

**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC
PROTECTION
DIVISION OF EMERGENCY MANAGEMENT
&
HOMELAND SECURITY
STANDARD OPERATING PROCEDURES**
Formerly DEMHS SOP: 5.4
Second Rev. 08/2019, Third Rev. 11/2022, Fourth Rev. 6/2023

**APPROVAL OF ACTIVITIES OF MEMBERS OF
THE COMMUNITY EMERGENCY RESPONSE TEAMS (CERT)**

Background:

On July 20, 2006, the Office of the Attorney General for the State of Connecticut issued a legal opinion that confirms that volunteer members of the Community Emergency Response Teams (CERT) are covered under the State of Connecticut Workers' Compensation Program, when certain statutory conditions are met.

Under Title 28 of the Connecticut General Statutes, specifically §28-14, CERT members who are working under the direction of a designated local official and: (1) have been recruited by the Local Citizens Corps; (2) have satisfied the requirements of Conn. Gen. Stat. §28-12 (the loyalty oath provisions), and; (3) are not employees of the state, municipalities or political subdivisions of the state, are construed to be state employees, and are afforded the protection provided for under Connecticut General Statutes Chapter 568 [workers compensation law] and §5-142 [disability compensation and death benefits provision], while participating in approved training for or engaged in authorized civil preparedness duty. Under §28-1(5), "any member of the civil preparedness forces who is called upon either by civil preparedness personnel or state or municipal police personnel to assist in any emergency shall be deemed to be engaging in civil preparedness duty while assisting in such emergency or while engaged in training under the auspices of the Department of Emergency Services and Public Protections, the Divisions of Emergency Management and Homeland Security and the State Police within the Department of Emergency Services and Public Protection, or a municipal police department, for the purposes of eligibility for death, disability, and injury benefits as provided in Section 28-14." Thus, under §28-1(5), there are a number of different ways in which emergency activation or training activities may be authorized.

The following are Procedures established for the local emergency management community to follow when requesting DESPP/DEMHS approval of any emergency activation, pre-planned activation, or training to ensure that the CERT volunteer members' training and/or participation in an event or disaster are covered under the opinion issued by the Office of the Attorney General. For further information on DESPP/DEMHS approval of CERT activations, please see [DEMHS Advisory Bulletin 2009-1.](#)

Procedures for Local Emergency Management Director to Follow to Obtain DESPP/DEMHS CERT Activation Approval:

1. Emergency Activation Procedures

Whenever the local Emergency Management Director (EMD) or Deputy Emergency Management Director deems it necessary to activate the members of the CERT through DESPP/DEMHS in the case of an imminent or actual emergency, he/she shall:

- Request DEMHS approval through the Regional Coordinator by phone.
- The DEMHS Regional Coordinator will reply to the request by phone – signaling the request has been received.
- The Local EMD will submit the written CERT Activation Form, not more than 48 hours after the initial request was made to DEMHS Regional Coordinator via email.

To the extent possible, the activation request should take place through the local emergency management director.

The written request shall be submitted on the CERT Activation Form.

NOTE: After an activation, the local EMD must provide the DEMHS Regional Coordinator a roster of actual attendees via email.

By submitting the names of the Team members, the local EMD is certifying that these members have received appropriate training under the Local Citizens Corps organization, including any additional training necessary for the activation (e.g., ESF 11 Animal Response) and have been sworn in after completing initial basic training and every two years thereafter, under Conn. Gen. Stat. §28-12.

No Self-Dispatch/Deployment/ Free-lancing

CERT members who self-dispatch to an emergency scene without the approval of the local EMD or Local Civil Preparedness Personnel and DEMHS Regional Coordinator will not receive Title 28 protection through DESPP/DEMHS.

The local EMD or their designee shall maintain a log (See attached sample) of all emergency activation requests submitted to DEMHS. The local EMD shall also maintain a roster of current CERT members, including their names, contact information, and training received. Annually, by August 15, the local EMD will provide an updated copy of this roster to the DEMHS Regional Coordinator for his/her DEMHS region. Under §28-12, all CERT members must be sworn in every two years.

2. In the Event of Pre-planned Activation or Training Activities

Whenever the local Emergency Management Director (EMD) deems it necessary to activate the members of the CERT through DESPP/DEMHS for a planned activation or training, they will:

- Submit the CERT Activation Request Form to their respective Regional Coordinator **at least five business days before the date of the proposed training or**

- **activation.** CERT Activation Request Forms submitted after the date may not be approved by DEMHS.

REMEMBER, in accordance with Title 28, training may take place under the auspices of the Connecticut Department of Emergency Services and Public Protection (DESPP), including the DESPP Division of State Police or DESPP/DEMHS, or under the auspices of a municipal police department. Also, activities may not rise to the level of a DESPP/DEMHS activation (e.g., handing out brochures at a local fair or traveling to the annual state Citizen Corps or CERT conference. See DEMHS Advisory Bulletin No. 2009-1 for more details.)

NOTE: After an activation, the local EMD must provide a roster of actual attendees with their participation via email to the Regional Coordinator.

If the EMD wishes to submit one form for multiple trainings, specific information must be provided for each training activity.

By submitting the names of the Team members, the local EMD is certifying that these members have received appropriate training under the Local Citizens Corps organization, including any additional training necessary for the activation (e.g., ESF 11 Animal Response) and have been sworn in after completing initial basic training and every two years thereafter, under Conn. Gen. Stat. §28-12.

The local EMD shall maintain a log (see attached sample) of all training or pre-planned event requests submitted to DEMHS, for review by either the Office of Attorney General and or by DESPP/DEMHS.

The local EMD will maintain a roster of current CERT members, including their names, contact information, and training received. Annually, by August 15th, the local EMD will provide an updated copy of this roster to the DEMHS CERT Teams Coordinator. Under §28-12, all CERT members must be sworn in every two years.



Procedures for DESPP/DEMHS Staff to Follow in CERT Approval Process

1. DESPP/DEMHS Procedures for an Emergency CERT Activation

In an emergency situation, the DESPP/DEMHS Regional Coordinator shall:

- Review the request made by the local EMD; and provide emergency authorization or denial.
- Notify the DEMHS Leadership, via Situational Report email and/or phone, of the emergency activation request and the determination to approve or deny said request.
 - If the determination is to deny the request, the Regional Coordinator will provide a brief explanation to DEMHS Leadership.
- The DEMHS Regional Office will obtain the CERT Activation Request Form via e-mail within 48 hours of approval.

- Once received and signed by the DEMHS Regional Coordinator, the Regional Coordinator will forward the CERT Activation Request Form to the DEMHS CERT Team Coordinator who will forward to the State Emergency Management Director.
- Once signed by the State Emergency Management Director, the DEMHS CERT Teams Coordinator within the DEMHS Training Unit, will send a fully executed copy to the Regional Office, maintain the originals, and maintain a log of all emergency requests submitted to DESPP/DEMHS.
- DEMHS Regional Office will maintain a log (see attached sample) of all requests submitted to that office.

In the absence of the State Emergency Management Director, the request for approval may go to the Office of the DESPP/DEMHS Deputy Commissioner.

Via email **2. DESPP/DEMHS Procedures for a CERT Training or Pre-planned Activation**

- The DEMHS Regional Coordinator will receive and review all requests for CERT Activations.
- The DEMHS Regional Coordinator will forward the signed request, with a recommendation of approval or denial, to the DEMHS CERT Teams Coordinator (Or Designee). If the recommendation is to deny the request, the Regional Coordinator will provide an explanation.
- The DEMHS CERT Teams Coordinator reviews the request, provides a recommendation for approval or denial, and forwards the request to the State Emergency Management Director. If the recommendation is to deny the request, the DEMHS CERT Teams Coordinator will provide an explanation.
- The State Emergency Management Director-- or in his/her absence, the DEMHS Deputy Commissioner--shall approve or deny the request and return the paperwork to the DEMHS CERT Teams Coordinator.
- DEMHS CERT Teams Coordinator notifies the Regional Office and provides the Regional Office with a fully executed copy of the documentation.
- DEMHS CERT Teams Coordinator will maintain a digital log of all CERT trainings and pre-planned activations.
- DEMHS Regional Office shall provide the requesting local EMD with a copy of the completed documentation via email.
- The DEMHS Regional Office shall maintain a log (see attached sample) of all training and scheduled event requests submitted to that office.

Filing a Claim for Workers' Compensation:

In the event that a CERT volunteer member is injured in either a pre-approved activation, training, or emergency activation, the following procedures must be followed:

- The local EMD will immediately ensure that the CERT member is treated for any medical issue and take all reasonable efforts to prevent further injury to the CERT member or other members. If indicated, call 911.
- Once the immediate medical situation is stabilized, the local EMD will notify the DESPP/DEMHS Regional Coordinator of the details of the accident/ injury to the member(s) of the CERT.
- Within 2 hours of the incident, **the local EMD** will contact the third-party administrator for the State of Connecticut using the following injury reporting hot line: **1-800-828-2717**.
 - See attached DAS First Report of Injury (WC207)
- The DESPP/DEMHS Regional Coordinator will immediately notify the DEMHS State Emergency Management Director, the Operations Manager, and the CERT Teams Coordinator of the accident/ injury.

The DEMHS CERT Teams Coordinator will be the primary point of contact between the State of Connecticut and the local EMD in assuring that the proper paperwork relating to the accident/injury is completed.

**William H.
Turner**

Digitally signed by
William H. Turner
Date: 2023.09.22
11:10:28 -04'00'

9/22/23

William H. Turner III
State Emergency Management Director

DATE

Brenda M. Bergeron
Digitally signed by Brenda M.
Bergeron
Date: 2023.09.22 11:00:06 -04'00'

9/22/23

Brenda M. Bergeron
Deputy Commissioner
Division of Emergency Management and Homeland Security
Department of Emergency Services and Public Protection

DATE

TPA Reference No.		Agency use only Incident No.:		<h1 style="text-align: center;">DAS WC-207</h1> <h2 style="text-align: center;">First Report of Injury</h2>	
		Claim No.:			
<p>The Supervisor must complete this form with the injured worker and then forward it along with the balance of the claim forms to the Human Resources/Workers' Compensation Office within 24 hours. Rev 02/2017</p>					
1. Agency Location Code		2. Division/Region			
3. SSN		4. Employee Number	5. Name of Injured Worker (First) (Last) (MI)		
6. Home Address (City or Town) (State) (Zip)			7. Home Telephone	8. Date of Birth	9. Sex
10. Job Classification (Title)		11. Date of Hire		12. Date of Incident	13. Time of Incident
14. Time Employer Notified	15. Date Employer Notified	16. Time Injured Worker Began Work _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		17. Was Injury Fatal? <input type="checkbox"/> YES <input type="checkbox"/> NO	18. Date of Fatality
19. How Did the Injury Occur?					
20. Type of Injury			21. Body Part(s) Affected		
22. Did Injury Occur on Employer Premises? <input type="checkbox"/> YES <input type="checkbox"/> NO			23. Location Injury Occurred		
24. Injured Worker Seeking Medical Treatment If Yes Complete Questions 25-27 <input type="checkbox"/> YES <input type="checkbox"/> NO			25. Medical Care Provided By: (Physician Name and Address)		
26. Was Injured Worker Treated in an Emergency Room? <input type="checkbox"/> YES <input type="checkbox"/> NO			27. Was Injured Worker Hospitalized Overnight as an In-Patient? <input type="checkbox"/> YES <input type="checkbox"/> NO		
28. Were There Any Witnesses to the Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, give name, address, and phone)					
29. To What Supervisor Was Injury Reported? (Name) (Title)					
30. Supervisor Contact Info Please Print		Name:			
		Work Phone:			
		Best Time to Contact:			
31. Signature of Supervisor (or other Designated Authority)		PRINT NAME:		DATE:	
32. Date Injury Phoned In To 800-828-2717					

Supervisors Report All Injuries - Call 1-800-828-2717

Connecticut Department of Emergency Services and Public Protection
Division of Emergency Management and Homeland Security
Approval of Activation of Community Emergency Response Teams (CERT) Under Title 28

Activation for: **Emergency / Training / Pre-planned Event (Circle one)**

Requested By: _____ (Be sure to include first and last name, title, and town requesting)

Date of Emergency/Training/Event : _____

Starting Time of Emergency/Training/Event: _____ Ending Time of Emergency/Training/Event: _____

Location of Emergency/ Training/Event: (street address, town, state, zip code)

Reason for the Emergency/Training/Event:

Specific details of the proposed activities to be taken:

Signature of EMD: _____ Date _____ :

Signature of DESPP/DEMHS CERT Team Coordinator: _____ Date _____ :

Signature of Regional Coordinator _____ Date _____ :

Signature of DEMHS Deputy Commissioner/Director: _____ Date _____ :

RECOMMEND: YES NO (Circle One) If training or event.
If no, please explain: _____

RECOMMEND: YES NO (Circle One) Regional Coordinator
may approve emergency activation if authority has been delegated.
If no, please explain: _____

Approve **Disapprove**

