

Dragon, Karen E. (CDC/NIOSH/EID)

From: Funk, Renee (CDC/NIOSH/OD)
Sent: Tuesday, April 05, 2011 11:32 AM
To: NIOSH Docket Office (CDC)
Cc: 'Dario Gonzalez'
Subject: 223 - Emergency Responder Health Monitoring and Surveillance
Attachments: erhms draft doc review_dg.DOC

Please add this to the docket for #223.

Thanks!

Renee

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From: Dario Gonzalez [<mailto:gonzald1@fdny.nyc.gov>]
Sent: Friday, March 11, 2011 1:55 PM
To: Funk, Renee (CDC/NIOSH/OD)
Subject: ERHMS

Attaced is my review of the ERHMS document

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1. Page iii:
 - a. ...As a last resort, all individuals who unexpectedly participate in response activities that have a high probability of post-incident aftereffects should be afforded the same benefits as described above.
 - i. Does this include all spontaneous volunteers; self dispatched responders, local inhabitants, etc.?
2. Page iv:
 - a. ...designated disaster control zone and is required under 29 CFR 1910.120...
 - i. Does this mean that "all" responding personnel must meet all the components of 29 CFR 1910.120 prior to being allowed into the access into the disaster site?
3. Page v:
 - a. ...all incident personnel should receive an out-processing assessment as part of the demobilization process or as soon as possible after demobilization.
 - i. Shouldn't this be done as part of the Demob procedure (trying to capture data or responses is always difficult post event)?
 - b. ...The ICS safety officer should work in coordination with the medical unit leader to accomplish these tasks.
 - i. This s an excellent point and should be emphasized more!
4. Page 3:
 - a. ...recovery workers in order to perform the additional required functions of emergency credentialing and re-verification.
 - i. What do you mean by re-verification? Is this pre or post access or routine during an event; recommended time frame for this function?
5. Page 5:
 - a. **Pre-deployment Health Screening for Emergency Responders: Practical Summary**
 - i. Any recommendations on who should access to this data?
6. Page 6:
 - a. ...may make it *difficult* to wear and use appropriate personal protective gear.
 - i. Need stronger statement: ie. Does not allow for the continuous use of PPE during operational periods...
 - b. ...Emotionally traumatic events during an emergency response can serve as a "trigger" for severe emotional reactions among people who are vulnerable because of previous exposures or other predisposing factors.
 - i. The volunteer or professional provider may have multiple instances vs. the spontaneous volunteer that may have no exposure. Does this issue require more information and/or guidelines?
7. Page 7:
 - a. Identifying and Contact Information... • Age, date of birth, birthplace, sex
 - i. Why birthplace?
 - b. Unique identifier (e.g., Social Security Number or uniquely assigned number)
 - i. Would disagree with use of SS numbers
 - c. Determine if the worker could likely obtain enough prescription medications to last the expected duration of a deployment...
 - i. Recommend responder access to personal medications for at least a two (2) week supply

- ii. Special Needs:
 - 1. Add anaphylactic reaction requiring the use of Epinephrine or the Epi Pen
 - 2. If yes, then do you carry (in your possession) an Epi Pen?
- 8. Page 9:
 - a. 2.7 Recommended Immunizations for All Emergency Responders
 - i. Hepatitis B: should vs. shall
 - ii. Anthrax vaccine: How will this work in an acute event? May be offered but not required.
 - iii. Smallpox vaccine: Should be done pre-deployment. Issues with contagiousness with active vaccine reaction from inoculation site. Assessment for immunocompromised or other conditions that would exclude deployment and/or vaccination.
- 9. Page 13:
 - a. ...However, this information includes private and personally identifiable information that may be collected and reported in a variety of formats. In order to maintain privacy required by law
 - i. Add a method for sharing information as clinically or situational demands are established. Should not be constrained by conditions that are intended for "normal" daily operations.
- 10. Page 19:
 - a. Operation section:
 - i. Document and ensure PPE (especially respiratory) compliance.
- 11. Page 24:
 - a. ... If not completed before deployment, baseline fitness for duty examination should be conducted upon entry to field operations.
 - i. Disagree: baseline fitness for duty must be conducted prior to deployment to field operations.
- 12. Page 27:
 - a. The Health Insurance Portability and Accountability Act (HIPPA) may come into play in these investigations...
 - i. Compliance with HIPPA will be a function of the event, and need to disseminate and evaluate acutely evolving situations. The intent is what is important. This federal guideline has evolved into an obstacle that individuals fear to tread.
- 13. Page 28:
 - a. What Type of Worker-Related Data Should Be Obtained for Injury and Illness Surveillance?
 - i. "Race/ethnicity; Primary language": Why?
- 14. Page 35
 - a. ...First, PPE recommendations must be determined.
 - i. There should be a site standardized PPE Requirement, for all responding agencies.
- 15. Page 54:
 - a. 10.8 Implementation of the Post-Event Monitoring and Surveillance Protocol
 - i. Need for a centralized repository per event not individually separate and isolated information sources.

16. Page 57:

- a. Functions for After Action Report in Regard to ERHMS:
 - i. Not only to assess what was wrong but to identify safe and good practices.
To be able to identify standards to be continued and copied.

17. Page 58:

- a. **Enhanced Pre-deployment Evaluation (to be completed by the Emergency Responder)**
 - i. H/O Seizure Disorder
 - ii. H/O Low Back Pain (if yes: how debilitating?)

18. CDC Responder Readiness Medical Clearance

- a. Why use SS number?