Workforce (CWF) Pre-Assigned: Other than Category 1 COOP Team members, employees in this category are pre-assigned post disaster functions. Most Category 2 employees are required to shelter with the Effingham Emergency Management Agency (EEMA) during a disaster or other emergency event. Others may be required to return for their assignment immediately after the disaster or other emergency event ends. Examples of pre-assignments include:

- a. Damage Assessment Team Members
- b. Debris Management Team Members
- c. EOC Staff, etc.

3. Category 3 – Critical Workforce (CWF) Available for Assignment: This category includes those staff members that have not been designated in Category 1 or 2 above. These employees are available for assignment by the County to meet pre- and post-disaster staffing needs. Some of these employees may be required to shelter with EEMA during a disaster or other emergency event; others may be required to return for assignment immediately after the disaster or emergency event ends. Examples of assignments for this group include:



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

### **C. SCOPE Continued:**

- a. Assisting the Finance Section with tracking labor and equipment hours.
- b. Assisting the Logistics Section with finding and tracking resources.
- c. Assisting the Planning Section with document management, situational awareness and incident reporting.
- d. Serving as a Point of Distribution (POD) Administrator for commodity distribution to the general public.
- e. Assisting with the Evacuation Assembly Area, etc.

4. Category 4 – Special Circumstances Staff: Some staff may have a special circumstance that is identified in advance of an evacuation or emergency event which requires them to be excused from emergency or disaster response and recovery duties. These staff members are not required to report during disaster conditions until the area is rendered safe.

### **RESPONSIBILITIES**

#### Employee Responsibilities

- a. Alternate Work Assignments – During time of Pre-Emergency and Disaster response and recovery, employees may be temporarily assigned to duties other than the day-to-day functions of their position and may be assigned to work at different locations depending on the needs of the County. All Effingham County employees will be assigned to an Employee Category (1,2,3 or 4) using the Emergency Work and Skills Form
- b. Service Priority – Because the need to provide emergency services may supersede other County operations, timeframes for processing community actions may be suspended until the emergency or disaster response and recovery period has ended.



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

### RESPONSIBILITIES Continued:

c. Monitor Radio/TV Stations – When an emergency has been declared, employees should monitor local radio and television stations for instructions for their Employee Category.

d. Pre-Assigned Employees – Many employees have been assigned duties within their departments to assist with official county emergency response or recovery efforts (Employee Categories 1 and 2). These employees should report to their primary or alternate worksite as directed when their Employee Category is recalled.

e. Category 3 Employees – Employees who have been assigned to Employee Category 3 should contact their supervisor and report to their worksite when directed to do so. Employees who evacuate the area are reminded to keep their County ID badge with them at all times in order to aid law enforcement officials during re-entry.

f. Contact with Department – Regardless of an employee’s emergency recovery assignment, all employees must maintain daily contact with their department. If telephone lines are down or conditions exist where contact by telephone cannot be accomplished, employees must keep their department informed of their status and whereabouts, and must carefully track all hours worked.

g. Family and Pet Planning – Employees should have a Family Emergency Plan in place. Effingham County recognizes the importance on advance planning for the care, safety and human services needs for families and pets. Each employee is required to have a plan for their family and pets should an emergency or disaster impact Effingham County.

### County Responsibilities

a. Each department shall designate an employee to ensure all employees have a current Emergency Work and Skills Form on file and maintain the



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice Section 2.21	Title: Critical Workforce Personnel
---------------------------------------	-------------------------------------

County Responsibilities Continued:

accuracy of the department's Work Assignment Data with Human Resources and EEMA.

b. The EEMA, in conjunction with the Human Resources Department, shall maintain the overall database of Emergency Work Assignment information and shall provide training to departments as needed.

c. EEMA, Human Resources and Department Directors will coordinate the assignment of Category 1 and 2 employees. Category 3 employees will be assigned by the County as needed based on the emergency event. Category 4 employees will be tracked by the Human Resources Department.



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

### **EMERGENCY WORK AND SKILLS FORM (Please print)**

1. Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

2. If my category and assignment allows, I will be evacuating (check one only):  
 \_\_\_\_\_ Alone                      \_\_\_\_\_ With my family

3. I have the following skill(s) and/or interest that may be valuable to the County during an emergency:

\_\_\_\_\_ **ICS/NIMS Certificates** (Circle all that apply):  
 100 200 300 400 700 701a 800  
 Other: \_\_\_\_\_

\_\_\_\_\_ **Commercial Driver's License (CDL):** Class (Circle One) A B C D E  
 Endorsement (Circle One): T P N H X

\_\_\_\_\_ **Heavy Equipment Operator** (Circle all that apply):  
 Forklift Tractor Back Hoe Front End Loader Street Sweeper  
 Other: \_\_\_\_\_

\_\_\_\_\_ **Medical Qualifications/Experience** (circle all that apply)  
 CPR / First Aid EMT Paramedic RN LPN MD ME CERT  
 Other: \_\_\_\_\_

\_\_\_\_\_ **Social Services Qualifications/Experience** (circle all that apply):  
 Personal Care Child Care Elder Care Nutritionist Mental Health Care  
 Social Worker Health Care Aid Psychologist/Counselor Housing Counselor  
 CISM Counselor  
 Other: \_\_\_\_\_



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

\_\_\_\_\_ **Support Services Qualifications/Experience** (circle all that apply):  
 Office Assistant    Secretary    Phone    Customer Service    Customer Intake/Assessment  
 Other: \_\_\_\_\_

\_\_\_\_\_ **Skilled Trades Qualifications/Experience** (circle all that apply):  
 Electrician    Carpenter    Electronics Technician    Plumber    Mechanic  
 Transportation Dispatcher  
 Other: \_\_\_\_\_

\_\_\_\_\_ **Animal Care Qualifications/Experience** (circle all that apply):  
 Animal Rescue    Animal Control    Animal Care    Veterinarian    Vet Tech.  
 Other: \_\_\_\_\_

\_\_\_\_\_ **Language** (circle all that apply): F= Fluent    K=Knowledgeable  
 Spanish    French    Vietnamese    Chinese    Japanese    TTY/TDY    TVCC  
 F K    F K    F K    F K    F K    F K    F K  
 American Sign Language  
 F K  
 Other: \_\_\_\_\_

\_\_\_\_\_ **Information Technology** (circle all that apply):  
 Set up/Networking    Hardware    Software    Telecom    Web Site    GIS  
 Social Media Monitoring  
 Other: \_\_\_\_\_

\_\_\_\_\_ **Legal** (circle all that apply):  
 Attorney    Paralegal    Court Reporter  
 Other: \_\_\_\_\_

\_\_\_\_\_ **Housing** (circle all that apply):  
 Licensed Building Inspector    Housing Official    Planning Director  
 Hazard Mitigation Officer    Land Development    Fire Marshall  
 Code Analyst    Structural Engineer  
 Other: \_\_\_\_\_



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice Section 2.21	Title: Critical Workforce Personnel
---------------------------------------	-------------------------------------

\_\_\_\_\_ **Prior or current Military Experience** (circle one):  
 Active    Reserve                      Service Dates: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Specialty(MOS/Rating): \_\_\_\_\_  
 Are you subject to recall in the SELRES? Yes No Unknown

\_\_\_\_\_ I am physically able to lift up to 35 pounds    Yes    No

Other skills and/or interest that may be valuable to the County during an emergency:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employee: By signing this form you are notifying the County that you have skills that may be needed before, during or after a disaster and you will perform these duties if needed. The form will be sent to the EEMA to determine your Critical Workforce Assignment.**

\_\_\_\_\_  
 Employee Signature and Date

\_\_\_\_\_  
 Supervisor Signature and Date

Employee, \_\_\_\_\_, will be assigned to the following  
 Critical Workforce Category:                      1                      2                      3

\_\_\_\_\_  
 EEMA Director





# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice Section 2.21	Title: Critical Workforce Personnel
---------------------------------------	-------------------------------------

### EMERGENCY WORK ASSIGNMENT SPECIAL CIRCUMSTANCE EXEMPTION FORM

1. Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

2. I request to be assigned to Disaster Employee Category 4 (Special Circumstance Exemption), and request to be exempted from work during a disaster. I recognize this is a request and circumstances surrounding my function may require my attendance and prevent the authorization of the request. I also recognize this request must be approved by my Supervisor and Department Director.

My special circumstance is (define in detail):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. In the event of a disaster and/or evacuation, I:  
 \_\_\_\_\_ Cannot work and:

\_\_\_\_\_ Request to take leave using my accumulated personal time until exhausted or required to return to work. If my personal accumulated time runs out while I am away, I understand my leave will then be unpaid until I return to work.

\_\_\_\_\_ Request to take UNPAID leave.

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature and Date

\_\_\_\_\_  
 Supervisor Signature and Date



EFFINGHAM COUNTY BOARD OF COMMISSIONERS  
Human Resources Standards of Practice

Standards of Practice Section 2.21	Title: Critical Workforce Personnel
---------------------------------------	-------------------------------------

---

Employee, \_\_\_\_\_, will be assigned to the following  
Critical Workforce Category: 1                      2                      3                      4

\_\_\_\_\_  
EEMA Director



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

### EMERGENCY WORK ASSIGNMENT VERIFICATION FORM

1. Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

PRINCIPAL PURPOSE: To identify and ensure that Effingham County Employees have made adequate arrangements during catastrophic events or emergency situations.

Procedure	Initials
I have been counseled and fully understand the Emergency Work Assignment Policy.	
I understand that I am responsible for developing an Emergency Plan for my family and pet care based on my Emergency Work Assignment.	
I understand that I am subject to a change in my emergency work assignment based on the needs of the County.	
Arrangements for the care of my family members and/or pets during my normal working hours as well as absences due to extended working hours or emergency situations is my responsibility. I understand that if these arrangements fail, the absence from my work assignment will be without compensation unless alternative arrangements are made with my department Director.	
I understand that I must revise or verify this plan at least yearly or in the event I transfer to another department.	
I confirm that I am required to maintain contact with my supervisor during emergency assignments.	
I confirm that I have completed the Emergency Work and Skills form.	
I confirm that I have completed the Employee Emergency Contact form.	
If I am asking for an exemption from a disaster assignment, I confirm I have completed a Special Circumstance Exemption Form. If I am not requesting this exemption, I do not need to complete this form.	

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Supervisor/Director Signature and Date



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice Section 2.21	Title: Critical Workforce Personnel
---------------------------------------	-------------------------------------

### EMPLOYEE EMERGENCY CONTACT FORM

1. Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

**PRINCIPAL PURPOSE:** To ensure that Effingham County has current and accurate emergency contact information for each employee during an emergency or disaster situation.

#### EMPLOYEE CONTACT INFORMATION:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

#### EMERGENCY POINT OF CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

#### OUT OF AREA ALTERNATE POINT OF CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



EFFINGHAM COUNTY BOARD OF COMMISSIONERS  
Human Resources Standards of Practice

Standards of Practice Section 2.21	Title: Critical Workforce Personnel
---------------------------------------	-------------------------------------

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Department Head Signature and Date



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

### FREQUENTLY ASKED QUESTIONS (FAQS)

**1. How do I know which employee group I am supposed to be in?** This information should be provided to you by your supervisor and should align with your department's emergency plan. If there is any conflict or disagreement over your assignment please consult your Department Director.

**2. I am a supervisor/Director. How do I know which employee category to put my employees in?**

a. Category 1 employees must return to work immediately to support the activation of the department's Continuity of Operations Plan (COOP). Positions assigned to this category must be listed in the department COOP.

b. Category 2 employees are those that already have a role during an emergency or disaster event. These roles are generally part of their day-to-day duties and support an Emergency Support Function (ESF). Assignment to Category 2 will depend on the departments normal function and ESF responsibilities, which should be outlined in each department's emergency plan. Some employees may also be assigned to this category based on the needs of the event. Many employees in this category will remain at work through the emergency (i.e. ride out" the storm). Examples include personnel assigned to the Emergency Operations Center (EOC), Damage Assessment, etc.

c. Category 3 employees will not be needed to carry out their normal function during or immediately after an emergency. Employees in Category 3 can be reassigned to alternative work locations as needed.

d. Category 4 employees have a special circumstance, such as family members who require medical care. Category 4 employees cannot report to work in the event of an emergency. These employees must request to be placed in Category 4 using the Special Circumstances Exempt Form. Assignment to Category 4 must be approved by the Department Director.



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

3. **I'm not sure if I should be in Employee Category 4. What constitutes a special circumstance?** Generally, if someone in your household has a disability or a special need and you will be required to care for them during an emergency, then you should request to be assigned to Employee Category 4. Other situations will be considered on a case by case basis.
4. **I am in Employee Category 4. Do I still need to fill out the form?** Yes.
5. **I used to have a Commercial Driver's License, EMT Certification, etc., but it expired. Should I still list this on the form?** No. For proficiencies that require current certification or licensure, please only enter those proficiencies for which you hold a current certification or license.
6. **I am an excellent carpenter, plumber, etc., but I do not hold a license or certification. Should I still enter this on the form?** Yes. For skills or trades that may require a current license or certification in order to conduct business for profit, you may still enter the information as long as you are willing and able to perform this work for the County during an emergency.
7. **I am a volunteer Firefighter, Red Cross Volunteer, etc. Where should I list this information on the form?** This information should be listed at the bottom of the form.
8. **Will I get paid for my emergency assistance?** Yes. You will be paid in accordance with County Human Resources Policy.
9. **Will I get any time off to take care of my home and my family?** The County Manager may approve compensatory leave or paid absences in accordance with County Human Resources Policy.
10. **If I do not check off any skills or interests do I still have to report to work?** Yes. The County will need all of its employees to respond to an emergency. Employees who do not show up for work will not be paid and may be subject to disciplinary action.
11. **What if I am (or a family member is) injured or my home is destroyed, will I still be expected to come to work?** The County realizes that some employees may have



# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

extenuating circumstances during an emergency. Taking care of our employees if the County's top priority. If you have special circumstances at home, prompt and frequent communication with your supervisor will be critical. Employees who have legitimate emergency and who make a reasonable effort to contact the County will not be subject to disciplinary action.

12. **How will I know if my employee group is recalled to work?** Employees should monitor their telephones and email and other devices for electronic communications that may be sent from the County. In addition, employees should monitor local television and radio, the National Oceanic and Atmospheric Administration (NOAA) weather radio, and any other available means of communication following an emergency.

13. **How can I get help on designing a family disaster plan?** EEMA is available to assist any employee with developing a family disaster plan.





# EFFINGHAM COUNTY BOARD OF COMMISSIONERS

## Human Resources Standards of Practice

Standards of Practice	
Section 2.21	Title: Critical Workforce Personnel

### CRITICAL WORKFORCE PERSONNEL FORM

#### PURPOSE:

Critical Workforce Personnel are defined as those employees that are expected to work immediately before, during and after a disaster or other emergency situation or event. This form will outline the responsibility of the employee under the authority of the Effingham County Board of Commissioners.

#### RESPONSIBILITIES:

In order to protect the County in the event of a disaster or other emergency event, it must have enough personnel and resources available to carry out this mission. The county has therefore dedicated specific personnel and resources to protect the County.

The County has designated you as a "Critical Workforce Employee". You are directed to report for work at your designated area as soon as possible after notification of an impending disaster or other emergency situation.

**I understand that the County may contact me on a short notice and require me to report for duty. I further understand that the County will make every effort to give me adequate lead time to make preparations for the safety and welfare of my dependents, but that the County cannot guarantee me any specific lead time. It is my responsibility to report to duty as soon as possible after notification.**

**I, \_\_\_\_\_, understand that I have been designated as a Critical Workforce Employee and understand my responsibilities as defined above.**

**SIGNED: \_\_\_\_\_**



EFFINGHAM COUNTY BOARD OF COMMISSIONERS  
Human Resources Standards of Practice

Standards of Practice Section 2.21	Title: Critical Workforce Personnel
---------------------------------------	-------------------------------------

---

DATE: \_\_\_\_\_