

March 15, 2011

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Via e-mail

**RE: Emergency Responder Health Monitoring and Surveillance. Draft 1.2.
February 1, 2011**

Dear Dr. Halpin,

On behalf of the are pleased to have the opportunity to review and comment on the draft document entitled "Emergency Responder Health Monitoring and Surveillance." In general, the document provides a comprehensive review of various issues that should be considered in the health monitoring of emergency responders. There are a number of issues which the authors may wish to address in the final document. We have outlined our comments and questions below.

Intended audience

It is somewhat unclear for whom this document was prepared. Is it for occupational medicine providers, public health agencies, emergency response organizations, industrial hygienists, or anyone who has any type of involvement in an emergency response operation? A more brief explanation of the purpose of the document and its intended target audience at the front may be helpful in focusing the content.

NIOSH Response: The audience and purpose are outlined in the forward and introduction. It is intended to have a wide audience including all of the groups you identified.

Document length

The document is nearly 200 pages in length with much of the text being of the single-spaced two column variety. Due to the extreme length of the document, it is unlikely it will be seriously considered by medical providers providing surveillance exams, if that is one of the targeted audiences. Although full documentation of the rationale for the proposed recommendations is clearly necessary, perhaps a briefer executive summary covering the main points could be provided with links and references to supporting information. Overall, the focus on health monitoring and screening seems lost at times.

NIOSH Response: We intend to produce this as an electronic document which should help the navigability between sections.

Frequency of screening

Consider addressing the questions of how frequently an emergency responder should be examined. The document states that information should be "updated on a regular basis, typically annually." In our experience for HAZWOPER emergency responders, there is some question as to whether an

annual exam is necessary. The regulations are somewhat unclear and indicate that an exam every two years may be appropriate depending on the examining physician's determination. Conversely, long-term emergency responses (i.e. months) may present responders with unusual physical and emotional stresses that warrant more frequent screening.

NIOSH response: Hard to be more prescriptive when attempting to cover a wide variety occupations and types of events.

Other screening programs

As an introduction, it may be helpful to discuss medical surveillance required under HAZWOPER for comparison. It may be helpful to list in the "Tools" section the various substances for which OSHA surveillance is required (asbestos, benzene, etc.) with links to specific protocols.

NIOSH response: An appendix about HAZWOPER will be added.

Pre-deployment

Emotional fitness

Although the document avoids the issue of what the actual standards or content of the pre-deployment exam should be, the suggestion is made that a screening exam must establish whether the responder has the physical and *emotional* fitness to perform the essential functions of his or her job. Physical capabilities can be readily assessed during an exam. However, it is unclear how an examiner can confidently determine whether an individual has the necessary emotional fitness for their duties, particularly from the recommended focused and brief "just-in-time" screening just prior to deployment. Additional information should be provided regarding the assessment of emotional fitness.

The document accurately states that the usefulness of various instruments to assess one's vulnerability to traumatic events has not been validated [p 6]. While such screening may be interesting for research purposes, it does not appear to have the necessary scientific support for large-scale screening. Medical providers tasked with determining fitness for duty on the basis of potential "emotional vulnerability" or "emotional health" would have essentially nothing to support a decision that someone should be denied work in such an environment if they are otherwise physically able.

NIOSH response: Our intention is to document emotional health status more so than to use it as a criteria for deployability. Intend to make clearer the separation between fitness for duty and deployability.

There appears to be an inordinate focus in the pre-deployment section on assessing psychiatric health. Also, the recommendation that emergency responders complete various emotional health screening tools seems cumbersome in a true emergency event in which a large number of responders may be needed, particularly when the validity of such screening is unclear.

NIOSH response: These screenings are intended to be done pre-deployment so time should not be as much of an issue.

Respiratory health

Many emergency response events will involve potential inhalation exposures. Screening of respiratory health should be a focus in certifying emergency responders. In particular, such responders should be required to complete a respirator questionnaire and have respirator fit testing. These components of pre-deployment screening generally were not addressed. Consideration should be given to describing the OSHA-required questionnaire and include a copy as part of the background supporting information.

NIOSH response: Will add the OSHA respiratory questionnaire to the Tools for this section.

Strong consideration also should be given to providing baseline pulmonary function studies to establish respiratory function prior to deployment so that it may be compared at later times if needed. While a pulmonary function test is not a required component of the OSHA respirator questionnaire, such testing can be an invaluable resource for determining pre-event respiratory status. The use of pulmonary function testing in health screening was not addressed in any detail.

NIOSH response: Will review this section to see if it can be expanded.

Confidentiality

The document recommends the collection of a significant amount of medical data which should be considered confidential. This includes psychological history, alcohol use, tobacco use, history of injuries, chronic medical condition, medication use, and psychiatric history. Consider clarifying that such data is to be collected by the occupational health provider and is to remain confidential. The provider will only provide information to the responding group as to whether a responder is fit for duty and any potential work restrictions that might be required. Specific information regarding medical history, diagnoses, medications, or other confidential information should not be disclosed. This would be one of the most important "principles" in basic medical screening as outlined in Section 2.1. Also note that it should not be the occupational health provider's role to determine if a responder has appropriate "education, training, and experience" to deploy. Section 2.5 lists the health screening outcomes but does not address the confidential nature of the collected information. The issue of medical record confidentiality could also be addressed in Chapter 4 – Data Management and Information Security.

NIOSH response: Will review to see if we can provide clarity on this issue.

Large-scale pre-deployment screening

In some cases, a large number of emergency responders may be needed on short-notice. In such cases, occupational health providers may not be readily available to provide the comprehensive screening that is recommended. The authors may wish to comment on this aspect and methods of addressing this possibility. Again, such screening may entail the collection of confidential medical information which should be treated appropriately.

NIOSH response: We acknowledge this point. We can point out this difficulty and reemphasize that this should be done before the event as much as possible.

Immunization guidance

Several recommendations are provided regarding immunizations. The document should be careful to distinguish between items which are specific for an emergency responder versus those which are part of a general health maintenance program. For example, seasonal influenza vaccine technically is not

indicated for emergency medical responders. Other vaccines such as pneumococcal, MMR, etc. also are not required for emergency medical responders. The document should be clear as to which, if any, vaccines should be required for an emergency responder based on their potential work-related duties.

NIOSH response: Review this section for clarity about emergency responder specific ones vs. general health ones.

Data Management and Information Security

As discussed above, the collection of personal health information for screening and surveillance would likely be done by an occupational health provider. Such information would be maintained in the provider's clinic and should not be available to any other individuals. It may be helpful to discuss the requirements for collection of health data for emergency responders and the duration for which such records should be kept (i.e., 30 years in some cases).

NIOSH response: Will review this section regarding this issue.

Health Monitoring and Surveillance During Response Operations

The on-going collection of health monitoring and surveillance information during a response can be a valuable tool for assessing risks. As noted in the document, personal medical information needs to be maintained consistent with HIPAA guidelines. Consideration should be given to describing in more detail the individuals who will have access to personal medical information and the qualifications they should possess, particularly if these are non-health care providers.

An additional data source for surveillance data may be individual health care providers in the community.

NIOSH response: Will review this section regarding HIPAA. Individual healthcare providers in the community usually provide their data to the state health department so the ERHMS system could collaborate with the state health department to get access to that data. Will add something to the document regarding this concept.

Integration of Exposure Assessment, Responder Activity Documentation, and Controls in ERHMS

In Section 7, consider emphasizing that consent forms for collection of medical monitoring data will not report individual results publicly although, group data without identifiers may be reported.

NIOSH response: This is mentioned in the medical monitoring section.

Post-Event Tracking of Emergency Responder Health and Function

There is minimal information in the document on guidelines for determining if post-event medical monitoring is indicated or will be worthwhile. Consider adding background information as to the criteria typically considered necessary for instituting a medical monitoring program. For example, ATSDR has identified factors which should be satisfied before instituting medical monitoring for environmental exposures (see ATSDR's Final Criteria for Determining the Appropriateness of a Medical Monitoring Program Under CERCLA. Federal Register. July 28, 1995;60(145):38840.

NIOSH response: Will review the ATSDR document and either add it as a reference or as a tool as appropriate.

Although Section 10 notes that the toxicity of identified hazards and sampling data should be reviewed, the focus appears to be primarily on the collection of health data. In terms of conditions possibly being linked to environmental chemical exposures, it is crucial to have a clear understanding of the dose-response relationships for the chemical(s) under question and the relevance of such data to individual responders. Again, consideration should be given to placing additional emphasis on this information and its use in determining whether such data is consistent with performing long-term medical monitoring.

NIOSH response: This concept is already included in this section. Pg. 47 l.a.

Consider adding additional information regarding eligibility criteria for inclusion into a medical monitoring program. These criteria might include restriction only to full-time workers, individuals who worked in certain areas, or individuals who were potentially exposed to certain substances. The criteria for inclusion into a medical monitoring program should be clearly stated prior to implementing such a program.

NIOSH response: Will review this section to see if we could clarify this issue.

Consider adding additional information regarding determining whether any identified conditions in post-event surveillance tracking are actually related to the event itself or other factors. Any type of medical surveillance program, regardless of the underlying exposures, will identify a multitude of health conditions, most of which will be unrelated. The document should address the dilemma of determining whether various conditions are potentially exposure related or normal background variance. Case definitions of possible event-related conditions should be determined prior to launching extensive post event surveillance. The collection of large amounts of health data should not obscure the purpose of the medical surveillance which should be to identify conditions possibly related to the event.

NIOSH response: Will review this section for clarity on this issue.

Consider addressing the fact that political pressures and special interest groups may significantly influence the decision to perform medical monitoring/surveillance and/or exam content. Decisions to perform extensive medical monitoring studies should be based on sound science as much as possible.

NIOSH response: Will review this section for clarity on this issue.

Consider adding information regarding the logistics of performing post-event medical monitoring, who would typically perform such monitoring, potential costs, and methods for funding such programs.

NIOSH response: Will add some clarity on this issue. NRT may also have a viewpoint on these issues.

Summary

Again, we appreciate the opportunity to provide comments on the draft document and hope they have been helpful. We would welcome the opportunity to review subsequent drafts.

Comments: **NIOSH Document**

I am not commenting on the administrative issues, just the medical. Much of this document deals with administrative, epidemiological, IH and data gathering issues. This is not my area of expertise, but there are many members who can address these parts of the document.

PAGE #	COMMENT
5	<p>The document states that "this section is not intended to establish fitness for duty standards" and that fitness should be based on prior fitness evaluations, but then goes on in the next paragraph to state that " a screening exam must at a minimum establish whether the responder has the physical and emotional fitness to perform the essential functions of his or her job". It is further correctly stated that many persons responding, especially volunteers, will not have a baseline or any fitness exams. These two concepts are contradictory. I believe that many responders will be going into a situation that this much more physically and emotionally stressful than the job that they are cleared and trained for, and thus, they must be evaluated at the time of deployment for fitness to perform the emergency response job that they are being called on to do. Also, in multiple other chapters in the document, there is reference to the importance of doing fitness for duty evaluations at baseline before deployment.</p> <p><u>NIOSH Response: The concept of fitness for duty has legal implications that the ERHMS document is trying to avoid. The intent of the pre-event screening process in ERHMS is to gather the appropriate information necessary to determine if the responder is suitable for deployments on emergency response, but it is left to the individual organizations to make their own determinations as to what specific findings constitutes being "fit for duty".</u></p>
6 to 9	<p>This gives no guidance about the fitness concerns for various medical conditions. Guides and standards have been developed that address these concerns, and the most relevant one would be NFPA 1582. This should be referenced at this point in the document (as 1584 is referenced on page 23), so that users of the document will have a source to help them make fitness for duty decisions.</p> <p><u>NIOSH Response: We will add 1582 as a reference.</u></p>
66-72	<p>The forms for "Pre-deployment Health Screening" are not consistent with the recommendations on page 73: "Comprehensive medical screening should include a complete medical history and review of systems, a physical examination, and, in some instances, laboratory testing, as indicated by clinical judgment and good occupational medical practice." The forms that are presented are neither comprehensive nor complete. The CDC form beginning on page 75 is a much better/comprehensive form. I do not understand why there are so many different forms in the document. Some of them are poor examples for comprehensive occupational evaluation and should not even be mentioned or referenced. I believe that every medical provider is able to perform a comprehensive evaluation, and each office/department/agency has existing forms that they use. I would suggest that the document should suggest that they use</p>

their own forms for the evaluation. For those that do not, I would suggest that one form that is easily available to the public (e.g. on the Web) be recommended. Perhaps the document could suggest a simple reporting form for the final fitness for duty assessment.

NIOSH Response: In order to accommodate the various needs of the wide range of responder groups that are targeted by ERHMS, we have provided three levels of screening exam; a basic level, an enhanced level, and a comprehensive level. The feeling here is that some responders do not require as in-depth of a screening evaluation as others, and that some response organizations simply do not have the means to provide anything further than a basic screening, and thus we provided them that option, along with a suggested basic form to utilize.

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Dear John:

Thank you for giving the opportunity to provide peer review for the EHRMS Draft Document. The draft document was distributed to members of External Affairs Committee for review and comment.

The following summarizes our findings to the questions that were given in the charge to reviewers:

1. *Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?*

The recommendations that were given were clear and easy to read. They provided the reader with considerable background and contextual information so that there would be no confusion over what was being asked of the responder. The division into pre-deployment, deployment and post-deployment activities establishes an easy-to-follow roadmap.

2. *Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?*

The recommendations will likely improve and protect responders' health and safety precisely because its contents were spelled out in a very clear and logical format. They seem to meld very well with the ICS structure that is already in place within the country and they use terminology that everyone will understand.

3. *Is the guidance organized in a logical and useful manner? Would companion documents, such as an electronic version or training materials, be helpful?*

An electronic version is definitely necessary. The materials are very detailed and arranged in logical sequences. However, there is an enormous amount of material to digest. The document is a good and thorough one, but runs the risk of overwhelming the very folk that would benefit from it because of its length. By providing an electronic format where the responder can pick and choose sections, the document becomes more accessible.

Thank you for these comments. We do plan to create an electronic version of this document, which we feel will make the document more accessible despite its length, which is more of a problem in this paper format.

4. *Are the recommendations practical and implementable? Are the recommendations sufficiently flexible to allow scalability for different sizes of events and different sizes of response organizations?*

There will always be situations within emergency situations that are not going to be textbook cases, but these recommendations go to great lengths in order to accommodate the differing needs and budgets of various organizations.

5. *Is there anything missing that should be added to make this document complete? Such as checklists, surveys, and templates in the Tools Section.*

At this moment, there is nothing we can add. However, we would like to be aware of any updates that occur once this document is finally approved. If you have additional needs for peer approval or other services from PRIMA, please let us know so that we can accommodate.

Once again, thank you for giving the opportunity to participate in this exercise. The best of luck to you with the remainder of the process.

Thanks very much for your review.

Sincerely,

Memorandum

To: CDC NIOSH

From:

Date: 3/13/2011

Re: Emergency Responder Health Monitoring and Surveillance Review

Overarching questions:

Is the guidance organized in a logical and useful manner? Would companion documents, such as an electronic version or training materials, be helpful?

The document is well organized and should be expanded to include an electronic version. The development of a training curriculum and materials would be most useful to the community.

NIOSH Response: An electronic version is planned, as well as a training curriculum.

Are the recommendations practical and implementable? Are the recommendations sufficiently flexible to allow scalability for different sizes of events and different sizes of response organizations?

The recommendations are frequently based upon the best case scenario of fiscal and jurisdictional support. It is unfortunately "pie in the sky." Most communities will have little capability or capacity to develop the principals outlined here and as such it is unlikely that we will see any of the principles become common place in the near future. Inherently there will always be a struggle between the employee and the employer over culpability and long term responsibility. It is unlikely that the Federal system is willing to pick up the tab on this and states certainly can't afford it. The development of the robust data systems is tied up with funding issues and local have limited monies currently to expand their responder data systems. Most do not use electronic systems for tracking employee information or health because of the privacy fears. So an active database that articulates a responder's expertise, health capacity, time on ground and performance is unfortunately likely to be viewed as a tool to exclude as opposed to include and follow-up.

NIOSH Response: We agree that there will be significant hurdles to face in implementing this program, including financial hurdles. We feel that the ERHMS system is a goal to strive for, and recognize that different responder groups will have varying abilities to implement the full range of tenets within ERHMS. It is our hope that improvements will occur gradually over time, so that eventually most responder groups will have these capabilities.

Is there anything missing that should be added to make this document complete? Such as checklists, surveys, and templates in the Tools Section.

Although the forward attempts to articulate the policy issues inherent in the document, I would suggest a separate policy piece that attempts to tease out the incredibly difficult issues, policies, and practices that are implicit in the operationalization of this document.

NIOSH Response: NRT is probably the most appropriate group to create a policy piece on these issues, which will occur after the document has been fully vetted.

Sectional Review

1.1 Pre-deployment-Registration

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes. The section is clear about what is needed. It is less clear about the issues of interoperability across the emergency response discipline. This document needs to articulate those needs. Everyone who has a need to access should be able to access the newly designed and implemented registration system, otherwise it isn't very useful.

NIOSH Response: While a national level registry of responders was considered, it was felt that this would be very difficult to do and would face numerous implementation issues. We believe that the system as proposed should be primarily implemented by each employer for their employees and would be useful as separate systems. In a large event, this information may be centralized through the ICS structure and is therefore why we have outlined common variables for each function so that they can be interoperable. But we agree that this document is not very prescriptive in this regard. In the future, we would like to develop a model database that incorporates all of these principles and would facilitate standardization and interoperability.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes, but only if basic health information is required as a condition of participating in the registry, otherwise we don't know if the emergency responder is "able" to respond.

NIOSH Response: NIOSH expects that all responders will be accounted for in pre-deployment registration. The registration itself should not contain medical information itself, but only note whether medical evaluation has successfully taken place and their deployment status. Medical records should be kept by a medical facility, and include information from the medical screening process.

1.2 Pre-deployment-Emergency Credentialing

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

No, this leaves section has a very nebulous feel which seems to neither provide any significant guidance or does it articulate a real process. It does articulate a legal issue without the benefit of a solution. This section should insure that the reader understands the need to cooperative from a local, state and Federal level in order to insure that those registered are appropriately credentialed.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

No.....needs significant improvement to address the underlying issue of who is qualified to operate in an area and are they "credentialed".

NIOSH Response: Credentialing is primarily the responsibility of the employers, and subsequent to that determining how best to use their credentialed workers in the field. The point of ERHMS is to document what credentials the workers have. We will clarify that credentialing is the responsibility of the employer. How this data is shared between various levels of government is outside the scope of this document. It may be something that the NRT can better address regarding implementation.

1.3 Pre-deployment-Re-verification

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes, this process, which if implemented, would provide for improved verification process during an emergency response.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes, if the information made available in the process insured that the emergency responder is capable and credentialed to operate at the scene.

1.4 Pre-deployment- Emergency Badging

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes and no. This section needs to include guidance on the ability to manage the responder's time on scene and exposure process. If that is not tracked by the emergency badging system it leaves out a major safety and health issue.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes. Just needs to have the ability to track time.

NIOSH Response: Responder time on scene and exposure data is covered in a different section of ERHMS (Section 7), but we agree that time on scene data could potentially be captured via the badging system. We would consider this as an option for capturing such data.

2.1 Basic Medical and Physical Fitness Screening Principles

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes, but they lack delineation of the element of time. How long should a responder be capable of "responding"? Determination of job functional capability and capacity must be accomplished. A surgeon who is only required to operate can probably function fine even if he is missing a leg. Although using him to work a SAR site would be dangerous.

NIOSH Response: The medical screening section is intended for determination of deployability status, and documentation of fitness for duty, but NOT intended to set the actual standards which determine fitness for duty. This is left to the individual responder organization to determine what criteria must be met to be considered fit for duty.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

They most certainly will improve the safety of the responders. They may also reduce the available number of responders as many systems currently don't have a regular medical and psychological screening tool that is applied on a regular basis.

2.2 Pre-deployment –Basic Emotional Health Screening Principles

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

They are clear, but they don't provide any hard guidance that an individual organization can "hang their hat on." This is a relatively new area in emergency response and we need to develop some clear guidance based upon science and history of behavior.

NIOSH Response: In this section, ERHMS suggest the types of mental and behavioral health issues that should be considered and documented, and provides a set of suggested tools to use in helping to document this status. Deployability status from a mental and behavioral health status is a difficult concept to determine, and the ERHMS system does not attempt to set its own parameters for deployability on this issue, but rather document their emotional health status before deployment.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Maybe, but it is likely to be a long time till we have real implementation. We need to address the day-to-day operational issues that pertain to the emergency responder's mental health before we worry about the rare disaster deployment. We have far too many folks who have entered the emergency response domain only to find out that they have underlying issues that prevent them processing the basic mental health issues inherent in the discipline.

NIOSH Response: Unclear what these day to day issues are, but would welcome more detailed feedback so that we can try to address this issue.

2.3 Pre-deployment –Key Components of a Baseline Health Screening Exam

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes this seems to be comprehensive.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes, if we can put in a database that actually provides a real-time capability for the managers of the incident.

2.4 Pre-deployment –Additional Screening Information Needs

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

No. They appear to lack any real suggestion of what is required when. To say that periodical testing of those who may be involved in hazardous material's events prior to their additional exposure is not warranted side steps the many legal issues that locals and states have currently.

NIOSH Response: The ERHMS system only purports to suggest what screening information should be obtained, but does not, and can not delineate what MUST be obtained. ERHMS was never meant to be that prescriptive in its recommendations.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Certainly they will improve the management of those who have exposures. It is questionable whether it does anything to prevent exposure issues at an event. The comment that the real value is retrospective is accurate. We will be able to tell if the PPE was effective.

NIOSH Response: Medical screening is not designed to prevent exposures, but to make sure that a person is medically suitable for deployment.

2.4 Pre-deployment –Health Screening Outcomes

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes, but they leave out the real guidance that many in the emergency service sector need. We must articulate a medically based decision process regarding levels of “duty fitness”.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders’ safety and health?

Yes, if you can them implemented.

NIOSH Response: The ERHMS system lists these categories as suggested levels for deployability, but intentionally does not set the criteria by which these levels of deployability are designated. This is the purview of the individual responder organization.

2.6 Pre-deployment –Immunization Guidance

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes, but they leave out the issue of a “emergency responder immunization registry” that insures we are tracking those vaccinated with novel vaccinations.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders’ safety and health?

Yes.

2.7 Pre-deployment –Recommended Immunizations for All Emergency Responders

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders’ safety and health?

Yes.

2.8 Pre-deployment –Immunizations to Strongly Consider for Certain Responder Groups or Types

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders’ safety and health?

Yes.

2.9 Pre-deployment –Immunizations Linked to Identified Biological Threats

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes, but they leave open the issue of vaccinating when prophylaxis treatment is probably safer and more efficient than the vaccine. This needs to be corrected. NIOSH Response: Our guidance follows the ACIP recommendations.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders’ safety and health?

Yes.

3.0 Pre-deployment –ERHMS Training Data

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes. They speak to the “just-in-time” need for training, but they leave the “connectivity” out of the discussion. How and who will make sure that the AHJ receives the emergency responders records? How can we insure that those jurisdictions responding actually have those records in a form that can be transmitted?

NIOSH Response: ERHMS says any of these sections can be documented either electronically or on paper.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders’ safety and health?

Yes, the concept of providing a review process post event to determine if the SST was correct and valuable makes sense. Still lacks clarity on the performance side.

4.1 Pre-deployment -Implementation

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders’ safety and health?

Yes, although the immediate value of IS may not be evident to the emergency response community.

4.2 Pre-deployment –Components of Information Security

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes. These are all important and need to be evident and implemented at a local, state and Federal level.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders’ safety and health?

Yes.

4.3 Pre-deployment –Protecting Personally Identifiable Information

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders’ safety and health?

Yes.

4.4 Pre-deployment –Communicating with Interoperable IT Systems

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes they are justified, but the statements are nebulous. They do not clearly articulate a plan for interoperability. They do not mention NIEM (National Information Exchange Model) which if implemented by emergency response organizations will alleviate the issues.

NIOSH Response: This will be considered during the implementation phase.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes if we can get everyone to share and participate.

5.1 Deployment –Onsite Responder Roster

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes. This section is well formed and articulated and provides very good guidance.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Certainly.

5.2 Deployment –Site Specific Training (SST)

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes, but it would have useful to expand the operationalization of this section as this is where the “rubber meets the road.” Including educational process for smart phones, PSAs, and other SSTs is important.

NIOSH Response: ERHMS cannot fully describe how to conduct training. This information is available in other resources. It is outside the scope of this document.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

5.3 Deployment –PPE Dispensing and Documentation

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes, although very brief it addresses the issue.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

6.1 Deployment –Health Monitoring

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

No....this leaves much to be discussed. The document provides only cursory discussion of the average responder who is neither in a data system or a professional. We must address mechanisms for insuring that the ongoing health of the responder is being tracked by the incident system. Too many of the responders are willing to continue to work without stating that they have an issue. We saw this on 9-11 where many worked the pile for too long without the benefit of PPE or evaluation. Mechanisms must be in place to insure the ongoing monitoring process.

NIOSH Response: Will review draft to ensure that responders who are “spontaneous volunteers” are included and accounted for by the ERHMS system.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

6.2 Deployment –Who Needs to be Monitored during an Incident

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

6.3 Deployment –Timing of Injury and Illness Monitoring Activities

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

6.4 Deployment –Medical Removal of Incident Personnel Using Injury and Illness Monitoring Information

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

This discussion is too brief and leads the reader wondering what the right process is. In most ICS it is the assertion of the Safety Officer after either his or her observations or medical experts delineating to the Safety Officer their concerns. That is the current standard and I don't think this adheres to it.

NIOSH Response: Will review this section to be sure that it sufficiently describes this process and who should be responsible for conducting this function.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

6.5 Deployment –Injury and Illness Surveillance

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Seems redundant to previous discussions and guidance.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

6.6 Deployment –Those to Be Included in Health and Injury Surveillance During an Event

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

I think this is a limited discussion on a very complicated issue. Does this mean we don't follow CERT members since they will be gone by the time this elaborate system is in place? I would suggest the standard should be as low as possible for following anyone who was in the area.

NIOSH Response: All members of a response are meant to be under some form of surveillance under the ERHMS system, with various sources of data allowing for such surveillance to occur, which will vary from event to event. Will review this section to be sure that it adequately covers this issue.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

6.7 Deployment –What Are Potential Sources for Surveillance Data?

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

This is a valuable discussion for the average incidents. Since about 99% are small this should help locals.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes, probably more than anything else.

6.8 Deployment –How to Acquire Surveillance Data

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

6.9 Deployment –What Type of Worker-Related Data Should be Obtained for Injury and Illness Surveillance?

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

6.10 Deployment –What to Do with Data after They Are Collected?

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

7.1 Deployment –Sampling Strategy Considerations

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

7.2 Deployment –Integration into ERHMS- Types of Exposure Assessment Determinations

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Needs to be expanded to include the discussion with the EMS provider on the incident since they are frequently the ones taking care of everyone else. NIOSH Response: Will consider the role of the EMS provider and how this can be integrated into this section.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

7.3 Deployment –Acceptability of Exposures

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

7.4 Deployment –Unacceptable Exposures

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

7.5 Deployment –Uncertain Exposures

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

This is an extraordinarily complicated issue that dominates large scale incidents. It would be advisable to have an appendix on a process for handling these events. NIOSH Response: Will add something about the precautionary principle to this section.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

7.6 Deployment –Documenting Responder Activities

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

7.7 Deployment –Measures to Control Exposure, Including PPE

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

8.1 Deployment –Communication to “Workers”

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Mostly, but it does not articulate who else beside the worker is being told.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

8.2 Deployment –Intra-agency/Organizational Communication

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

8.3 Deployment –Inter-Agency Communication

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

8.4 Deployment –Public/Media Communication

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Mostly, but it does not recognize that during large incidents the issues of responder exposures will be asked to the responders. Controlling what they say is difficult at best, but must be recognized. Having a dedicated health and safety officer for media is clearly needed for these events. NIOSH Response: Will consider articulating this issue in the text of this section.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Probably not, but it will insure that their families have better information about the responder and that should make them feel better.

8.5 Deployment –Communications Within the Incident Command System

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Pretty limited in the discussion and guidance about one of the most fundamental processes of ICS. Should be expanded and an appendix should provide supporting process.

NIOSH Response: This section is meant to be an introduction an overview of the ICS structure and process, as opposed to an in-depth discussion. May consider adding further references where a more in-depth discussion could be obtained.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

9.1 Post-deployment –Suggested Information to Gather During Out-processing Assessment

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Mostly, but the estimated time of contact or exposure is not listed. How patient contacts or rescues or whatever? NIOSH Response: Will include these items in this section.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

10.1 Post-deployment –Medical Screening Exams

In general this section is one of the most important. I find it to be well down and provides a clear vision of the post event follow-up required to manage a response workforce.

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

10.2 Post-deployment –Potential Triggers for Post-event Tracking of Responder Health

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

This section infers that only if “triggers” are present should we track responders post an event. I fundamentally disagree and would suggest that we need to re-work this section to articulate that all workers should be tracked for a short period of time. This will provide opportunities for research and will reduce the occurrences of PTSD.

NIOSH Response: Everyone will get the outprocessing assessment, which is short-term tracking essentially. These are meant as potential triggers for post-event surveillance. It is not the position of the ERHMS system that post-event tracking is always and automatically necessary. It is our position that there is a decision process which must be worked through to facilitate deciding when it is and when it is not necessary.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

10.3 Post-deployment –Program Considerations

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Self limited, but gets the point across.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

10.4 Post-deployment –Who to Include in the Post-event Monitoring or Surveillance Program?

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Not sure if you answered the question posed.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

10.5 Post-deployment –Constructing a Medical Monitoring Surveillance Protocol

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information? Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

10.6 Post-deployment –Content of the Post-event Monitoring and Surveillance Protocol

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

10.7 Post-deployment –Case Finding and Competent Triage and Referral

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

10.8 Post-deployment –Implementation of the Post-event Monitoring and Surveillance Protocol

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Yes.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

10.9 Post-deployment –Duration of Health Tracking

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

Mostly, but it would be helpful to provide some guidance based upon previous issues such as the WTC workforce. NIOSH Response: Will consider adding examples to help illustrate this section.

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.

11.1 Post-deployment –Lessons learned and After-action Assessments.

Are the recommendations described in the draft document clearly described and justified with sufficient context and background information?

This section is well done and using the hypothetical examples works well

Will the recommendations, if implemented as presented in the draft, likely protect and/or improve responders' safety and health?

Yes.