ERHMS

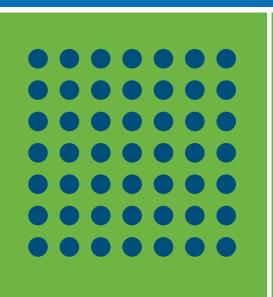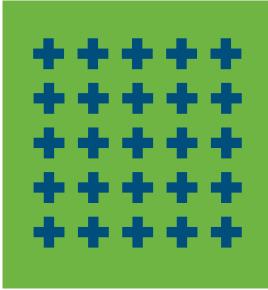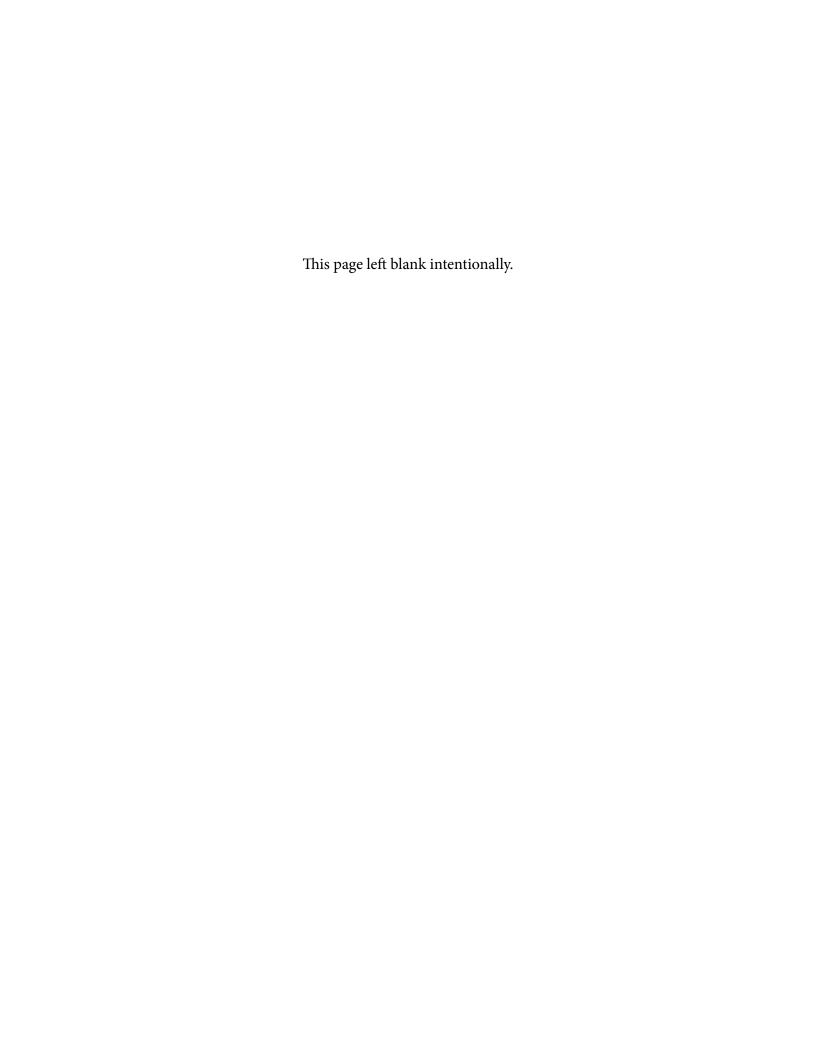**Emergency Responder Health Monitoring and Surveillance System**

NIOSH Emergency Responder Health Monitoring and Surveillance Primer

U.S. Centers for Disease Control and Prevention
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NIOSH Emergency Responder
Health Monitoring and Surveillance Primer

Bruce Bernard, Jill M. Shugart, Luisa Sarmiento, Steven C. Williams, and Chad H. Dowell

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Suggested Citation

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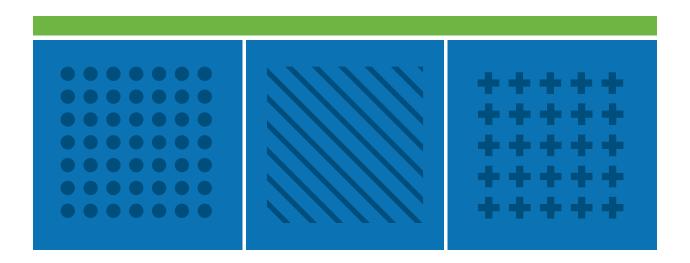
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Contents

NIOSH Emergency Responder Health Monitoring and Surveillance Primer

Purpose: The Emergency Responder Health Monitoring and Surveillance (ERHMS) framework is set up for organizations to complete the necessary steps to ensure that all response and recovery workers deployed to all types of emergencies are medically cleared, credentialed, trained, and appropriately equipped to maintain their safety. The ERHMS framework assists in ensuring response and recovery workers' health, equipment, tasks, and work environment are adequately monitored and surveyed throughout the deployment. The ERHMS framework offers the methods to follow up with response and recovery workers so they can benefit from or participate in both required monitoring (such as OSHA-mandated monitoring) and voluntary monitoring and/or medical surveillance during deployment and post-event. In addition, the ERHMS framework has been structured so that organizations can provide valuable information for informed consent and participation of response and recovery workers in research related to their deployment and other aspects of emergency response.

The ERHMS framework allows organizations to provide input on jurisdiction-specific information, the organizational structure regarding roles and responsibilities, and the management of confidential personally identifiable information (PII).

This document includes a step-by-step process for implementing the ERHMS framework within an organization. Hyperlinks within the document will direct users to example forms that can be used as-is or modified to meet the needs of the organization. We also include forms in the Appendix for conducting emergency response research based on the information collected from the ERHMS program, including a consent form for response and recovery workers who elect to be involved in potential research activities. Participation in such research studies must be voluntary, and the appropriate procedures must be in place regarding protection of human subjects and confidentiality. Research involving federal funding must comply with the Department of Health and Human Services (HHS) Policy for Protection of Human Research Subjects (45 CFR part 46).

Organizations can also use this document to assist emergency response and recovery workers in identifying operational gaps in health monitoring, preparedness, and follow-up procedures. Discussing these gaps with state, tribal, local, territorial, and federal partners will help determine the support required before, during, and following an emergency response. It will also familiarize response and recovery workers with the process for requesting assistance following identification of those gaps.

Finally, this ERHMS primer has been designed to be used alongside the ERHMS technical assistance document (TAD), which can be found at https://www.nrt.org/sites/2/files/ERHMS_Final_060512.pdf. The TAD contains additional detailed guidance, example forms, and tools that organizations can use to implement the ERHMS framework.

Intended Audience: Audiences for this ERHMS primer include officials of state, tribal, local, territorial, and federal agencies, as well as other community partners and organizations involved in planning for the health and safety of response and recovery workers.

As an example, the CDC's Office of Readiness and Response, Division of State and Local Readiness (DSLR), has a critical source of funding for public health agencies that is involved

in preparedness and response planning through their *Public Health Emergency Preparedness (PHEP) Cooperative Agreements*, https://www.cdc.gov/readiness/php/phep/. Recipients of the PHEP cooperative agreement funds are encouraged to use the ERHMS framework. ERHMS specifically targets two of the DSLR national standards: Capability 14 focuses on protecting responders pre-, during, and post-deployment; and Capability 15 addresses engaging volunteers for emergency response.

What Specific Guidance Does EHRMS Offer?

I. How to Handle Pre-Deployment Tasks

- Evaluate the physical health, behavioral health, and immunization status of response and recovery workers to determine fitness for deployment and placement in an emergency response (e.g., if accommodations are needed).

- Develop and maintain a responder health and safety roster of those deemed and documented to be fit for deployment, which includes the credentialing and training needed for deployment. This roster will be used for all phases of deployment.

- Evaluate any pertinent past exposures, such as radiation doses, which need to be considered for future deployments.

- Develop and maintain a roster of those who receive personal protective equipment (PPE) and fit-testing; document what PPE is provided and what fit-testing methods are used.

- Develop and deliver emergency response training to enhance current capabilities and ensure the health and safety of response and recovery workers.

- Handle data management and security consent information and operate within the chain of command to ensure confidential information is accessible only to authorized personnel.

- Ensure that a policy for consent for disclosure of worker information is in place for all phases and all responses or purposes where these data might be used. This information is to be shared with response and recovery workers within an organization.

- Provide an informed consent procedure to enable response and recovery workers to participate in research studies.

- Assist organization(s) regarding responsibilities for protecting the rights and welfare of workers involved in research conducted or sponsored by the organization(s).

II. How to Handle Tasks During Deployment

- Ensure that all deployed emergency response and recovery workers are rostered for the specific response.

- Badge deployed workers for identification, credential level, administrative accounting and access, levels of permission, and the check-in and check-out process.

- Document training on site-specific hazards.

- Document PPE training, fit-testing, issuance, and use.

- Document job tasks performed.

- Assess and document daily area and worker exposures to 1) chemical, biological, noise, and radiological agents; 2) situations that may impact behavioral health; and 3) ergonomic concerns. Also document any protective measures used.

- Document daily signs and symptoms of illnesses and injuries among response and recovery workers.

- Document on-site and off-site medical treatment of response and recovery workers.

- Handle data management and information security to ensure that confidential information is accessible only to authorized personnel.

- Assist with communication of emergent exposures and safety conditions to response and recovery workers, leadership, and others as appropriate.

- Document occupational hazards that are not well-understood for potential inclusion in research studies.

III. How to Handle Post-Deployment Tasks

- Gather data during demobilization to do the following:

  o Verify worker information, such as contact and work information, physical and behavioral health symptoms, exposures, injuries, types and duration of tasks performed, PPE use, and stress factors during the deployment.

  o Provide information on post-deployment worker assistance, behavioral health assistance, and participation information for future emergency response research opportunities.

  o Give response and recovery workers information regarding roster, registry, and deployment privacy rules.

  o Direct response and recovery workers to information resources and contacts regarding health claims from the response (e.g., workers' compensation claims, insurance claims).

- Incorporate all important deployment information into the after-action report.

- Have a post-event disposition plan for secure transfer, long-term storage, and future retrieval of all records within the ERHMS framework.

- Decide which response and recovery workers could benefit from further medical monitoring, tracking, or medical surveillance, on the basis of exposures, work activities, control measures, injuries, illnesses, OSHA requirements, or other concerns.

- Ensure systems are in place for the ongoing tracking and assessment of risk to potentially exposed response and recovery workers after the emergency response operations center ceases.

- Assist organization(s) post-response and recovery regarding their responsibilities for protecting the rights and welfare of responders and recovery workers involved in research conducted or sponsored by the organization(s). Research involving federal funding must comply with the HHS Policy for Protection of Human Research Subjects (45 CFR part 46). Unless exempt, all emergency response research must be approved by an institutional review board (IRB) prior to the start of the research.

- Assist response and recovery workers who may participate in research related to emergency response, promoting safeguards relating to confidentiality and promoting scientific rigor in an ethical context. Participation in such studies must be voluntary, and the appropriate procedures must be in place regarding protection of human subjects and confidentiality.

- Identify gaps in the ERHMS planning process that can be corrected in future responses.

Implementing ERHMS

Where to Start: Step-by-Step Guidance

Many of the recommendations in this primer are time-sensitive, and it is important to plan for both how the framework will be achieved and when it must be completed in order to have the desired impact. A complete local ERHMS program should include an achievable, detailed timeline of how implementation and coordination are executed. CDC/NIOSH assumes that organizations implementing the ERHMS framework have the knowledge, capacity, and resources to participate in emergency response, recovery, or related support functions.

The steps below include example forms that are hyperlinked. You can use and alter them to fit your organization's needs. Each form has been placed in the order in which they would be implemented in the ERHMS framework during each phase.

I. The Pre-Deployment Phase Steps

In the pre-deployment phase, the ERHMS framework collects specific information from response and recovery workers and clinical examiners to ensure that each worker is physically fit, credentialed, trained, and prepared for deployment. It also collects information from the organization to ensure it has the necessary documentation of the equipment to be used in emergency response and the training needed to use it properly.

The following steps will guide you on the implementation of ERHMS:

1. Set up a meeting with all parties who manage your organization's emergency response and recovery workers to introduce the ERHMS framework. At this meeting, discuss and reiterate these points to all parties to clarify the purpose of the ERHMS framework.

    All response and recovery workers who are deployed to emergencies must:

    a. Be medically cleared (including physical and behavioral health) by a physician(s) or other licensed health care professional(s) (PLHCP), credentialed, and trained for their specific jobs, and appropriately equipped to maintain their safety.

    b. Have their health, response activities, equipment, and work environment monitored and/or surveilled, promoting safeguards relating to confidentiality where needed throughout their deployment.

    c. Have their individual health and safety information, as well as potential exposure and health risk information collected during deployment, made available to them.

    d. Be informed of the risks of injury, other potential physical and behavioral health risks, and adverse exposures they may experience pre-, during, and post-deployment.

    e. Be informed of medical monitoring or other requirements for deployment that are required by the organization, OSHA regulations, or other agencies.

    f. Have the opportunity to make an informed and voluntary decision to accept the risks involved in a particular deployment and have documentation of the process.

    g. Be informed early in the process of deployment regarding the likelihood of post-deployment health monitoring, medical surveillance, and/or participation in emergency response research so that they can make informed decisions regarding voluntary consent.

h. Be informed that participation in any research regarding their deployment must be voluntary and the appropriate procedures must be in place regarding informed consent, which includes clear language about protection of human subjects and confidentiality.

2. Consult with your human resources staff to determine if your organization falls under Health Insurance Portability and Accountability Act (HIPAA) requirements or if your organization is exempt (under workplace laws) with regard to handling personally identifiable information. Personally identifiable information sometimes encompasses what HIPAA lists as personal health information (PHI), also referred to as confidential identifiable private information (IPI). If your organization is under HIPAA requirements, then you must follow HIPAA rules regarding confidentiality and informed consent about electronic PHI (ePHI) specific to your organization. Then, discuss your own organization's confidentiality policies to know how worker PII will be handled, who will have access to it, and where it will be stored. Identify one or several human resource designees who will have access to the organization's confidential health information on emergency response. This may already exist in your HIPAA plan.

3. Contact those in your organization who handle information security and data management. Work with your information technology (IT) specialists to ensure your operating system and database server are adequate for data privacy and security. Specifically, ensure that settings are configured so that confidential information, including PII, is accessible only to specific authorized personnel.

4. Ensure that a policy is in place for consent for disclosure of responder information, including PII, and can be shared with all response and recovery workers within your organization.

5. Assign a person to coordinate the ERHMS program who will also work with your emergency response health and safety officer. The assigned person is referred to as the ERHMS coordinator throughout this document. Consider having a designated ERHMS team, as well, to ensure completion of as many activities as possible in each phase. Organizationally, in the Incident Command System (ICS), the ERHMS team could reside under the safety officer, ensuring that critical health and safety data are readily available to the incident command staff.

6. Decide on a medical and behavioral health screening plan for response and recovery workers. See the **ERHMS Pre-Deployment Responder and Recovery Worker Health Screen (No Physical Exam)**; **ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2)**; **ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Exam (Form 2 of 2)**; **ERHMS Pre-Deployment Medical Evaluation for Diabetic Responders and Recovery Workers**; and **ERHMS Pre-Deployment Noise and Audiology Exam** for examples of medical screening forms that can be used. Deployment medical screening and behavioral health assessments should involve person-to-person dialogue between the deployer and the PLHCP. This dialogue should occur face-to-face, on the telephone, or by video telehealth link, in a private setting that fosters trust and openness for discussion of sensitive concerns.

7. Consider where your organization's response and recovery workers will likely be deployed, the type of hazards and exposures they might experience, and whether they will be involved in the response, recovery, or multiple incidents and/or activities.

8. Hire or assign the PLHCP, who will be responsible for the medical screening of potential response and recovery workers. The PLHCP will determine fitness for deployment [**ERHMS Pre-Deployment Medical Determination of Deployability**] and identify any accommodations that will be needed for those chosen to be deployed.

9. Roster all the organization's potential and current response and recovery workers. Ask those who wish to deploy to verify their licenses, credentials, and training applicable to the response [**ERHMS Pre-Deployment Rostering and Credentialing Information**]. In addition, provide each of the response and recovery workers a "consent to respond" form [**ERHMS Pre-Deployment Consent to Deployment for Responders and Recovery Workers**]. For a more advanced credentialing system, see https://www.dhs.gov/sites/default/files/publications/st-credentialing-interoperability.pdf.

10. Create a preliminary list of the organization's potential emergency response and recovery workers. The ERHMS coordinator will create this after the rostering and credentialing steps are complete.

11. Send all of the potential emergency response and recovery workers a document explaining the medical requirements that they must satisfy before they receive final approval for deployment [**ERHMS Pre-Deployment Medical Requirements Cover Letter for Responders and Recovery Workers**]. The document may include Health and Physical and Behavioral Examination Screening forms to be completed by them and their clinical examiners.

    a. **ERHMS Pre-Deployment Responder and Recovery Worker Health Screen (No Physical Exam)** OR **ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2)** AND **ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Exam (Form 2 of 2)**. In addition to a health and behavioral screening and physical exam, this form will ensure that potential response and recovery workers have the proper immunizations prior to deployment and provides documentation that details any exposure (e.g., radiation) in the past year. This form will also screen for alcohol use/abuse, post-traumatic stress, depression, suicidal thoughts, and violence/harm risk.

    b. **OSHA Respirator Medical Evaluation Questionnaire**, https://www.osha.gov/sites/default/files/publications/OSHA3790.pdf.

    c. **ERHMS Pre-Deployment Noise and Audiology Exam** for response and recovery workers who do not have a baseline audiogram.

    d. **ERHMS Pre-Deployment Medical Evaluation for Diabetic Responders and Recovery Workers**.

12. Have the PLHCP complete the physical and behavioral health screening exams, along with the Health and Physical Examination Screening forms listed in Steps 11a to 11c and in 11d if applicable.

13. Have the PLHCP complete the **ERHMS Pre-Deployment Medical Determination of Deployability** for each responder.

14. Have the clinical examiner gather the medical screening documentation and review the clinical information for each responder. The clinical examiner will have access to and should follow the guidelines for protecting PII. Only the **ERHMS Pre-Deployment Medical Determination of Deployability** form will be shared with the ERHMS coordinator and team as needed. This procedure follows established occupational medicine guidelines.

15. Have the ERHMS coordinator plan the PPE to be used by response and recovery workers at the emergency incident sites. Planning includes PPE use and task tracking, training, general site management, and post-incident maintenance. The Department of Homeland Security (DHS) summarizes this information in *Lessons Learned Information Sharing Best Practice: Incident Site Safety Planning: Personal Protective Equipment*. DHS also has additional resources for incident PPE preparation in *RDD Response Guidance Planning for the first 100 minutes*, *Supervisors for Protecting Responders and Recovery Workers Following a Nuclear Detonation*, and *Guidance for Protecting Responders' Health During the First Week Following A Wide-Area Aerosol Anthrax Attack*.

16. Have the ERHMS coordinator complete a roster of PPE that will be available for response and recovery workers' deployments [**ERHMS Deployment Personal Protective Equipment (PPE) Available On-Site Survey**].

17. Ensure that each responder fulfills the requirements, including health and safety training, to use PPE:

    a. Personal Protective Equipment for Operations, required by OSHA 29 CFR 1910.132.

    b. Precautionary Procedures and Personal Monitoring, required for ionizing radiation by OSHA 1910.1096(d).

    c. Respiratory Protection Program, meeting the requirements of OSHA 29 CFR 1910.134.

    d. PPE fit-testing evaluation as required by OSHA

        i. OSHA Respirator Medical Evaluation Questionnaire

        ii. OSHA Respirator Fit Test Record

18. Have the ERHMS coordinator ensure response and recovery workers have the training to protect themselves and others during deployment and recovery [**ERHMS Pre-Deployment Training Completion Checklist for Responders and Recovery Workers**].

19. Make sure the ERHMS coordinator has access to each worker's deployability records [**ERHMS Pre-Deployment-Medical Determination of Deployability**]. They will also have knowledge of needed training, required fit-testing, and any other additional requirements needed to render final decisions about deployability.

20. Have the ERHMS coordinator make sure a badging system is in place for the deployable personnel to validate each response and recovery worker's identity, attributes, and credential level (e.g., affiliations, skills, or privileges). Badging information should be used during check-in and check-out of an emergency response event. The National Incident Management System (NIMS) offers credentialing and badging guidance in the Guideline for the Credentialing of Personnel.

21. Inform response and recovery workers about the likelihood of post-deployment health monitoring, medical surveillance, and/or participation in research studies related to their deployment. Give each of them a consent form to read in order to help them make an informed decision about participating [**ERHMS Generic Consent for Research Studies**]. Participation in such studies must be voluntary, and the appropriate procedures must be in place regarding protection of human subjects and confidentiality. Any research involving federal funding must comply with the HHS Policy for Protection of Human Research Subjects (45 CFR part 46).

II. The Deployment Phase Steps

During the deployment phase, the ERHMS framework captures information pertaining to the specific emergency site(s): PPE being used, site-specific training needed or in place, exposure monitoring, and all the activities taking place as the emergency happens. It also documents individual daily work experiences, health logs, and injury and illness data.

Activation of a Response: Prior to Deployment to the Site

1. When an emergency response is activated, the ERHMS coordinator will put a call out to response and recovery workers from the readiness roster to activate.

2. Response and recovery workers on the readiness roster will complete the **ERHMS Deployment Self Medical Assessment for Deployability** to note any changes in their "fit to deploy" status. This form will be given to the PLHCP for review and approval.

3. The ERHMS coordinator will ensure that all response and recovery workers called for deployment from the roster are fit for deployment (medically cleared, credentialed, and trained for their specific job).

4. Potential workers who are not already on the deployment roster or are not fully cleared for deployment must be medically cleared, credentialed, and trained, using the forms listed above in pre-deployment **Steps 11a–11d**.

5. One or more organization representatives (ERHMS coordinator, safety officer, etc.) will meet with each responder to provide information on the specifics of deployment and information security [**ERHMS Deployment Emergency Response Information Check-list**].

6. The ERHMS coordinator will provide response and recovery workers with up-to-date information and equipment for deployment, including guidance for deploying in arduous conditions [**ERHMS Deployment Hazardous Conditions Template**].

7. The organization should make sure that all workers are fully informed of the risks involved in their specific deployment. Response and recovery workers can then make an informed decision to give consent [**ERHMS Pre-Deployment Consent to Deployment for Responders and Recovery Workers**].

8. The organization will ensure response and recovery workers are given a list of important tasks to complete before deployment, regarding work, home, and emergency action planning. A list of equipment (not including PPE) needed for deployment will be included as well [**ERHMS Pre-Deployment General Preparation and Reminders Check-list for Responders and Recovery Workers**].

9. Rostering information should be shared between participating organizations and the ICS structure. Information will be handled through arranged secure measures [**ERHMS Pre-Deployment Rostering and Credentialing Information**].

Activation of a Response: Deployment On-Site

1. A badging system should be in place for the deployable organization's personnel to validate each other's identity, attributes, and credential level (e.g., affiliations, skills, or privileges). Badging information should be able to be used during check-in and check-out daily during an emergency response event [**Pre-Deployment Step 20 above**].

2. The organization should provide the deployers with a list of important tasks to complete while deployed, including recommendations for ensuring proper documentation and important notifications [**ERHMS Deployment General Preparation and Reminders Checklist for Responders and Recovery Workers**].

3. As the deployment is initiated and in-processing of response and recovery workers begins, the ERHMS coordinator will also assign personnel to handle the demobilization of response and recovery workers. As response and recovery workers arrive to begin their deployment, others will leave the emergency site to return to their usual employment. Those handling demobilizations will:

   a. Interview each responder [**ERHMS Post-Deployment Demobilization Survey**] or have the responder complete and submit the survey.

   b. Provide post-deployment contact information and information for follow-ups on medical and behavioral health, response research opportunities, consent and privacy rule forms, etc. [**ERHMS Generic Consent for Research Studies**].

4. The ERHMS coordinator will use the ICS or work with other teams involved in the response to identify site-specific hazards so that the organization's response and recovery workers can receive additional training as needed. This site-specific training will be documented in each of the worker's files, as well as in the event records [**ERHMS Deployment Site-Specific Training for Responders and Recovery Workers** and **ERHMS Deployment Site Specific Training for Site Records**].

5. The ERHMS coordinator or other trained health and safety professional (e.g., industrial hygienist, etc.), will do an initial walkthrough of the disaster site or emergency setting to collect the information needed about the conditions of the site. They will then determine the need for specific PPE or additional training required for the workforce [**ERHMS Deployment—On-Site Occupational and Environmental Survey to Check for Hazardous Conditions**].

6. The ERHMS coordinator will document the PPE available at the response site [**ERHMS Deployment Personal Protective Equipment (PPE) On-Site Survey**] and issued to each worker. The ERHMS coordinator will also document and verify that each worker has been trained and fit-tested for the PPE issued.

7. The ERHMS coordinator will ensure that workers are deployed to the emergency event site or that there are workers present who can assess and document daily personal and area exposures to hazards. This may include conducting sampling at the site and documenting the results [**ERHMS Deployment Air Monitoring On-Site Assessment Form**, **ERHMS Deployment Noise Sampling Form**, **ERHMS Deployment Dermal/Surface Sampling Form**, and **ERHMS Deployment Direct Reading Instruments Form**]. A risk assessment should be conducted to determine how best to implement the hierarchy of controls strategies to effectively protect the health and safety of the workers.

8. The ERHMS coordinator will ensure that all deployed personnel will be able to document information such as their daily assessment of exposures, injuries, symptoms of illness, levels of stress, daily PPE use, and daily hours worked and slept [**ERHMS Deployment Daily Injury and Illness Log**]. If this information is collected with identifiable PII, it will be handled securely to ensure that it is accessible only to authorized

personnel. Summary information without personal identifiers will be made available by the ERHMS coordinator for distribution.

9. The PLHCP will document, triage, and follow-up on injuries and illnesses [**ERHMS Deployment Medical Illness and Incident Reporting Form**].

10. The ERHMS coordinator will assist with daily communication of emergent exposures and safety conditions to response and recovery workers, leadership, the ICS structure, and others. This includes daily health and environmental monitoring for safe and "normal" measures.

III. The Post-Deployment Phase Steps

A demobilization survey will capture valuable information from each worker once the response is completed. This information, along with all of the information gathered during the response, will allow organizations to analyze and track worker health trends from specific deployment exposures or experiences. It can also help determine the effectiveness of new interventions and help plan for necessary training.

The ERHMS team will interview each worker during demobilization to verify contact and work information and any health symptoms related to illness, exposures, and behavioral health during deployment. They will interview response and recovery workers about PPE use, availability, and condition. The ERHMS team will also provide both written and verbal information on post-deployment contact information, information for follow-ups on medical and behavioral health, response research opportunities, and consent and privacy rule forms, etc. [**ERHMS Post-Deployment Demobilization Survey** and **ERHMS Post-Deployment Behavioral Health Survey**].

1. If the interviews cannot take place on-site, the ERHMS team should send and receive questionnaires via encrypted email or conduct phone interviews within a 7-day period [**ERHMS Post-Deployment Demobilization Survey** and **ERHMS Post-Deployment Behavioral Health Survey**]. This will reduce recall bias and help ensure accurate follow-up information is collected. The organization will also provide post-deployment contact information, information for follow-ups on medical and behavioral health, research opportunities, and consent [**ERHMS Generic Consent for Research Studies**] and privacy rule forms, etc., as well as U.S. Code of Federal Regulations (CFR) information about consent to participate in federal research studies (Electronic code of Federal Regulations).

2. The organization should provide the deployers with a list of important tasks to complete after deployment, including any requirements and recommendations on next steps. [**ERHMS Post-Deployment General Preparation and Reminders Checklist for Responders and Recovery Workers**].

3. For response and recovery workers who were injured during deployment, follow-up (workers' compensation claims, insurance claims, etc.) will be completed by a human resource designee [see also the **ERHMS Welcome Home Letter Template in the ERHMS TAD**].

4. The ERHMS coordinator will incorporate all important deployment information [**ERHMS Data Management Checklist**] into the after-action report.

5. The ERHMS coordinator, IT specialists, and organization personnel will meet to put together a post-event disposition plan for secure transfer, long-term storage, and future

retrieval of all ERHMS program data. They will ensure that safeguards relating to medical confidentiality are in place.

6. The ERHMS coordinator, human resource designee, local and state epidemiologists, and others will meet to decide which response and recovery workers, if any, should undergo and be offered further medical monitoring, tracking, or medical surveillance, on the basis of OSHA requirements (e.g., Hazardous Waste Operations and Emergency Response standard), exposures, work activities, control measures, injuries, illnesses, or other concerns from the emergency event.

7. The ERHMS coordinator, epidemiologists, and other appropriate organization personnel with permission will ensure systems are in place for the ongoing tracking and assessment of risk to exposed response and recovery workers. This tracking and assessment will continue after the emergency response operations cease.

8. The organization may be contacted regarding research on response and recovery workers. All research should protect individuals' data in accordance with federal, state, tribal, territorial, and local privacy laws. All research involving federal funding must comply with the HHS Policy for Protection of Human Research Subjects (45 CFR part 46). Consent forms should be thoroughly vetted with approval through the Institutional Review Board.

9. Medical or health scientist professionals, such as epidemiologists, industrial hygienists, and behavioral health workers or personnel with permission and access, may pursue research to characterize changes in a worker's health conditions that could be attributable to specific exposures, with the intent to confirm trends, and to improve training. They may also characterize novel exposures and unexpected or severe health effects. Researchers may determine the effectiveness of any interventions that took place, examine behavioral health issues (including resiliency), and study disease outcomes with latency periods.

10. The ERHMS coordinator, scientists (e.g. physicians, industrial hygienists staff, epidemiologists), ICS staff, and other appropriate organization personnel will meet to identify gaps in the ERHMS program planning process that require solutions.

11. The gaps and lessons learned through using the ERHMS framework will be identified and changes will be implemented in preparation for the next response.

Conclusion

The ERHMS framework is a model emergency response health and safety monitoring program developed by NIOSH and approved and adopted by the U. S. National Response Team. It is particularly important for organizations, public health agencies, and volunteer organizations to understand how to integrate health and safety measures in the earliest stages of preparedness to protect their response and recovery workers.

This ERHMS primer focuses on the ERHMS framework and provides organizations with a set of comprehensive, coordinated steps to implement an ERHMS program and to collect data with the appropriate informed consent, should research become a priority at a later date.

This primer provides a step-by-step process with hyperlinked example surveys and is organized according to the three phases of emergency response: pre-, during, and post-deployment.

NIOSH has outlined each step in these phases so that organizations can identify the need for each one in their organization, consult with the appropriate parties, and evaluate whether implementation would improve their emergency responder programs.

By implementing the ERHMS framework, organizations will strengthen the health and safety culture and will better protect their response and recovery workers throughout all emergency responses. Additional support is available on the CDC/NIOSH ERHMS website, and in the ERHMS TAD.

Resources

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APPENDIX: FORMS

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ERHMS Pre-Deployment Medical Requirements Cover Letter for Responders and Recovery Workers

ERHMS worker ID _____

Date [MM/DD/YYYY]:

Dear [Deployed worker first name] [Deployed worker last name]:

You have been identified as a potential emergency responder and recovery worker in supporting the efforts of the Private Organization, or Local, State, or Federal Agency in emergency response work.

You will be required to complete the following assessments and forms to determine your ability to deploy during an emergency and whether you might have some restrictions or need for accommodation in your response work.

Select the most appropriate option below to complete the cover letter for workers.

1. **IF A COMPLETE PHYSICAL AND BEHAVIORAL HEALTH EXAM IS DETERMINED NOT TO BE NEEDED PRE-DEPLOYMENT, USE THE FOLLOWING PARAGRAPH:**

    Complete the form ERHMS Responder and Recovery Worker Health Screen (no physical exam). This is a self-assessment of your current health status. After completion, your responses will be assessed by a physician or other licensed health care professional (PLHCP) to determine your ability to deploy. This form will contain personal health information and will not be shared with your employer or the organization deploying you for an emergency response. Your organization will receive only a fitness for deployment form, which will not contain personal health information.

2. **IF A COMPLETE PHYSICAL AND BEHAVIORAL HEALTH EXAM IS DETERMINED TO BE NEEDED PRE-DEPLOYMENT, USE THE FOLLOWING PARAGRAPHS:**

    A. **Schedule a physical exam/behavioral health evaluation**, which requires the two attached forms: a self-assessment of your current health status, Pre-Deployment Responder and Recovery Worker Health Screen, and then a clinical exam of your physical and behavioral health by a PLHCP, using the Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Exam form. These forms will contain personal health information and will not be shared with your employer or the organization deploying you for an emergency response. After your clinical examination and determination of your ability to deploy, your organization will receive only a fitness for deployment form, which will not contain personal health information.

    B. **Document immunizations.** The PLHCP will help ensure that you receive the proper immunizations for deployment. These immunizations will be recorded by your PLHCP in the Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Exam form, mentioned above.

    C. **Schedule a noise and audiology exam.** If needed, this exam will assess your hearing ability and past noise exposure. It will require an audiogram, which includes an assessment of each ear, showing how well you can hear sounds at various frequencies. The audiogram will be completed by a PLHCP or audiology technician. The hearing and audiogram form is ERHMS noise and audiology exam.

D. **Obtain medical evaluation for diabetic responders and recovery workers**, if applicable. The form is ERHMS Medical Evaluation for Diabetic Responders and Recovery Workers.

E. **Obtain a medical assessment for deployability**. After completion of your physical and behavioral health examination by a PLHCP, the PLHCP will complete the attached form titled Medical Assessment for Deployability. This form will not contain personal health information, but it will list whether you are cleared and eligible for deployment as a responder and recovery worker and whether you require specific accommodations during deployment.

You are directed to complete the examination(s) and return the documents/electronic files to _____ point of contact [POC] no later than _____ [date]. Because this mission falls under the jurisdiction of [authorities], the [organization] will review the pre-deployment information and render a final decision. The [organization] will serve as the central processing agent for all medical documentation. Your medical records will be handled as confidential, as allowable by [organization/POC].

You should be able to complete these requirements at _____ [designated clinic], or your personal provider.

If you have questions, call _____ [POC] or see your primary care provider.

The _____ [organization] appreciates your unwavering support and participation in this critical mission.

Sincerely,

Signatory

ERHMS Pre-Deployment Responder and Recovery Worker Health Screen (No Physical Exam)

ERHMS worker ID _____

Employees, contractors, and volunteers must be medically and psychologically fit for deployment to accomplish tasks and duties unique to the particular emergency response role they will perform. This medical screening survey is to be completed for all workers on an annual basis. In addition to this survey, the Emergency Responder Health Monitoring and Surveillance (ERHMS) Program recommends that a thorough 'medical assessment for deployability' take place annually for employees, contractors, and volunteers deploying to emergency responses.

TO BE FILLED OUT BY WORKER/VOLUNTEER

1. Date (MM/DD/YYYY) _____

2. Name (Last, First, MI) _____

3. Email   _____

4. Date of birth (MM/DD/YYYY) ____/____/____

5. Usual occupation (job) _____

6. Supervisor's name _____

7. Supervisor's email _____

8. Deployment role(s) (each org would specify choices) _____

9. Primary language _____

10. Secondary language _____ Skill level of secondary language (choose one):

    ☐ Level 1 – Elementary proficiency

    ☐ Level 2 – Limited working proficiency

    ☐ Level 3 – Professional working proficiency

    ☐ Level 4 – Full professional proficiency

    ☐ Level 5 – Native or bilingual proficiency

11. Smoking Status:

    ☐ nonsmoker

    ☐ current/former:

        _____ How many cigarettes per day

        _____ How many years

12. Medications:

    A. I have medication(s) that need refrigeration or special attention (e.g., mixing with distilled water) ☐ Yes ☐ No

    B. I have enough prescription medication for up to 14 days, if deployed ☐ Yes ☐ No

13. Allergies (list all things you are allergic to):

    A. Drug allergies

    _____

    _____

    B. Food allergies

    _____

    _____

    C. Other allergies (bee stings, etc.)

    _____

    _____

14. Dental: Have problems that required attention in the last 2 months ☐ Yes ☐ No

15. Immunizations:

    ☐ TB Skin test (annually) result and date ___/___/___/

    ☐ Influenza immunization (annually) date ___/___/___/

    ☐ Tetanus immunization (every 10 years) date ___/___/___/

    ☐ Hepatitis B date ___/___/___/

    ☐ Hepatitis A date ___/___/___/

    ☐ Other immunizations and dates ___/___/___/

Please read the medical conditions listed below. *If you answer "Yes" to any of the medical conditions listed, we strongly urge you to get a physical exam from a clinical provider for approval for deployment.*

Overall Assessment of Worker Regarding Deployability (Please initial on each line below.)

_____ I have read and understood the standards of fitness for deployment to an emergency response event/incident, including medical conditions that:

    _____ 1) are sufficient to necessitate medical clearance to determine fitness for deployment

    _____ 2) are sufficient to require exclusion of deployment

I certify I am both physically and mentally fit for deployment and that the information I have provided here is accurate. I understand that if I provide inaccurate information, I may be placing other workers, the community, and myself at risk.

Signature of worker: _____ Date: _____

STANDARDS OF FITNESS FOR DEPLOYMENT TO AN EMERGENCY RESPONSE EVENT

1. Please read the following list of medical conditions. Circle the number beside the medical condition(s) you have. ERHMS recommends that you receive medical clearance for approval for deployment if you have circled any number.

    A. Frequent/severe headaches or migraines

    B. Fainting or dizzy episodes

    C. Stroke, transient ischemic attack (TIA), or head injury

    D. Epilepsy, seizures, or other neurologic disorders

    E. Eye or vision problems

    F. Hearing loss

    G. History of anaphylactic reactions to medicines, bee stings, foods

    H. Shortness of breath, asthma, or chronic obstructive pulmonary disease (COPD)

    I. History of aneurysm, blood clot, or pulmonary embolism

    J. High blood pressure

    K. Heart problems or history of arrythmias or palpitations

    L. Stomach, esophageal, intestinal problems

    M. Jaundice or hepatitis (type)

    N. Intestinal, rectal problems or hernia

    O. Urinary or kidney problems, blood in urine

    P. Diabetes or thyroid disorder

    Q. Rheumatologic or arthritic disorder

    R. Anemia

    S. Any skin or nail disorder

    T. History of cancer of any type

    U. Any thickening or lump in breast, testicle

    V. Open wound

2. Have you been in psychotherapy/counseling or been prescribed medication for depression, anxiety, mood disorders, or stress? ☐ Yes ☐ No

3. Have you felt unusually depressed, sad, or blue or had frequent crying spells which lasted more than two weeks at a time? ☐ Yes ☐ No

4. Have you had frequent or recurrent episodes of difficulty in relaxing or calming down, panicky feelings, irritability, anger, feeling hyper, or nervousness? ☐ Yes ☐ No

5. Have you experienced any emotional or physical symptoms related to a past trauma? ☐ Yes ☐ No

6. Have you had concerns about possible exposures or events during past deployments that you feel may affect your performance? ☐ Yes ☐ No

7. Do you have other medical or behavioral health conditions not covered in questions 1–6 that you are concerned about? ☐ Yes (List them) ☐ No

_____

_____

8. Do you have any joint problems, persistent pains, or injuries in any of the following regions? Check either "Yes" or "No."

    A. General muscular pain   ☐ Yes ☐ No

    B. Neck   ☐ Yes ☐ No

    C. Shoulder   ☐ Yes ☐ No

    D. Hips/pelvis   ☐ Yes ☐ No

    E. Upper/lower back   ☐ Yes ☐ No

    F. Knees   ☐ Yes ☐ No

    G. Ankles/feet   ☐ Yes ☐ No

    H. Other   ☐ Yes ☐ No

CONFIDENTIALITY

ERHMS recommends that organizations know the confidentiality laws in their jurisdictions and obtain legal guidance on these laws pertaining to emergency response. ERHMS also recommends that organizations keep all individual medical and health screening information confidential, only releasing such information with proper authorization. ERHMS also recognizes that employers may be entitled to counsel about an individual's fitness to deploy in emergencies.

Employers, appropriate emergency response personnel, and safety personnel may be informed on the tasks or duties of the worker and recommended accommodations regarding necessary restrictions. First aid and safety personnel may be informed, when appropriate, if a condition might require emergency treatment, in which case the worker should also be informed.

ERHMS recognizes that the records of workers may be shared with a third party (e.g., as in the case of a follow-up of a specific hazardous exposure or conditions related to an emergency response event). Therefore, it is incumbent to properly notify the worker prior to gathering

historical or clinical data as to the nature of the evaluation, what information will be collected, and to whom it could be transmitted.

DEPLOYMENT-LIMITING CONDITIONS

The list of deployment-limiting conditions is not comprehensive; there are many other conditions that may result in denial of medical clearance for deployment. Having one or more of the conditions listed here does not automatically imply that the individual may not deploy. Rather, it imposes the requirement to obtain a knowledgeable clinical examiner's opinion as to the deployability status of the individual. "Medical conditions" as used here also include those health conditions usually referred to as dental, oral, psychological, and/or behavioral-health related.

Emergency responder and recovery workers, volunteers, or contractors' employees will be evaluated for fitness according to emergency response events/ICS policies. Emergency response personnel with apparently disqualifying medical conditions could still possibly deploy on the basis of an individualized medical assessment if all of these conditions are met:

1. The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on incident execution.

2. The condition is stable and reasonably anticipated by the pre-deployment medical evaluator not to worsen during the deployment, in light of physical, physiological, psychological, and nutritional effects of the duties and location.

3. Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available on site within the emergency response system. If chosen for remote or hardship emergency response/deployed locations, medication must have no special handling, storage, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g., heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.

4. There is no need for routine evacuation out of the emergency response/deployed location for continuing diagnostics or other evaluations. (All such evaluations must be accomplished before deployment.)

5. It is determined that the worker can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, and without causing undue hardship, on the basis of an individualized assessment. An evaluation of undue hardship must consider the nature of the accommodation and the location of the deployment.

Further, the worker's medical condition must not pose a significant risk of substantial harm to the worker or others, taking into account the condition of the relevant deployed environment.

RESOURCES

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ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2)

ERHMS worker ID _____

TO BE FILLED OUT BY Responder

Form 1 of 2 (accompanies the **Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Exam** to be completed by the PLHCP)

1. Name (last, first, MI) _____

2. Email   _____

3. Phone (with area code) _____

4. Street address _____ Apt# _____

5. City _____

6. State _____

7. Zip code _____

8. Date of birth (MM/DD/YYYY) _____

9. What sex are you?

    ☐ Male

    ☐ Female

    ☐ Decline to answer

10. Race:

    ☐ American Indian or Alaska Native

    ☐ Asian

    ☐ Black or African American

    ☐ Native Hawaiian or other Pacific Islander

    ☐ White

11. Ethnicity:

    ☐ Hispanic/Latino

    ☐ Not Hispanic/Latino

12. Height (ft/in) _____ feet _____ inches

13. Weight (pounds) _____

14. Languages spoken fluently _____

ERHMS worker ID _____

USUAL EMPLOYMENT

1. Usual employer or company name (at usual job) _____

2. Supervisor's name (first, last) _____

3. Supervisor's phone _____

4. Usual occupation _____

5. Usual industry _____

6. How long have you worked at usual job? Years _____   Months _____

LANGUAGE

1. **Primary language** _____

2. **Secondary language** _____ Skill level of secondary language (choose one):

    ☐ Level 1 – Elementary proficiency

    ☐ Level 2 – Limited working proficiency

    ☐ Level 3 – Professional working proficiency

    ☐ Level 4 – Full professional proficiency

    ☐ Level 5 – Native or bilingual proficiency

3. How many deployments have you done before?

    ☐ None   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ or more

4. When did you return from your last deployment? Date: _____

5. Overall, how would you rate your health during the PAST MONTH?

    ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

6. Are you currently on limited duty or being referred to a medical evaluation board or physical evaluation board?

    ☐ Yes   ☐ No   ☐ Don't know

MEDICAL HISTORY

1. **DO YOU HAVE A HISTORY OF**:

    If yes, circle the letter and then provide a brief explanation in 2, Explanations.

    A. Head injury

    B. Frequent/severe headaches or migraines

    C. Fainting or dizzy episodes

    D. Stroke, TIA, or head injury

    E. Epilepsy, seizures, or other neurologic disorders

    F. Eye or vision problems

    G. Hearing loss

    H. History of anaphylactic reactions to medicines, bee stings, foods

I. Shortness of breath, asthma, or COPD

J. History of aneurysm, blood clot, or pulmonary embolism

K. High blood pressure

L. Heart problems or history of arrythmias or palpitations

M. Stomach, esophageal, intestinal problems

N. Jaundice or hepatitis (type)

O. Intestinal, rectal problems or hernia

P. Urinary or kidney problems, blood in urine

Q. Diabetes or thyroid disorder

R. Rheumatologic or arthritic disorder

S. Anemia

T. Any skin or nail disorder

U. History of cancer of any type

V. Any thickening or lump in breast, testicle

W. Open wounds

X. Have you had concerns about possible exposures or events during past deployments that you feel may affect your health? (If yes, please explain below.)

Y. Is there any other medical health condition not covered in questions 1A–1X?

_____

_____

2. Explanations (required) for "Yes" answers to questions 1A-1Y (attach additional sheets as needed)

_____

_____

_____

3. Do you have any joint problems, persistent pains, or injuries in any of the following regions?

A. General muscular pain	☐ Yes	☐ No
B. Neck	☐ Yes	☐ No
C. Shoulder	☐ Yes	☐ No
D. Elbows/wrists	☐ Yes	☐ No
E. Hips/pelvis	☐ Yes	☐ No
F. Upper/lower back	☐ Yes	☐ No
G. Knees	☐ Yes	☐ No
H. Ankles/feet	☐ Yes	☐ No
I. Other	☐ Yes	☐ No

BEHAVIORAL HEALTH

1. Have you been in psychotherapy/counseling or been prescribed medication for depression, anxiety, mood disorders, stress, alcohol abuse, or drug abuse?

      ☐ Yes   ☐ No

2. Have you felt unusually depressed, sad, or blue or had frequent crying spells which lasted more than two weeks at a time?

      ☐ Yes   ☐ No

3. Have you had frequent or recurrent episodes of difficulty in relaxing or calming down, panicky feelings, irritability, anger, feeling hyper, or nervousness?

      ☐ Yes   ☐ No

4. Have you experienced any emotional or physical symptoms related to a past trauma?

      ☐ Yes   ☐ No

If two or more items in 1–4 were marked "yes," continue to answer items 5A–5Q. Otherwise, go to Question 8.

5. Have you experienced—	Not at all (0)	A little (1)	Moderately (2)	Quite a bit (3)	Extreme (4)
A. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?					
B. Repeated, disturbing dreams of a stressful experience from the past?					
C. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?					
D. Feeling very upset when something reminded you of a stressful experience from the past?					
E. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?					
F. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?					
G. Avoiding activities or situations because they remind you of a stressful experience from the past?					
H. Trouble remembering important parts of a stressful experience from the past?					
I. Loss of interest in things that you used to enjoy?					

5. Have you experienced—	Not at all (0)	A little (1)	Moderately (2)	Quite a bit (3)	Extreme (4)
J. Feeling distant or cut off from other people?					
K. Feeling emotionally numb or being unable to have loving feelings for those close to you?					
L. Feeling as if your future will somehow be cut short?					
M. Trouble falling or staying asleep?					
N. Feeling irritable or having angry outbursts?					
O. Having difficulty concentrating?					
P. Being "super alert" or watchful/on guard?					
Q. Feeling jumpy or easily startled?					

	Not at All (0)	A little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)
6. How difficult have these problems (questions 5A–5Q) made it for you to do your work, take care of things at home, or get along with other people?					

7. Over the last 2 WEEKS, how often have you been bothered by any of the following problems	Not at all (0)	Few or several days (1)	More than half the days (2)	Nearly every day (3)
A. Trouble falling asleep/staying sleep or sleeping too much				
B. Feeling tired or having little energy				
C. Poor appetite or overeating				
D. Feeling bad about yourself, or feeling that you are a failure or have let your family down				
E. Trouble concentrating on things such as reading the newspaper or watching television				
F. Moving or speaking so slowly that other people could have noticed, or the opposite — being so fidgety that you have been moving around a lot more than usual				
G. How difficult have these problems (7A–7F) made it for you to do your work, take care of things at home, or get along with other people?				

8. Over the last 2 weeks, how often have you been bothered by the following problems?

   A. Little interest or pleasure in doing things

   ☐ Not at all   ☐ Few or several days

   ☐ More than half the days   ☐ Nearly every day

   B. Feeling down, depressed or hopeless

   ☐ Not at all   ☐ More than half the days

   ☐ Few or several days   ☐ Nearly every day

   C. Over the PAST MONTH, what major life stressors have you experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people (for example, serious conflicts with others, relationship problems, or a legal, disciplinary, or financial problem)?

   Please explain:

   _____

   _____

   _____

   D. During the PAST MONTH, how difficult have physical health problems (illness or injury) made it for you to do your work or other regular daily activities?

   ☐ Not difficult at all   ☐ Very difficult

   ☐ Somewhat difficult   ☐ Extremely difficult

FEMALES ONLY

Are you pregnant, or is there a chance that you could be pregnant?

☐ Yes   ☐ No   ☐ Don't know

HEARING

During the past month, how much have you been bothered by any of the following?

1. Noises in your head or ears (such as ringing, buzzing, crickets, humming, tones)

   ☐ Not bothered at all   ☐ Bothered a little   ☐ Bothered a lot

2. Trouble hearing

   ☐ Not bothered at all   ☐ Bothered a little   ☐ Bothered a lot

ALCOHOL USE

1. How often do you have a drink containing alcohol?

   ☐ Never   ☐ Monthly or less   ☐ 2–4 Times a month

   ☐ 2–3 Times per week   ☐ 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

    ☐ 1 or 2   ☐ 3 or 4   ☐ 5 or 6

    ☐ 7 to 9   ☐ 10 or more

3. How often do you have six or more drinks on one occasion?

    ☐ Never   ☐ Less than monthly   ☐ Monthly

    ☐ Weekly   ☐ Daily or almost daily

TOBACCO USE

1. How often do you smoke tobacco (for example, cigarettes, cigars, pipe, or hookah)?

☐ Just about every day

    1. How many smokes per day? ____

    2. How many years? ____

☐ Some days

☐ Not at all

MEDICATIONS

1. List your current medications (prescription, over the counter, vitamins, and herbs), including those for sleep, stress, or mental health conditions

    A. _____

       _____

       _____

    B. ____ None

2. Current medications that need refrigeration or special attention (e.g., mixing with distilled water)

    _____

    _____

    _____

3. I have enough prescription medication for up to 14 days, if deployed

    ☐ Yes   ☐ No

ALLERGIES

1. Drug, food, or other allergies

    _____

ERHMS worker ID _____

DENTAL

1. Date of last dental examination: mm/yyyy _____

Do you currently have:

    A. ☐ Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, loose)

    B. ☐ Abnormal mouth tissues (ulcers, masses, oral lesions, including under denture or partial)

    C. ☐ Obvious or likely cavity or broken natural teeth (untreated decay)

    D. ☐ Inflamed or bleeding gums or loose natural teeth

    E. ☐ Mouth or facial pain, discomfort, or difficulty with chewing

    F. ☐ None of the above

HOSPITALIZATIONS/SURGERIES

1. Please provide the last dates of hospitalizations or surgeries you had in the past (Include all for medical and psychiatric illnesses)

a. Date (MM/DD/YYYY)	b. Illness or surgeries	c. Name of hospital	d. City and state

HISTORY OF WORKING WITH RADIOACTIVE MATERIALS

1. Have you worked with radioactive materials, X-ray machines, or machines with radioactive isotopes, worked in a radiation lab, or been exposed to radiation at work? ☐ Yes ☐ No

    If you answered no, skip to question 2. If yes, answer questions 1A–1D below:

    A. Do you wear a dosimetry film badge or ring badge at work? ☐ Yes ☐ No

    B. Have you ever been issued a dosimetry film badge prior to your present job? ☐ Yes ☐ No

      If yes, give the number of years issued a dosimetry badge for measuring radiation: _____

    C. I have been informed that my workplace radiation exposure has exceeded the regulatory limit. ☐ Yes ☐ No

    D. I have undergone mandatory initial basic radiation safety training. ☐ Yes ☐ No

2. I certify that the information I have provided here is accurate. I understand that if I provide inaccurate information, I may be placing other responders, the community, and myself at risk.

Signature of worker: _____

Date: _____

The information on these pages, along with your physical and behavioral assessment conducted by the PLHCP, will be used to determine your overall medical assessment regarding deployability for emergency response.

ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Exam (Form 2 of 2)

ERHMS worker ID _____

TO BE FILLED OUT BY the physician or other licensed health care professional (PLHCP)

Form 2 of 2 (accompanies the **Pre-Deployment Responder and Recovery Worker Physical and Behavorial health screen** form to be filled out by the responder*)

Employees, contractors, and volunteers should be medically and mentally fit for deployment and possess a current Periodic Health Assessment (physical and behavioral health examination) record maintained in their operating organization. Fitness specifically includes the physical and behavioral health capacities to accomplish tasks and duties unique to the particular emergency response role they will perform. This will include assessing the ability and giving the approval to tolerate the environmental and operational conditions, as well as the specific job tasks of the deployed location(s). This will involve assessing whether the responder or recovery worker will require specific restrictions or specific accommodations, and documenting those.

The baseline and annual medical assessment should emphasize diagnosing pulmonary, cardiovascular, orthopedic, neurologic, dermatologic, psychological and behavioral, visual, auditory, dental, and other possible systemic physical conditions that may impede performing the functional requirements of an emergency responder, especially those chosen to work in austere environments encountered in many emergency operations.

CONFIDENTIALITY

Laws pertaining to the confidentiality of medical information involving employees, contractors, and volunteers are complex. They may vary depending on the relationship between the parties and by jurisdiction. ERHMS recommends that organizations know what the confidentiality laws are in their jurisdictions and obtain legal guidance on these laws pertaining to an emergency response. ERHMS also recommends that organizations keep confidential all individual medical and health screening information, only releasing such information with proper authorization. ERHMS also recognizes that employers may be entitled to counsel about an individual's fitness to deploy in emergencies.

The clinical examiners should obtain the responder's consent before disclosing their medical record. If disclosure is legally required, or consent is not legally required, the responder should be notified of the impending disclosure or if there are overriding individual or public health concerns. The clinical examiner should disclose her/his professional opinion regarding fitness for deployment to the employer or organization, as well as to the responder. However, the clinical examiner should not provide the employer or organization with specific medical details or diagnoses unless the responder has given his or her permission. Additionally, clinical examiners should not disclose any "non-medical" information gained in the context of a provider/patient relationship that could adversely affect the responder without permission. Exceptions include knowledge of unlawful activity.

Clinical examiners should notify responders of their right to obtain access to their medical records and inform them of ways to correct any inaccuracies. Employers and appropriate emergency

ERHMS worker ID _____

response and safety personnel may be informed regarding necessary restrictions on the tasks or duties of the responder and recommended accommodations. First aid and safety personnel may be informed if a condition might require emergency treatment, in which case the responder should be informed as well.

Clinical examiners also need to know that the ERHMS framework is designed to include methods to medically follow up with response and recovery workers during their deployment as well as post-event. In addition, ERHMS has been structured so that organizations can provide valuable information for informed consent and participation of response and recovery workers in research related to their deployment and other aspects of emergency response.

(Refer to the **ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen** [Form 1 of 2] when filling out this form.)

INSTRUCTIONS TO CLINICAL EXAMINER FOR COMPLETION AND SUBMISSION OF HISTORY AND PHYSICAL EXAM FORM

The clinical examiner must:

☐ Comment on positive medical history (completed by responder, form 1 of 2)

☐ Comment on physical findings and provide recommendations on deployability of responder based on of medical & behavioral health problems

☐ Document baseline health parameters

☐ Identify individuals with specific susceptibilities whose activities may need to be restricted or modified

☐ Identify individuals not fit for anticipated tasks because of health reasons

☐ Identify medications being taken and side effects of such medications that may affect or be affected by deployment

☐ Identify immunization(s) necessary for deployment based on incident, or other preventive needs

☐ Provide a signature and date on the last page of this form indicating the completed medical assessment of responder deployability

☐ Turn into _____ (POC) upon completion

---

1. Date (MM/DD/YYYY) _____

2. Name of responder (last, first, MI) _____

3. Deployer is deploying to _____

4. Deployer has deployed _____ times with (organization) _____

5. Responder physical examination

    A. Height   _____

    B. Weight   _____

    C. BMI   _____

    D. Respirations _____

    E. Pulse   _____

    F. Blood pressure _____

Clinicians: You **MUST COMMENT** on overall fitness and health conditions that might interfere with the applicant's ability to participate in an emergency deployment.

Check each item as indicated	Yes	No	Not evaluated	Comments
General appearance				
Skin (include body marks, tattoos)				
Eye				
Ears/nose/throat				
Teeth (see below)				
Neck/thyroid				
Lungs/thorax				
Breasts				
Heart				
Abdomen				
Inguinal, including hernia				
Genitalia				
Pelvic exam				
Prostate (age > 40)				
Anus/rectum				
Spine				
Upper extremities				
Lower extremities				
Vascular				
Neurologic				
Lymph nodes				

6. Dental examination

    A. Bridges or dentures present ☐ Yes ☐ No

    B. Broken/loosely fitting full/partial denture/bridge (chipped, cracked, loose) ☐ Yes ☐ No

    C. Abnormal mouth tissues (ulcers, masses, oral lesions, including under dentures) ☐ Yes ☐ No

    D. Obvious or likely cavity or broken natural teeth (untreated decay) ☐ Yes ☐ No

    E. Inflamed or bleeding gums or loose natural teeth ☐ Yes ☐ No

    F. Mouth or facial pain, discomfort, or difficulty with chewing ☐ Yes ☐ No

7. Immunizations

    A. TB Skin test (annually) result/date _____

    B. Influenza immunization (annually)/date_____

    C. Tetanus immunization (every 10 years)/date_____

    D. Hepatitis immunization/date_____

    E. Other immunizations/dates_____

8. Pregnancy: ☐ Yes ☐ No

    A. Needs further evaluation in order to deploy

    B. Needs no further evaluation

9. Hearing, as reported on the ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2), Hearing section.

    A. Has deployer been bothered a little or a lot in the past month by noises in head or ears or trouble hearing? ☐ Yes ☐ No

    B. If yes, is a referral indicated? ☐ Yes ☐ No (If yes, complete Assessment and Referral 22 and 23 below.)

10. Alcohol use, as reported on the ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2), Alcohol Use section.

    A. Number of drinks per week _____

    B. Maximum number of drinks per occasion _____

Use the following guidance to assess alcohol use based on AUDIT-C score and assessment of alcohol use.

Alcohol Use Intervention Matrix

Assess alcohol use	AUDIT-C score Men 5–7, women 5–7	AUDIT-C score Men and women ≥ 8
Alcohol use is WITHIN recommended limits: **Men: ≤ 14 drinks per week OR ≤ 4 drinks on any occasion** **Women: ≤ 7 drinks per week OR ≤ 3 drinks on any occasion**	Advise patient to stay below recommended limits	Refer if indicated for further evaluation AND conduct BRIEF counseling*
Alcohol use EXCEEDS recommended limits: **Men: > 14 drinks per week OR > 4 drinks on any occasion** **Women: > 7 drinks per week OR > 3 drinks on any occasion**	Conduct BRIEF counseling* AND consider referral for further evaluation	

***BRIEF** counseling: **B**ring attention to elevated level of drinking, **R**ecommend limiting use or abstaining, **I**nform about the effects of alcohol on health, **E**xplore and help/support in choosing a drinking goal, **F**ollow-up referral for specialty treatment, if indicated.

    C. Referral indicated for evaluation?

        ☐ Yes: (complete Assessment and Referral Referral 22 and 23 below)

        ☐ No: Provide education/awareness as needed.

          a. State reason if AUDIT-C score was 8+:

             ☐ Already under care

             ☐ Already has referral

             ☐ No significant impairment

             ☐ Other reason (explain): _____

11. PTSD screening as reported on ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2), Behavioral Health Section question 5.

    A. Are two or more of the deployer's responses to questions 5A through 5D "yes"?

        ☐ Yes

        ☐ No (go to question 12 below)

        ☐ Not answered by deployer (go to question 12 below)

    B. If yes, were additional questions asked to determine extent of problem?

        ☐ Yes

        ☐ No

C. Consider need for referral. Is Referral indicated?

☐ Yes (complete Assessment and Referral 22 and 23 below)

☐ No (if no, check your response below)

    ☐ Already under care

    ☐ Already has referral

    ☐ No significant impairment

    ☐ Other reason (explain): _____

Post Traumatic Stress Disorder (PSTD) Matrix

Self-reported level of functioning	PLC-C Score < 30 (sub-threshold or no symptoms)	PCL-C Score 30–39 (mild symptoms)	PCL-C Score 40–49 (moderate symptoms)	PCL-C Score ≥ 50 (severe symptoms)
Not difficult at all or somewhat difficult	No intervention	Provide PTSD education		Consider referral for further evaluation AND provide PTSD education
Very difficult to extremely difficult	Assess further evaluation and provide PTSD education	Consider referral for further evaluation and provide PTSD education		Refer for further evaluation and provide PTSD education

PTSD education: Give reassurance/supportive counseling, provide literature on PTSD, encourage self-management activities, and counsel deployer to seek help for worsening symptoms. PLC-C is PTSD Checklist-Civilian Version.

12. Depression screening as reported on the ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2), Behavioral Health Section, question 8.

Depression Intervention Matrix

Self-Reported Level of Functioning	PHQ-8 Score 1–4 No Intervention	PLC Score 5–9 (Sub-threshold or no Symptoms)	PLC Score 10–14 (Mild Symptoms)	PHQ-8 Score 15–18 (Moderate Symptoms)	PHQ-8 Score 19–24 (Severe Symptoms)
Not Difficult at all or Somewhat Difficult	No intervention	Provide depression education		Consider referral for further evaluation AND provide depression education	
Very Difficult to Extremely Difficult	Assess further evaluation and provide depression education		Consider referral for further evaluation and provide depression education		

Depression education: Give reassurance/supportive counseling, provide literature on depression, encourage self-management activities, and counsel deployer to seek help for worsening symptoms PHQ-8 is an eight item patient health questionnaire depression scale.

A. Is referral for depression indicated?

☐ Yes

☐ No

    ☐ Already under care/Already has referral

    ☐ No significant impairment

    ☐ Other reason (explain): _____

13. Depression screening as reported on the ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2), Behavioral Health Section, question 8.

    A. Did deployer mark "more than half the days" or "nearly every day" on responder question 8A or 8B?

    ☐ Yes

    ☐ No (go to question 14)

    ☐ Not answered by deployer

    ☐ If yes, ask additional questions to determine extent of problem; briefly describe results: _____

    B. Consider need for referral. Referral indicated?

    ☐ Yes (complete Assessment and Referral 22 and 23 below)

    ☐ No (go to questions 15 and 16)

        ☐ Already under care

        ☐ Already has referral

        ☐ No significant impairment

        ☐ Other reason (explain): _____

14. Major life stressor as reported on the ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2), Behavioral Health section, question 8C. Did deployer mark a concern or a difficulty with a major life stressor?

☐ Yes, deployer's concern: _____

☐ No (go to question 15)

☐ Not answered by deployer (go to question 15)

☐ If yes, ask additional questions to determine level of problem: _____

_____

Consider need for referral. Referral indicated?

☐ Yes (complete Assessment and Referral 22 and 23 below)

☐ No

☐ Already under care

☐ Already has referral

☐ No significant impairment

☐ Other reason (explain): _____

15. Suicide risk evaluation.

   A. Ask "Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?"

      ☐ Yes

      ☐ No (go to question 16)

   B. If 15A was "Yes," then ask: "How often have you been bothered by these thoughts?"

      ☐ Few or several days

      ☐ More than half of the time

      ☐ Nearly every day

   C. If 15A was "Yes," then ask: "Have you had thoughts of actually hurting yourself?"

      ☐ Yes (If yes, then ask questions 15D–16H)

      ☐ No (If no, go to question 16)

   D. Ask "Have you thought about how you might actually hurt yourself?"

      ☐ Yes. How? _____

      ☐ No

   E. Ask "There's a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life over the next month?"

      ☐ Not at all likely

      ☐ Somewhat likely

      ☐ Very likely

   F. Ask "Is there anything that would prevent or keep you from harming yourself?"

      ☐ Yes. What? _____

      ☐ No

   G. Ask "Have you ever attempted to harm yourself in the past?"

      ☐ Yes. How? _____

      ☐ No

      ☐ Conduct further risk assessment (e.g., interpersonal conflicts, social isolation, alcohol/substance abuse, hopelessness, severe agitation/anxiety, diagnosis of depression or other psychiatric disorder, recent loss, financial stress, legal disciplinary problems, or serious physical illness).

      ☐ Comments:

      _____

      _____

      _____

H. Does deployer pose a current risk for harm to self?

☐ Yes (complete Assessment and Referral 22 and 23 below)

☐ No

16. Violence/harm risk evaluation

A. Ask, "Over the past month, have you had thoughts or concerns that you might hurt or lose control with someone?"

☐ Yes

☐ No (go to question 17)

☐ If yes, ask additional questions to determine extent of problem (target, plan, intent, past history)

☐ Comments: _____

B. Does member pose a current risk to others?

☐ Yes (complete Assessment and Referral 22 and 23 below)

☐ No (briefly state reason): _____

17. Radiation exposure

A. _____ None

B. _____ Positive history of radiation exposure, below annual radiation exposure limits (dose limits) for _____ (as dictated in federal regulation 10 CFR 20 and state regulation _____). (whole body: 5 rem/year, organ/skin: 50 rem/year, eye: 15 rem/year)

C. _____ Positive history of radiation exposure, ABOVE annual radiation exposure limits (dose limits) for _____ (as dictated in federal regulation 10 CFR 20 and state regulation _____). (whole body: 5 rem/year, organ/skin: 50 rem/year, eye: 15 rem/year)

18. Medical history review, if available, hard copy and/or electronic health records (including the most recent past deployment health assessments)

A. ___ Completed

B. ___ No health records available

19. Significant medical findings related to ability to deploy in austere environment _____

_____

_____

_____

20. Evidence of deployment limiting conditions or medications _____Yes _____ No

21. Deployer issues with this assessment (mark as appropriate)

A. __ Deployer declined to complete form

B. __ Deployer declined to compete interview/assessment

Assessment and Referral: After review of deployer's responses and interview of deployer, the assessment and need for further evaluation is indicated in 22 through 25.

22. Summary of provider's identified concerns needing referral

Provider's identified concerns (Mark all that apply)	Yes	No
a. None identified		
b. Physical health		
c. Dental health		
d. Alcohol use		
e. PTSD symptoms		
f. Depression symptoms		
g. Mental health symptoms		
h. Risk of self-harm		
i. Risk of violence		
j. Other (list)		

23. Recommend referral

Recommended referral (mark all that apply, even if deployer does not desire)	Within 24 hours	Within 7 days	Within 30 days
a. Primary care, family practice, internal medicine			
b. Behavioral health in primary care			
c. Mental health specialty care			
d. Dental			
e. Other special care:			
f. Audiology			
g. Dermatology			
h. Ob/gyn			
i. Physical therapy			
j. TBI/rehab med			
k. Podiatry			
l. Other (list)			
m. Case manager/care manager			
n. Substance abuse program			
o. Immunization clinic			
p. Laboratory			

24. Medical assessment/disposition

☐ Deployable

☐ Deployable at present, but requires medical readiness updates. May delay or make undeployable, e.g., pregnancy test, immunizations, overdue Pap test, dental exam, PHA, outdated eyeglass prescription. (Add comments below)

☐ Not deployable — potentially disqualifying condition requiring additional evaluation. (Add comments below)

☐ Not deployable — other (Add comments below)

Comments (mandatory for any type of not deployable disposition):

_____

_____

_____

25. Supplemental services recommended/information provided

☐ Health education and information

☐ Health care benefits and resources information

☐ Family support

☐ Community clinic

☐ Other

OVERALL MEDICAL ASSESSMENT OF RESPONDER REGARDING DEPLOYABILITY *(check all that apply)*

☐ Cleared for regular deployment without restriction

☐ Cleared for specialized or high-risk tasks, austere environments

☐ Cleared for deployment with specified restrictions/accommodations (e.g., regarding types of activities/exposures); restrictions/accommodations are listed below

☐ Not cleared for deployment (explanations below)

☐ Recommended for additional training prior to clearance (explanations below)

☐ Recommended for medical readiness updates. May delay or make undeployable, e.g., pregnancy test, immunizations, dental exam, etc. (explanations below)

☐ Not cleared for deployment; referral for further medical consultation (explanations below)

ERHMS worker ID _____

Notes/explanations/accommodations

_____

_____

_____

_____

Not approved for deployment: notes/explanations

_____

_____

_____

Refer to the attached list of medical conditions that may be sufficient to deny medical clearance for or to disapprove deployment of an emergency responder, employee, volunteer, or contractor's employee to an emergency response site.

Clinical examiner (first name, last name, degree) _____

State and professional license number _____

_____

Physical examiner's name (printed)   Signature   Date

This page accompanies the **ERHMS Pre-deployment Responder and Recovery Worker Physical and Behavioral Health Exam (Form 2 of 2)** *and provides amplification of the standards of fitness for deployment to an emergency response event, including a list of medical conditions that may be sufficient to deny medical clearance for or to disapprove deployment of an emergency responder, employee, volunteer, or contractor's employee to an emergency response site.*

The list of deployment-limiting conditions is not comprehensive; there are many other conditions that may result in denial of medical clearance for deployment. Having one or more of the conditions listed does not automatically imply that the individual may not deploy. Rather, it imposes the requirement to obtain a knowledgeable clinical examiner's opinion as to the deployability status of the individual. "Medical conditions" as used here also include those health conditions usually referred to as dental, oral, psychological, and/or behavioral-health related.

A. Emergency responders, volunteers, or contractor's employees will be evaluated for fitness according to emergency response events/ICS policies. Emergency response personnel with apparently disqualifying medical conditions could still possibly deploy on the basis of an individualized medical assessment if all of these conditions are met:

   1. The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a serious medical outcome or negative impact on incident execution.

   2. The condition is stable and reasonably anticipated by the pre-deployment medical evaluator not to worsen during the deployment in light of physical, physiological, psychological, and nutritional effects of the duties and location.

   3. Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available on site within the emergency response system. If chosen for remote or hardship emergency response locations, medication must have no special handling, storage, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g., heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.

   4. There is no need for routine evacuation out of the emergency response location for continuing diagnostics or other evaluations. All such evaluations must be accomplished before deployment.

   5. It is determined, based upon an individualized assessment, that the responder can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, and without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered.

Further, the responder's medical condition must not pose a significant risk of substantial harm to the responder or others, taking into account the condition of the relevant deployed environment.

   6. The clinical examiner evaluating personnel for deployment must bear in mind that in addition to the individual's duties, the environmental conditions that impact health include extremes of temperature, physiologic demand (water, mineral, salt, and

heat management), and poor air quality (especially particulates), while the operating conditions impose extremes of diet (to include fat, salt, and caloric levels), sleep deprivation, emotional stress, and sleep disturbance. If maintaining an individual's health requires avoidance of these extremes or conditions, that person should not deploy.

7. The rules and facts listed in paragraph 6 above should assist the evaluating medical authority to make qualified judgments as to whether an individual with an existing condition is suitable for deployment. Any condition that markedly impairs an individual's daily function is grounds for disapproval. Evaluation of functional capacity to determine fitness in conditions of physiologic demand is encouraged to make a decision, such as graded exercise testing when there is coronary artery disease or significant risk thereof. The evaluating provider should pay special attention to hematologic, cardiovascular, pulmonary, orthopedic, neurological, endocrine, dermatological, psychological, visual, and auditory conditions that may present a hazard to the individual or others and/or preclude performing functional requirements in the deployed setting. Also, the type and amount of medications being taken, their suitability, and availability in the emergency response environment must be considered as potential limitations.

B. The existence of a chronic medical condition may not necessarily disqualify the individual for a designation of being "fit for deployment." Personnel with existing conditions other than those outlined in this document may be eligible for deployment if either of these is true:

1. A medical approval for deployment is documented in the medical record, OR

2. All of the following conditions are met:

   a. The condition(s) is/are not of such a nature that an unexpected worsening or physical trauma is likely to have a serious medical outcome.

   b. The condition(s) is/are stable, that is, currently under medical care, and reasonably anticipated by the pre-deployment clinical evaluator not to worsen during the deployment under available care at the incident site, in light of physical, physiological, psychological, and nutritional impacts and effects of the duties, location, and limited medical capabilities at the location. For most conditions, 90 days is a reasonable timeframe to determine stability, subject to the clinical evaluator's judgment.

   c. Any required ongoing medications must be available to the responder on site, either transported by the responder themselves and having no special handling, storage, or other requirements (e.g., refrigeration/cold chain, electrical power, etc.) or under a strong likelihood of being able to prearrange handling and storage requirements (e.g., refrigeration/cold chain, electrical power, etc.) through the health system for emergency personnel or the contractor health care system for contingency contractor personnel at an emergency site.

   d. There is no need or anticipation of duty limitations that preclude performance of duty or an accommodation imposed by the medical condition.

   e. There is no need for routine evacuation out of the emergency response site for continuing diagnostics or other evaluations (all such evaluations must be accomplished prior to deployment).

C. Documented medical conditions precluding medical clearance. A list of all possible diagnoses and their severity that may cause an individual to be non-deployable to an austere or hardship emergency response environment would be too expansive. Rather than relying solely on a specific list of medical conditions, the clinical evaluator must carefully consider whether the climate, altitude, nature of available food and housing, availability of medical, behavioral health, dental, surgical, and laboratory services, or other environmental and operational factors may be hazardous to the deploying person's health because of a known physical or psychological condition.

The following list of conditions should not be considered exhaustive. Other conditions may render an individual medically non-deployable. Medical clearance to deploy with any of the following documented medical conditions may be granted to a hardship or austere environment, except where otherwise noted. If an individual is found deployed with a pre-existing non-deployable condition and without a waiver for that condition, a waiver request to remain deployed should be submitted to the respective ICS medical lead. If the waiver request is denied, the individual will be redeployed out of the emergency site. Individuals with the following conditions should not deploy (unless a waiver is approved):

1. General conditions/restrictions

    a. Conditions that prevent the wearing of personal protective equipment, including protective respirators or masks and chemical/biological protective garments.

    b. Conditions that prohibit required immunizations or medications (such as antimalarials, chemical and biological antidotes, and other chemoprophylactic antibiotics).

    c. Any medical condition that requires frequent clinical visits (more than quarterly) or ancillary tests (more than twice/year), that fails to respond to adequate conservative treatment, necessitates significant limitation of physical activity, or constitutes increased risk of illness, injury, or infection.

    d. Any unresolved acute illness or injury that would impair one's duty performance during the duration of the deployment.

    e. Any medical condition that requires durable medical equipment or appliances (e.g., nebulizers, transcutaneous electrical nerve stimulation (TENS), catheters, spinal cord stimulators) or that requires periodic evaluation/treatment by medical specialists not readily available in the emergency response site.

2. Specific medical conditions

    a. Asthma that has a forced expiratory volume 1 (FEV1) < 50% of predicted despite appropriate therapy, that has required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids. Asthma that has been well controlled for 6 months and is evaluated to pose no risk of deterioration in the deployed environment may be considered for waiver.

    b. Seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity. Persons on a stable anticonvulsant regimen who have been seizure-free for 6 months may be considered for waiver.

    c.   Diabetes mellitus, Type 1 or 2, on pharmacotherapy:

       1.   Type 1 diabetes or insulin-requiring type 2 diabetes. Individualized assessment required. See **ERHMS Pre-Deployment Medical Evaluation for Diabetic Responders and Recovery Workers**.

       2.   Type 2 diabetes, on oral agents only, with no change in medication within the last 90 days and HgA1C ≤ 7.0 does not require a waiver if the calculated 10-year Framingham coronary heart disease risk percentage is less than 15%. If the calculated 10-year risk is 15% or greater, further evaluation is required prior to waiver submission. See **ERHMS Pre-Deployment Medical Evaluation for Diabetic Responders and Recovery Workers**.

    d.   History of heat stroke. Persons with a history of heat stroke with no multiple episodes, no persistent sequelae or organ damage, and no episode within the last 24 months may be considered for waiver.

    e.   Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on medications available at the emergency response site.

    f.   Recurrent syncope for any reason.

    g.   Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment.

    h.   Renalithiasis, recurrent or currently symptomatic.

    i.   Pregnancy and breastfeeding. Individualized assessment required.

    j.   Obstructive sleep apnea (OSA). The OSA should be diagnosed within-laboratory polysomnography, with a minimum of 2 hours of total sleep time, that yields an apnea-hypopnea index (AHI) and/or respiratory disturbance index (RDI) of greater than 5 hour. Individuals who are treated with continuous positive airway pressure (CPAP) should deploy with a machine that has rechargeable battery back-up and sufficient supplies for the duration of the deployment. Individuals deploying to a location where their sleep environment has unfiltered air will typically not be granted waivers if a waiver is otherwise required per the guidance below. Advanced modes of airway pressure (adapt-servo ventilation, BIPAP, etc.) are not permitted in the emergency response site. The following guidelines are designed to ensure that individuals with OSA are adequately treated and that their condition is not of the severity that would pose a safety risk, should they be required to go without their CPAP for a significant length of time: OSA of any severity, if symptomatic despite treatment, is non-deployable. Individualized assessment required. OSA with an AHI and/or RDI ≥ 30/hr post-treatment requires a waiver for deployment to any location in the AOR. OSA with an AHI and/or RDI < 30/hr post-treatment does NOT require a waiver to deploy. Mild OSA (AHI and/or RDI < 15/hr) with or without CPAP treatment is deployable. No waiver required.

    k.   History of clinically diagnosed traumatic brain injury (mTBI/TBI) of any severity, including mild. Such history does not necessitate a waiver request but does require predeployment evaluation, which may include both neurologic and

psychologic components, in accordance with the Joint Theater Trauma System (JTTS) Clinical Practice Guideline (CPG). This CPG can be found at https://learning-media.allogy.com/api/v1/pdf/8344228d-e588-453b-a33d-fb257c76bef2/contents. Individuals who have had three clinically diagnosed TBIs (of any severity, including mild) since their last full neurologic/psychologic CPG-defined evaluation are required to have such an evaluation completed prior to deployability determination.

l. BMI > 35 with serious comorbidities such as diabetes, sleep apnea, obesity-related cardiomyopathy, or severe joint disease.

3. Cardiovascular conditions

a. Symptomatic coronary artery disease.

b. Myocardial infarction within one year of deployment.

c. Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment.

d. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator. Implantable cardiac devices: Individualized assessment required.

e. Hypertension that is controlled with a medication regimen that has been stable for 90 days and requires no changes does not require a waiver. Single episode hypertension found on pre-deployment physical should be accompanied by serial blood pressure checks to ensure hypertension is not persistent.

f. Heart failure or history of heart failure.

g. Morbid obesity (BMI > 40) in accordance with National Heart Lung and Blood Institute guidelines: Individualized assessment required.

h. Personnel who are 40 years of age or older should have a Framingham 10-year CHD risk percentage calculated. If the calculated 10-year CHD risk is 15% or greater, the individual should be referred for further cardiology work-up and evaluation, to include at least one of the following: graded exercise stress test, myocardial perfusion scintigraphy, or stress echocardiography. Results of the evaluation (physical exam, Framingham results, etc.) and testing, along with the evaluating physician's recommendation regarding deployment, should be included in a waiver request to deploy.

i. Hyperlipidemia that is controlled (total cholesterol < 240, LDL < 160, Triglycerides < 500) with a medication regimen that has been stable for 90 days and requires no changes does not require a waiver.

4. Infectious disease

a. Bloodborne diseases (hepatitis B, hepatitis C, HIV) that may be transmitted to others in a deployed environment: Waiver requests for persons testing positive for a bloodborne disease should include a full test panel for the disease, including all antigens, antibodies, and viral load.

b. Confirmed HIV infection: Individualized assessment required.

c. Latent tuberculosis, including those who are untreated or who are currently under treatment: Waiver requests for deployment of such individuals should include specific information regarding treatment, where they are in the treatment course, documentation of lack of adverse treatment effects, and feasibility of continued treatment in the emergency response site. Documentation should include a chest X-ray negative for active disease within 90 days of deployment and counseling on increased risk of disease if untreated. Mantoux tuberculin skin test convertors who have documented completion of public health nursing counseling for latent tuberculosis infection treatment may deploy without waiver as long as all other specific requirements are met.

d. Active tuberculosis: Individualized assessment required.

5. Eye, ear, nose, throat, dental conditions

a. Vision loss: Best corrected visual acuity must meet job requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the emergency response environment: Individualized assessment required.

b. Refractive eye surgery: Personnel who have had laser refractive surgery must have a satisfactory period for post-surgical recovery before deployment. There is a large degree of patient variability, which prevents establishing a set timeframe for full recovery. The attending ophthalmologist or optometrist will determine when recovery is complete. Specific conditions include: a. Personnel are non-deployable while still using ophthalmic steroid drops post-procedure. Individualized assessment required. b. Photorefractive keratectomy (PRK): Personnel are non-deployable for three months following uncomplicated PRK unless a waiver is granted. Related "surface ablation" procedures such as laser epithelial keratomileusis (LASEK) and epithelial LASIK are to be considered equivalent to PRK. Waiver request should include clearance from treating ophthalmologist or optometrist. c. Laser assisted in situ keratomileusis (LASIK): Personnel are non-deployable for one month following uncomplicated LASIK unless a waiver is granted. Waiver request should include clearance from treating ophthalmologist or optometrist.

c. Hearing loss: The requirement for use of a hearing aid does not necessarily preclude deployment. However, the individual must have sufficient unaided hearing to perform duties safely. If individuals meet the following criteria, unaided, then no waiver is required to deploy.

1. A hearing level no greater than 30 dB for either ear (the average of hearing levels at 500, 1000, and 2000 Hz), with no individual level greater than 35 dB at these frequencies and no greater than 55 dB at 4000 Hz; OR

2. A hearing level no greater than 30 dB at 500 Hz; 25 dB at 1000 and 2000 Hz; and 35 dB at 4000 Hz in the better ear.

3. An audiogram may not necessarily correlate with an individual's ability to perform duties as determined by an occupational health exam. Waiver requests should be accompanied by a provider's evaluation and assessment of speech recognition and ability to hear and wake up to emergency alarms and hear instructions in the absence of visual cues such as lip reading. Extreme

ranges (over 75 dB either ear, at any frequency) of hearing loss should be accompanied by an audiologist's assessment of functionality and Speech Recognition in Noise Test (SPRINT).

6. Dental conditions

   a. Responders likely to require evaluation or treatment during the period of deployment for oral conditions that are likely to result in a dental emergency.

   b. Responders recently receiving oral implants or dental bridges may require waivers from their dentists or oral surgeons.

7. Tracheostomy or aphonia

8. Cancer

   a. Cancer for which the individual is receiving continuing treatment or requiring frequent subspecialist examination and/or laboratory testing during the anticipated duration of the deployment.

   b. Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment.

9. Surgery

   a. Any medical condition that requires surgery (e.g., unrepaired hernia) or for which surgery has been performed and the patient requires ongoing treatment, rehabilitation, or additional surgery to remove devices (e.g., external fixator placement).

   b. Individuals who have had surgery requiring followup during the deployment period or who have not been cleared/released by their surgeon (excludes minor procedures).

   c. Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment.

10. Psychiatric conditions

   a. Psychotic and bipolar disorders are disqualifying for deployment. Individualized assessment required. For detailed guidance on deployment-limiting psychiatric conditions or psychotropic medications, refer to Department of Defense Health Affairs Policy Memorandum "Policy Guidance for Deployment-Limiting Psychiatric Conditions and Medications," November 7, 2006.

   b. Clinical psychiatric disorders with residual symptoms or medication side effects which impair duty performance.

   c. Behavioral health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.

   d. History of the following: psychiatric hospitalization; suicide attempt; substance (medication, illicit drug, alcohol, inhalant, etc.) abuse; or treatment for such abuse. Such history does not necessitate a waiver request but does require a pre-deployment evaluation by a behavioral health practitioner who is authorized to write profiles in order to make a deployability determination. Waiver requests

for such individuals should include the results and recommendation from this evaluation, as well as documentation of completion of any formal substance-abuse classes or instruction. For mTBI/TBI, this evaluation is required only if indicated by the JTTS-CPG.

e. Substance abuse disorders (not in remission) and actively enrolled in service-specific substance abuse programs: Individualized assessment required.

f. Psychiatric disorders with fewer than three months of demonstrated stability from the last change in treatment regimen (medication, either new or discontinued, or dose change). Note: Disorders that have demonstrated clinical stability for three months or greater, without change in therapy, do not require a waiver to deploy. Exceptions to this are noted elsewhere in this document and include specific diagnoses (e.g., bipolar disorder) and specific medications (e.g., antipsychotics).

g. Psychiatric disorders newly diagnosed during deployment do not immediately require a waiver for redeployment. Disorders that are deemed treatable, stable, and causing no impairment of performance or safety by a credentialed behavioral health provider do not require a waiver to remain at the emergency response site.

11. Medications: Although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment.

a. Blood modifiers

1. Therapeutic anticoagulants: warfarin (Coumadin®). Individualized assessment required.

2. Platelet aggregation inhibitors or reducing agents: clopidogrel (Plavix®), anagrelide (Agrylin®), Dabigatran (Pradaxa®). Note: Aspirin use in the emergency response site is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.

3. Hematopoietics: filgrastim (Neupogen®), sargramostim (Leukine®), erythropoietin (Epogen®, Procrit®).

4. Antihemophilics: Factor VIII, Factor IX.

b. Antineoplastics (oncologic or non-oncologic use), e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, examestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid®).

c. Immunosuppressants, e.g., chronic systemic steroids.

d. Biologic response modifiers (immunomodulators), e.g., abatacept (Orencia®), adalimumab (Humira®), anakinra (Kineret®), etanercept (Enbrel®), infliximab (Remicade®), leflunomide (Arava®).

e. Antipsychotics, except quetiapine (Seroquel®), 25 mg at bedtime for sleep.

    f.   Antimanic (bipolar) agents, e.g., lithium. Individualized assessment required.

    g.   Anticonvulsants, used for seizure control or psychiatric diagnoses:

        1.   Anticonvulsants (except those listed below) that are used for non-psychiatric diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not deployment limiting as long as those conditions meet the criteria set forth in this document and accompanying MOD ELEVEN. No waiver required.

        2.   Valproic acid (Depakote®, Depakote ER®, Depacon®, etc.).

        3.   Carbamazepine (Tegretol®, Tegretol XR®, etc.).

    b.   Varenicline (Chantix®). Individualized assessment required.

    c.   Opioids, opioid combination drugs, or tramadol (Ultram®), chronic use.

    d.   Insulin and exenatide (Byetta®). Individualized assessment required.

RESOURCES

CDC [2021]. Epidemiology and prevention of vaccine-preventable diseases (the Pink Book: Course Textbook—14th edition.) Washington, DC: U.S. Department of Health and Human services, Centers for Disease Control and Prevention, https://www.cdc.gov/pinkbook/hcp/table-of-contents/.

DOD [2015]. Post-deployment health assessment, form 2796. Washington, DC: Department of Defense, https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2796.pdf.

National Response Team [2012]. ERHMS national response team technical assistance document. United States Emergency Responder Health Monitoring and Surveillance Framework, National Response Team. USNRT Guidance, Technical Assistance, and Planning, https://www.nrt.org/sites/2/files/ERHMS_Final_060512.pdf.

NFPA [2007]. NFPA® 1582, Standard on comprehensive occupational medical program for fire departments. Chapter 6: Medical evaluation of candidates—sections 6.18.1 through 6.18.2, https://catalog.nfpa.org/NFPA-1582-Standard-on-Comprehensive-Occupational-Medical-Program-for-Fire-Departments-Spanish-P14514.aspx.

USCGAA [2010]. United States Coast Guard Auxiliary Aviation program flight crew medical screening form. Washington, DC: U.S. Coast Guard Auxiliary Aviation Program, https://rdept.cgaux.org/documents/Air/AV-10-1FlightCrewMedicalScreening.pdf.

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ERHMS Pre-Deployment Medical Evaluation for Diabetic Responders and Recovery Workers

ERHMS worker ID _____

This ERHMS document provides a general set of guidelines for evaluating individuals with diabetes for emergency response. They are based on the recommendations from CDC/NIOSH, the American Diabetes Association (ADA), the Department of Transportation (DOT), and American College of Occupational and Environmental Medicine (ACOEM).

Diabetes usually has no impact on a workers' ability to safely and effectively perform their particular duties involved in emergency response. The medical evaluation of a diabetic worker should be limited to evaluating whether that individual can perform the functions of the assigned job tasks while having diabetes, and not solely based upon whether the worker has a diagnosis of diabetes, uses insulin, or returns certain lab results (such as a level of A1C).

Emergency response work may present conditions that increase risks for hypoglycemia or hyperglycemia in diabetic workers. These conditions may include greater physical exertion in tough circumstances, erratic meal schedules, lack of refrigeration or electricity affecting storage of medication, extreme work hours, and stressful situations.

Diabetic workers who have a history of severe hypoglycemic episodes may require additional screening that takes place in the pre-deployment and deployment phase, where conditions may increase the risk for hypoglycemia. Unanticipated hypoglycemic episodes, with sudden disorientation or incapacitation, could affect job performance and safety in the field setting, involving not only the worker but also others deployed with them.

HEALTH CARE PROFESSIONALS ASSESSING RESPONDERS AND RECOVERY WORKERS WITH DIABETES

The following criteria should be used to assess a worker with diabetes to determine eligibility to roster for an emergency event:

1. A review of blood glucose test results in the past year, history of control in the past year, and current stability.
2. A knowledge and understanding of diabetes management.
3. A history of hypoglycemic episodes.
4. An awareness of an oncoming hypoglycemic episode (history of hypoglycemic unawareness).
5. The presence of diabetes-related complications.

Note: Evaluation of a diabetic worker for response work should not include urine glucose or AIC/eAG tests or be based on a general assessment of level of control or a single laboratory report (such as a blood glucose level).

SCREENING GUIDELINES

A number of useful screening guidelines for evaluating individuals with diabetes in various types of high-risk jobs have been developed in recent years. Examples include the ACOEM's National

Consensus Guideline for the Medical Evaluation of Law Enforcement Officers, the National Fire Protection Association's Standard on Comprehensive Occupational Medical Program for Fire Departments, the U.S. DOT's Federal Motor Carrier Safety Administration's Diabetes Exemption Program, and the U.S. Marshall Service and Federal Occupational Health Law Enforcement Program Diabetes Protocol.

EVALUATING THE SAFETY RISK OF EMPLOYEES WITH DIABETES FOR DEPLOYMENT

The following guidelines provide information for evaluating an individual with diabetes who seeks to be deployed in an emergency response, performing a high-risk job.

The first step is to determine the job duties that the individual will perform. For most types of deployment (such as jobs in a command center, volunteer organization site, or post-disaster site), there is no reason to believe that the individual's diabetes will put workers, colleagues, or the public at risk. In other types of deployment (such as jobs where the individual must operate machinery, be alone or with others in highly hazardous conditions, or deal with hazardous materials), the major concern is whether the diabetic worker has a history of experiencing episodes of sudden disorientation or incapacitation due to severe hypoglycemia, which can occur from a variety of causes. While rare, this medical history is important to document so that workplace placement and accommodations can be made prior to assignment.

Screening guidelines concur that a single episode of severe hypoglycemia should not disqualify an individual from deployment to an emergency response. Circumstances of hypoglycemic episodes need to be taken into account, as some occurrences can be explained by changes in insulin dosage, illness, or other factors and thus will be unlikely to recur or have already been addressed by the individual through changes to his or her diabetes treatment regimen or education. Recurrent episodes of severe hypoglycemia or the loss of ability to recognize the early warning signs of hypoglycemia may require accommodations and restricted work or may exclude them from emergency response work.

In contrast to severe hypoglycemia, high blood glucose levels (hyperglycemia) does not pose an immediate risk of sudden incapacitation. High blood glucose levels are taken into account only if they have already caused long-term complications, such as visual impairment that interferes with performance of the specific job.

Chronic complications may involve nerve (neuropathy), eye (retinopathy), kidney (nephropathy), and heart disease. In turn, these problems increase the risk of vision loss, kidney failure, stroke, or heart attack. As these complications could potentially affect job performance and safety, the presence of these conditions may warrant further evaluation by an endocrinologist for assessment to include them in emergency response work.

RESOURCES

CDC/NIOSH

National Response Team [2012]. ERHMS national response team technical assistance document. United States Emergency Responder Health Monitoring and Surveillance Framework, National

Response Team. USNRT Guidance, Technical Assistance, and Planning, https://www.nrt.org/sites/2/files/ERHMS_Final_060512.pdf.

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ADA [2004]. Diagnosis and classification of diabetes mellitus. The American Diabetes Association. Diabetes Care (Suppl 1):S5–S10, https://care.diabetesjournals.org/cgi/content/full/27/suppl_1/s5.

ADA [2014]. Common reasonable accommodations for individuals with diabetes. Arlington, VA: American Diabetes Association, https://diabetes.org/tools-support/know-your-rights/discrimination/employment-discrimination/reasonable-accommodations/common-reasonable-accommodations.

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ADA [2018]. Fire fighters and diabetes discrimination. Arlington, VA: American Diabetes Association, https://diabetes.org/advocacy/know-your-rights/fire-fighters-and-diabetes-discrimination.

Further Information

ACOEM [2018]. Chapter 4.3–diabetes mellitus. In: Guidance for the medical evaluation of law enforcement officers. Elk Grove Village, IL: American College of Occupational and Environmental Medicine, http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/ACOEM-Diabetes-2007.pdf.

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FMCSA [2018]. Qualifications of drivers; diabetes standard. Washington, DC: Department of Transportation, Federal Motor Carrier Safety Administration, https://www.federalregister.gov/documents/2018/09/19/2018-20161/qualifications-of-drivers-diabetes-standard.

NFPA [2007]. NFPA® 1582, Standard on comprehensive occupational medical program for fire departments. Chapter 6: Medical evaluation of candidates—sections 6.18.1 through 6.18.2. Chapter 9: Essential job tasks—specific evaluation of medical conditions in members—sections 9.6.1 through 9.6.5. Annex A: Explanatory material—sections A.6.18.1 through A.6.18.2 and A.9.6.3.1], https://catalog.nfpa.org/NFPA-1582-Standard-on-Comprehensive-Occupational-Medical-Program-for-Fire-Departments-Spanish-P14514.aspx.

ERHMS worker ID _____

PHYSICIAN EVALUATION OF APPLICANT WITH DIABETES

DATE OF EXAM (MM/DD/YYYY)_____

DEMOGRAPHIC INFORMATION (To be filled out by workers/volunteers)

1. Name (Last, First, MI) _____

2. Email _____

3. Date of birth (MM/DD/YYYY) ___/___/____

4. Sex: male/female (specify) _____

5. Race: ☐ White/Black or African American ☐American Indian or Alaska Native ☐ Asian ☐ Pacific Islander ☐ mixed race ☐ other ☐ refused

NOTE: QUESTIONS 6–10 CAN BE COMPLETED IN ERHMS INFO-MANAGER OR COMPARABLE DATA SYSTEM

6. Phone (with area code): _____

7. Address:

   Street_____

   City _____ State _____ Zip code _____

8. Employment:

   A. Employer (at usual job) _____

   B. Supervisor's name (last, first) _____

   C. Supervisor's phone _____

   D. Usual occupation (job) _____

   E. Usual industry _____

   F. How long have you worked at your usual job? Years _____ Months _____

9. Incident organization _____

10. Possible deployment role(s) _____

TO BE COMPLETED BY PHYSICIAN

11. *(Check which one applies)* ☐ Type 1 diabetes OR ☐ Type 2 diabetes

12. Date of initial diagnosis: ____ / ____ / _____

13. If type 1 diabetes:

    A. Patient has been on a basal/bolus regimen   ☐ Yes ☐ No

    B. Patient is on insulin pump   ☐ Yes ☐ No

       If yes, specify type of pump _____

    C. Current insulin regimen

       _____

14. If type 2 diabetes:

    A. Patient is on insulin   ☐ Yes ☐ No

    B. Patient is on insulin pump   ☐ Yes ☐ No

    If yes to question 14A and/or 14B, what is the current regimen on insulin?

    _____

    C. Patient is on oral medications   ☐ Yes ☐ No

    If yes to question 14C, what is the current regimen on oral medications?

    _____

15. Has documentation of ongoing self-monitoring of blood glucose   ☐ Yes ☐ No

16. Has been educated in diabetes and its management to monitor and manage diabetes
    ☐ Yes ☐ No

17. If patient is an insulin pump user:

    A. Has proper understanding, training, and education on the use of the insulin pump
       ☐ Yes ☐ No

    B. Routinely carries appropriate supplies to compensate for pump malfunction   ☐ Yes ☐ No
       If no, explain: _____

18. In the past 1 year, has had more than two (2) episodes of severe hypoglycemia (loss of
    consciousness, seizures or coma, requiring the assistance of others, or needing urgent
    treatment [glucagon injection or IV glucose])   ☐ Yes ☐ No

19. In the past 1 year, has had more than two (2) episodes of a blood sugar level < 60 mg/dl with
    unawareness demonstrated in current glucose logs   ☐ Yes ☐ No

    A. If yes, list dates and descriptions of episodes:

    _____

    _____

    _____

20. Has had a complete eye exam by a qualified ophthalmologist or optometrist, including a
    dilated retinal exam, demonstrating no more than mild background diabetic retinopathy

    ☐ Yes ☐ No

    Date of ophthalmology or optometry report ____/_____/_____

21. Has normal vibratory testing with 128 Hz tuning fork _____ ☐ Yes ☐ No

22. Normal testing with 10-gram Semmes-Weinstein monofilament _____
    ☐ Yes ☐ No

ERHMS worker ID _____

23. Normal orthostatic blood pressure   ☐ Yes ☐ No

   A. BP supine: _____

   B. BP standing: _____

24. Normal orthostatic pulse   ☐ Yes ☐ No

   A. Pulse supine: _____

   B. Pulse standing: _____

TREATING PHYSICIAN STATEMENT

The above-named individual meets all of the criteria provided on this form for the stated work/job.

   ☐ Yes ☐ No

If not recommended for position, individual IS recommended for position in _____

_____

Signature of physician   Date MM/DD/YYYY

_____

Printed or typed name of physician   Telephone number (with area code)

ERHMS Pre-Deployment Noise and Audiology Exam

ERHMS worker ID _____

The Emergency Responder Health Monitoring and Surveillance (ERHMS) program recommends that a thorough fitness for deployment examination take place annually for employees, contractors, and volunteers deploying to emergency responses.

This form pertains to the Baseline and Annual Pre-Deployment Noise exposure and Audiology Exam.

1. Today's date (MM/DD/YYYY)_____

2. Name (Last, First, MI) _____

3. Email _____

4. Date of birth (MM/DD/YYYY) ___/___/_____

5. Phone (with area code)_____

NOTE: QUESTIONS 6–14 CAN BE COMPLETED IN ERHMS INFO-MANAGER OR COMPARABLE DATA SYSTEM

6. Address:

    Street _____ City _____

    State _____ Zip _____

7. Employer (at usual job) _____

8. Supervisor's name (last, first) _____

9. Supervisor's phone _____

10. Usual occupation (job) _____

11. Usual industry _____

12. How long have you worked at usual job?   Years ____   Months _____

13. Incident organization _____

14. Possible deployment role(s) _____

I. Audiology Exam

15. Please check the type of exam performed

        ☐ Baseline ☐ Annual ☐ Retest

16. Usual noise exposure at job (check all that apply)

        ☐ Steady ☐ Intermittent ☐ Impulse

17. Source of noise _____

18. Estimated hours per day exposed _____ (hours/day)

19. In the past year, have you worked in noise so loud that you would have had to raise your voice to speak to someone an arm's length away for at least one day? ☐ Yes ☐ No

20. Time since most recent noise exposure: Hours _____ Days _____

21. Duration of most recent noise exposure: Hours _____ Days _____

22. Other noise exposure (check all that apply)

   ☐ Prior military service

   ☐ Loud music

   ☐ Firearms

   ☐ Motorcycles

   ☐ Power tools

   ☐ Heavy machinery

   ☐ Other (specify) _____

II. Hearing Protective Equipment Used

23. At work, which do you have? ☐ Ear plugs   ☐ Ear muffs   ☐ Canal Caps   ☐ Other Type

24. How often do you wear this equipment when exposed to noise?

   ☐ Always   ☐ Sometimes   ☐ Rarely   ☐ Never

III. Medical History

25. Do you have any of these? (Check all that apply)

   ☐ History of hearing loss   ☐ History of ringing in ears

   ☐ Family history of hearing loss   ☐ History of recurrent impacted ear wax

   ☐ History of recurrent ear infections   ☐ History of wearing hearing aids: R ☐ L ☐

   ☐ History of head injury   ☐ Current cold, flu, or allergy symptoms

If you checked any of the items above, please explain:

_____

_____

_____

QUESTIONS 26–28 TO BE COMPLETED BY PHYSICIAN, CLINICAL PROVIDER, OR AUDIOLOGY TECHNICIAN

26. Physical examination of ears

   A. Left_____

   B. Right _____

27. Education (the following was discussed with the employee)

    ☐ Causes of hearing loss

    ☐ Types of ear protectors

    ☐ How to protect hearing

    ☐ Importance of hearing program

ATTACH SCANNED VERSION OF MOST RECENT OR CURRENT ANNUAL AUDIOGRAM

28. Assessment (check one)

    ☐ Normal audiogram

    ☐ Abnormal audiogram with no change from baseline: ☐ Right ear   ☐ Left ear

    ☐ Standard threshold shift or other significant change: ☐ Right ear   ☐ Left ear

29. Recommendations (check all that apply)

    ☐ Continue annual testing

    ☐ Repeat manual audiogram

    ☐ Refer to Audiologist/ENT

Nurse/Technician _____

               (Print name)   (Signature)   (Title)   (Date)

Physician _____

               (Print name)   (Signature)   (Date)

Remarks: _____

AUDIOMETER CALIBRATION (Re: 29 CFR 1910.95, Occupational Noise Standard)

Daily biological / Functional check [1910.95(h)(5)(l)]: Completed   ☐ Yes   ☐ No

Calibration dates: acoustic: [1910.95(h)(5)(ii)]: _____

Exhaustive: [1910.95(h)(5)(iii)]: _____

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ERHMS Pre-Deployment Medical Determination of Deployability

ERHMS worker ID _____

1. Date_____
2. Name (Last, First, MI) _____
3. Date of birth _____/_____/_____
4. What sex are you?

   ☐ Male   ☐ Female   ☐ Decline to answer
5. Phone number (with area code) _____
6. Email address _____
7. Employer or volunteer organization on site _____

Overall Medical Assessment of Worker Regarding Deployability:

☐ Cleared for deployment without restriction

☐ Cleared for specialized or high-risk tasks, austere environments

☐ Cleared for deployment with specified restrictions/accommodations (e.g., regarding types of activities/exposures, restrictions/accommodations are listed below)

☐ Not cleared for deployment (Explanations below)

☐ Recommended for additional training prior to clearance (Explanations below)

☐ Not cleared for deployment; referral for further medical consultation (Explanations below)

☐ Recommended for medical readiness updates. May delay or make undeployable, e.g., pregnancy test, immunizations, dental exams, etc. (Explanations below)

Notes/Explanations/Accommodations:

_____

_____

_____

Refer to the list of medical conditions found in form ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Exam (Form 2 of 2) that need consideration for denying medical clearance for or to disapprove deployment of a worker, employee, volunteer, or contractor's employee to an emergency response site.

ERHMS worker ID _____

Clinical examiner (first name, last name, degree)

_____

State and professional license number _____

_____/ _____
Physical examiner's name (printed)   Signature

Date (MM/DD/YYYY) _____

ERHMS Pre-Deployment Rostering and Credentialing Information

ERHMS worker ID _____

Authority: _____

Purpose: To collect personal information prior to deployment in an emergency, contingency, or other operation to assist health care and emergency response personnel in administering present or future care, and understanding and improving emergency response and the health and safety of responders through analysis of data collected during emergency response.

Routine uses: Use and disclosure of your records outside of your organization may occur in accordance with _____ and as permitted by the Privacy Act of 1974, as amended [5 U.S.C. 552a(b)]. Any protected health information (PHI) in your record may be used or disclosed generally by HIPPA privacy rules (45 CFR Parts 160 and 164). Permitted uses and disclosures of PHI.

Disclosure: Voluntary

DEMOGRAPHICS

1. Name (Last, First, MI) _____
2. Email _____
3. Phone (with area code) _____
4. Street address _____ Apt# _____
5. City _____
6. State _____
7. Zip code _____
8. Date of birth (MM/DD/YYYY) _____
9. What sex are you?

    ☐ Male   ☐ Female   ☐ Decline to answer

10. Race:

    A. American Indian or Alaska Native _____
    B. Asian _____
    C. Black or African American _____
    D. Native Hawaiian or other Pacific Islander _____
    E. White _____

11. Ethnicity:

    A. Hispanic/Latino _____
    B. Not Hispanic/Latino _____

12. Height (ft/in) _____feet _____inches

13. Weight (pounds) _____

14. Languages spoken fluently_____

USUAL EMPLOYMENT

15. Usual employer or company name (at usual job) _____

16. Supervisor's name (first, last) _____

17. Supervisor's phone _____

18. Usual occupation_____

19. Usual industry _____

20. How long have you worked at usual job?   Years _____   Months _____

INCIDENT RESPONSE

21. Incident/emergency response organization (name) _____

22. Address of emergency response organization_____

23. Emergency response supervisor's name (first name, last name)

    _____

24. Emergency response supervisor's telephone #_____

25. Are you being deployed as an employee, contractor, or volunteer?

    ☐ Employee

    ☐ Contractor

    ☐ Volunteer

26. Are you a union member?

    ☐ Yes   If yes, give union's name_____

    ☐ No

27. Have you had a medical history and/ or physical exam by a health professional in the last 12 months?

    A. Yes _____

    B. No _____

28. Travel Documents

    A. Personal passport number _____

    B. Government passport number (if applicable) _____

    C. Emergency ID badge number (if applicable) _____

LICENSING AND CREDENTIALING

29. List your TYPE of professional license (firefighter, police, medical, nursing, industrial hygienist, environmental health specialist, etc.) and the State(s) where it applies:

_____

30. List your professional license number and expiration date (exp):

   A. License #:_____

   B. License exp date: _____

31. List other licenses and certifications applying to emergency response:

   A. _____

   B. _____

   C. _____

   D. _____

32. Credential level assigned by the emergency response administrator:

   A. _____

RESOURCES

National Response Team [2012]. ERHMS national response team technical assistance document. United States Emergency Responder Health Monitoring and Surveillance Framework, National Response Team. USNRT Guidance, Technical Assistance, and Planning, https://www.nrt.org/sites/2/files/ERHMS_Final_060512.pdf.

NIOSH [2018]. ERMHS info manager user guide version 2.0. By Shugart JM, McGarvey A, Williams S, Dowell CH. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication 2018-115, https://www.cdc.gov/niosh/docs/2018-115.

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ERHMS Pre-Deployment Consent to Deployment for Responders and Recovery Workers

ERHMS worker ID _____

This form is to be used for workers aged 18 and over.

_____

Today's date (MM-DD-YYYY):

_____

Name (Last, First, MI):

_____

Email:

_____

Phone (with area code):

_____

Date of birth (MM-DD-YYYY):

_____

Please initial beside each statement below:

_____ I understand that this is a voluntary assignment.

_____ I acknowledge that to be deployed I have to be medically cleared and have my credentials, previous training, and licenses verified.

_____ I acknowledge that to be deployed, additional training may be required based on conditions, terms of deployment, or exposures.

_____ If applicable: I understand that, should I be deployed, certain aspects of my employment will change during the period I am deployed, including my shift hours, number of hours worked, compensation, and working conditions.

_____ I understand that I must deploy within ___ hours of notification and that I must be able to be on-site at the designated area within ___ hours. (Travel arrangements will be made and paid by _____).

_____ I understand that, if deployed, the duration of the assignment is based on the size of the situation; a single tour may last _____ days.

_____ If applicable: If I am a member of a bargaining unit at work, the contracted terms, conditions, and/or obligations in my regular job may or may not apply. Information will be provided by _____.

_____ My deployment to the field, under emergency response, may or may not change the terms and conditions of my employment with my organization or create an alternative employment contract. Information will be provided by _____.

ERHMS worker ID _____

_____ If applicable: I will be informed of any changes in my pay rate at the time I am activated.

_____ I understand that certain personal protected information, as well as other aspects of the deployment, may be confidential and handled in a secure manner as allowable by law.

_____ I understand that certain personal protected information, as well as other aspects of the deployment, may have to be shared with certain incident command staff (ICS)in a secure manner as allowable by law.

_____ I understand that I may be subject to additional vetting (such as an interview or approval by a direct supervisor or references) to further assess my qualifications before being designated for deployment.

_____ I understand and consent to collecting, using, and maintaining of personal information as it applies to emergency response.

_____ I understand and consent to allow the _____ to perform background/reference checks.

If there are additional requirements for deployment, the organization should add them below, with directions for workers to initial each additional requirement.

_____

_____

_____

_____

By signing below, I verify that I understand and agree to the above terms.

Worker/employee ID # _____ Date_____

(Electronic signature)_____

Office of Emergency Management signature_____

Originals and hard copies should be kept in the employee file at your primary work location.

RESOURCES

National Response Team [2012]. ERHMS national response team technical assistance document. United States Emergency Responder Health Monitoring and Surveillance Framework, National Response Team. USNRT Guidance, Technical Assistance, and Planning, https://www.nrt.org/sites/2/files/ERHMS_Final_060512.pdf.

OEM [2014]. Incident management team application. Gulfport, MS: American Medical Response Office of Emergency Management, Federal Emergency Management Administration (Federal EMS Contractor).

ERHMS Pre-Deployment Training Completion Checklist for Responders and Recovery Workers

ERHMS worker ID _____

Date _____

Last name/first name/middle initial _____

Email address _____

Date of birth __/__ / _____

Training courses	Check (✓) if taken	Month/ Year taken
EMERGENCY RESPONSE TRAINING COURSES		
ICS-100.C: Introduction to the Incident Command System, ICS 100		
ICS-200.C: Basic Incident Command System for Initial Response		
IS-700.B: An Introduction to the National Incident Management System		
IS-800.C. National Response Framework, an Introduction		
General Safety Awareness		
Environmental Conditions (heat/cold/extreme weather)		
Personal Protective Equipment for operations, meeting the requirements of OSHA, 29 CFR 1910.132		
Respiratory Protection Program, meeting the requirements of OSHA, 29 CFR 1910.134		
Bloodborne Pathogen Training meeting the requirements of OSHA, 29 CFR 1910.1030		
Hazard Communication and Globally Harmonized System of Classification and Labeling of Chemicals Training, meeting the requirements of OSHA, 29 CFR 1910.1200		
Ionizing Radiation Program meeting requirements of OSHA, 29 CFR 1910.96		

ERHMS worker ID _____

Training courses	Check (✓) if taken	Month/Year taken
Access to Employee Exposure & Medical Records Training, which meets the requirements of OSHA, 29 CFR 1910.1020 (Access to Employee Exposure & Medical Records)		
Hazardous Waste Operations and Emergency Response Standard (HAZWOPER) training according to the OSHA Standard 1910.120. The training should cover these elements: Safety, health, and other hazards present on the site; use of personal protective equipment; practices to minimize work risks from hazards; safe use of equipment and engineering controls; medical surveillance requirements; safe handling of hazardous elements; etc.		
Recommended courses include: HAZWOPER 40-Hour Training (29 CFR 1910.120(e)(3) HAZMAT 24-Hour Technician Training (29 CFR 1910.120(q)(6)(iv)		
Disaster Zone Safety (Fire Drill Protocol and Exit Safety)		
Internal and External Crisis Communications		
OSHA Hazard Communications Standard		
FEMA's Incident Action Plan/Incident Management		
Local Health and Safety Plan		
Standard Operating Guide/Procedure		
Situation Reports		
Mobile Communications		
Self-Care/Buddy Care		
Physical/Emotional Impact of Response		
Work Schedule		
Organizational Response to Disaster		
Incident Command System		
National Incident Management System		

Training courses	Check (✓) if taken	Month/ Year taken
DECONTAMINATION		
Chemical/Biological Decontamination		
Gross Decontamination		
Equipment Decontamination		
SITE OPERATIONS		
Site Control		
Credentialing		
Accountability		
OTHER TRAINING		

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ERHMS Pre-Deployment General Preparation and Reminders Checklist for Responders and Recovery Workers

ERHMS worker ID _____

GENERALITIES

Required

- ☐ If deploying overseas, obtain passport and ensure immunizations are current
- ☐ If applicable, acquire deployment-specific immunizations/prophylactic medication
- ☐ Check prescriptions for status of refills and expiration dates
- ☐ Ensure you have a spare set of eyeglasses and/or contact lenses

NOTIFICATIONS

Required

- ☐ Call/email supervisor "notice of arrival" (NOA) and "return home safely" (RHS)
- ☐ Call/email team lead or appropriate person of contact (POC)
- ☐ Discuss deployment with significant other (provide contact info, explain household activities typically performed by the deployed individual)
- ☐ Call friends and family
- ☐ Switch cell phone from nationwide to international setting if you have an international phone

Recommended

- ☐ Notify long distance provider to make sure the family is on an international calling plan (if applicable)
- ☐ Notify credit card company of the locations you will be in

MISCELLANEOUS RECOMMENDED

- ☐ Make a list of important e-mail addresses to take with you
- ☐ Set-up an emergency communication plan
- ☐ Make sure everyone needed is aware of computer passwords

WORK

- ☐ As appropriate, place on hold or complete assignments
- ☐ Establish out-of-office email message
- ☐ Establish out-of-office voicemail message
- ☐ Designate points of contact

LEGAL AFFAIRS

☐ Prepare both a living will and a last will and all associated documents

---

Tips:

1. Consider giving your spouse, a relative, or a trusted friend a power of attorney or limited power of attorney to handle affairs in your absence or designate someone to make health care decisions on your behalf.

2. Place important documents in a safe deposit box (e.g., will, power of attorney, birth certificate, court documents, social security card, tax records, passports).

FINANCIALS

☐ Register for online access to your accounts

☐ Obtain PIN numbers and passwords as needed

☐ Set up automatic deposit, investment, and payment services

Tips:

1. Set up a folder to hold receipts and financial and legal documents in your absence.

2. Review financial arrangements and ensure accounts are shared as needed.

3. Record financial account numbers and take a copy of that record with you when you deploy.

4. Keep additional funds in your checking account to manage household.

5. Notify creditors who may offer deployment discounts.

PERSONAL PROPERTY

☐ If possible, identify and resolve problems with cars, household, and appliances

☐ Make sure someone knows how to turn off the hot water heater, water or well pump, gas mains, and any other major utilities

☐ Check smoke and carbon monoxide detectors

☐ Label fuses and circuit breakers and show your family members or a trusted friend how to use them

☐ If you have a home security system, make sure it works; leave instructions with a neighbor or trusted friend should the alarm activate

☐ Update property inventory with serial numbers

☐ Prepare a household emergency kit with a flashlight, first-aid kit, extra batteries, fire extinguisher, matches, electrical tape, bottled water, candles, etc.

IF LEAVING HOME UNATTENDED

☐ If renting, notify landlord of time of absence

☐ Cancel newspaper delivery

☐ Secure any weapons stored in the home

☐ Make arrangements with a family member or someone you trust to secure and protect your personal property; consider a commercial storage facility as an alternative

☐ Complete a temporary change-of-address form (depending on length of deployment)

Tips:

1. Arrange for high-value items ($2,500 or more) to be stored in a secure location like a safety deposit box.

2. Arrange care for pets and notify veterinarian if someone will be taking care of your pet.

MISSION SUPPORT

Required

☐ Complete pre-deployment training as required by _____ agency

Recommended

☐ Inform host emergency response organization, state agency, nation(s) contacts as necessary

☐ Contact mission POC and your support element as necessary, i.e., mission and/or country reports

NOTE: Backpack (carry-on bag, packed to sustain you for 3 days) — Packed to allow for carrying onto an airplane. Items may need to be packed in sandwich bags to keep dry.

Required (bring on plane)

☐ ID, travel orders, driver's license

☐ 1st pair closed-toe shoes (if needed, steel-toed boots; this is deployment-dependent)

☐ 1-quart clear sandwich bag

☐ Travel size toothpaste, shampoo, soap, deodorant, shaving cream, insect repellant, sunblock

☐ 1 EMPTY water canteen/bottle (fill up after clearing airport security)

☐ 14 days of any prescription medication you regularly take

ERHMS worker ID _____

NOTE: Packing Checklist for checked or carry-on bag: This bag should be packed or easily packed within your required deployment time frame. Your carry-on bag and a larger suitcase or backpack should sustain you for at least one week. Required and recommended items for your second bag are listed below.

Required

- ☐ 2nd pair closed-toe shoes (if needed, steel-toed boots; these are deployment-dependent)
- ☐ 5–8 pairs supportive socks, such as boot socks (may need more, depending on climate of deployment location)
- ☐ 5–8 pairs underwear (may need more, depending on climate of deployment location)
- ☐ Towels
- ☐ Additional toiletries (toothpaste, soap, unscented shampoo, deodorant, sunblock, small rolls of toilet paper)
- ☐ Bed sheet (poncho liner works well)
- ☐ Mesh laundry bag with large metal laundry bag safety pin
- ☐ Weather-dependent clothes
- ☐ Glasses/extra contact lenses

Recommended

- ☐ Safety shaving razor
- ☐ Towel
- ☐ Small roll of toilet paper
- ☐ Shower shoes
- ☐ Large plastic trash bag
- ☐ Rain poncho
- ☐ Pen/notebook
- ☐ Immunization record (yellow card)
- ☐ Flashlight with extra batteries
- ☐ Energy bars, trail mix
- ☐ Eye, ear, hand protection
- ☐ Cash (~$150) in case ATMs are not available
- ☐ Items for use during downtime: reading materials, music, etc.
- ☐ Alcohol pads/baby wipes/hand sanitizer
- ☐ Foot powder
- ☐ Sewing kit

☐ Multi-use knife (do not pack in carry-on bag)

☐ Ziplock bags (assorted sizes)

☐ Exercise clothes/shoes

☐ Sleeping bag rated for expected weather (if necessary)

☐ Blanket

☐ Clothesline/small rope

☐ Laundry detergent

☐ Canteen or water bottle with cup

☐ Locks (must be TSA compliant if placed on bag prior to checking on aircraft)

DO NOT BRING: Firearms/ammo, knives over 4", liquid fuel, alcohol, contents under pressure, liquids exceeding 3.4 fl. oz.

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ERHMS Generic Consent for Research Studies

ERHMS worker ID _____

Consent to be in a research study

Note: Organizations can use the italic instructions in the form to obtain consent for a research study or modify the text as needed.

Insert title of the study here

1	**Who is conducting the study?**	ORGANIZATION is a federal, state, or local (county, city, etc.) agency, academic institution, or non-governmental organization that studies worker safety and health. We are partnering with [list institutional research partners].
2	**What is the purpose?**	In one or two sentences, briefly explain the study purpose in terms that are both understandable and applicable to the participant.
3	**What will I do?**	What will I do? Briefly explain in terms the participants will understand the tasks, procedures, therapies, tests, etc., involved in the study. Use bullets and separate information sheets for complex or varied procedures. Inform participants if you will be recording voice, image, or videos of them. If these will be used for purposes other than research, a separate release form should be used.
4	**When, where, and for how long will I be needed?**	Briefly describe the location and duration of the study. If return visits are necessary, describe frequency and duration. For example, you may want your participants to come to the study site two times during the next year, and each visit will take two hours.
5	**Are there any risks?**	Provide a description of any reasonably foreseeable risks or discomforts to the subject (i.e., known risks of participation in the study). Include a statement that the particular treatment or procedure may involve risks to the subject that are currently unforeseeable. Lack of confidentiality is a risk for many studies and should be listed. How risks will be mitigated should also be stated here. Multiple risks may best be listed as bullets.
6	**Is my participation voluntary?**	The study is voluntary. • You may choose to be in the study or not. • You may choose to answer any or all questions. • You may drop out any time for any reason without consequences to you. You can inform participants of the importance of full participation or that it is necessary if they are to be included in the study results.

Consent to be in a research study

Note: Organizations can use the italic instructions in the form to obtain consent for a research study or modify the text as needed.

Insert title of the study here

7	**What if I am injured or harmed at a research facility or at another location where the research project is being conducted?**	This *IMPORTANT SECTION* needs to be worked out by the Research Organization prior to submitting a research protocol to their Institutional Review Board. **As an example, NIOSH uses the following language, which will not apply to other agencies and organizations or non-federally funded research:** NIOSH will summon emergency medical aid by calling 911. If NIOSH finds your injury was a direct result of participation in the study and if appropriate documentation is provided, NIOSH may provide short-term medical treatment that it deems necessary to treat the immediate medical needs arising from the injury. In general, no long-term medical care or financial compensation of research-related injuries will be provided by NIOSH, the CDC, or the Federal Government. However, if you believe NIOSH has been negligent in conducting the research study and you believe you have suffered a harm as a result, you have the right to pursue a legal remedy under the Federal Tort Claims Act (28 U.S.C. §§ 2671-2680 and 28 U.S.C. § 1346(b)). To learn more about how to file a federal tort claim, call the General Law Division of the HHS Office of the General Counsel at (202) 619-2155 or go to https://www.hhs.gov/about/agencies/ogc/key-personnel/immediate-office-of-the-general-counsel/index.html.
8	**Will I be reimbursed or paid?**	List money, gift cards, transportation, and other tangible items provided as incentive or reimbursement. Include information regarding incremental or partial payment if participant does not complete the study. You will not be paid or reimbursed for participating.
9	**Are there other benefits?**	List results of clinically relevant medical procedures or diagnostic tests and other useful information provided to the participant and their physician with permission. If there are no personal benefits, state this fact. Workplace or societal benefits can be noted secondarily.
10	**What alternative procedures might benefit me?**	Alternative procedures include drug, device, or vaccine trials. This may be appropriate for intervention studies where other acceptable interventions exist. If this section does not apply, it can be omitted.

Consent to be in a research study

Note: Organizations can use the italic instructions in the form to obtain consent for a research study or modify the text as needed.

Insert title of the study here

11	**Will my personal information be kept private?**	You can add that personal identifiable information will be destroyed at some specified time. The study is anonymous. We will not be collecting or recording any personal identifiable information.
		If applicable, note Assurance (308d) or Certificate (301d) of Confidentiality. As an example, NIOSH uses the following language, which may not apply to non-federal agencies or non-federally funded research: NIOSH is authorized to collect your personal information and will protect it to the extent allowed by law. There are conditions under the Privacy Act where your information may be released to collaborators or contractors, health departments or disease registries, to the Departments of Justice or Labor, or to congressional offices.
12	**Will I or anyone else receive study results?**	State what (nothing, individual results, summary results, final report) you will provide, and when and how you will provide it. You can explain why you may not be providing results. If study results will be provided to employer or other party, indicate so here.
13	**Who can I talk to if I have more questions?**	For questions about the research study, contact the principal investigator, name at e-mail address or telephone number.
		For questions about your rights, your privacy, or harm to you, contact the Chair of the Institutional Review Board (IRB) at [insert here].
		For questions about your rights, your privacy, or harm to you, contact the Chair of the NIOSH Institutional Review Board (IRB) in the Human Research Protection Program at [phone number].
14	**My signature**	The study was explained to me. My questions were answered. I agree to be in the study.
		_____
		Printed name of participant [optional]
		_____
		Participant signature Date
		I have accurately described this study to the participant. [Optional]
		_____
		Organization representative signature Date
15	**Additional consent**	Additional signature lines or to-be-checked boxes can be included to provide an opportunity to opt in or out of ancillary elements of the protocol such as the use of photographs, requesting that medical results be sent to a personal physician, or allowing data or biological samples to be used in future research.

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ERHMS Deployment Self Medical Assessment for Deployability

ERHMS worker ID _____

All emergency responders and recovery workers (paid and voluntary) must participate. Medical clearance depends on a series of steps that include a self-regulated process, to ensure that achieving the incident objectives will not pose a risk to the well-being of the worker, other workers, the incident, or impacted community.

1. If there have been prior early demobilizations or early demobilization due to prior illness, do not roster until cleared by the medical unit.

2. Workers must assess their own health readiness, based on the following information.

   A. Workers must determine that one of the following conditions applies:

   ☐ I have been screened within the last year and found to be deployable without restrictions.

   ☐ I have been screened and cleared for specialized or high-risk tasks.

   ☐ I have been screened within the last year and found to be deployable with specified restrictions/accommodations. I have/will obtain the written/electronic proof of those accommodations.

   ☐ I must be screened by the medical unit, as my health conditions may have changed in the previous year.

   ☐ I have been screened within the last year and found not to be deployable.

_____

Worker   Sign and date
(Print first name, MI, last name)

_____

Coordinator of emergency response   Sign and date
(Print first name, MI, last name)

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ERHMS Deployment Emergency Response Information Checklist

ERHMS worker ID _____

The Emergency Responder Health Monitoring and Surveillance (ERHMS) program recommends that employees, contractors, and volunteers deploying be provided specific information concerning the emergency response site(s) and the expected deployment location(s).

☐ Deployment

    ☐ Date(s) of deployment

    ☐ Duration of deployment, rotation

    ☐ Location of deployment

    ☐ Deployment tasks and assignments

    ☐ Deployment contact and supervisor's contact information

    ☐ Travel logistics and contact

    ☐ Work logistics: anticipated shift schedules (hours per day, days per week, rotation schedules)

    ☐ Anticipated changes in pay and reimbursements

    ☐ Anticipated time off post-deployment

☐ Training

    ☐ Accountability and supervisory chain on-site

    ☐ Hazardous exposure and conditions (recognition, protection, reporting)

    ☐ Evacuation, fire, etc.

    ☐ Heat stress

    ☐ Mental health and stress

    ☐ Personal protective equipment (PPE)

    ☐ Specific work tasks

    ☐ Safety, including transportation safety

    ☐ Communication equipment

    ☐ Tactical communications

    ☐ Location tracking

☐ List of needed personal equipment and belongings

☐ Work contacts

    ☐ Employee human resources contact

    ☐ Illness and injury contacts

    ☐ Employee Assistance Program contact

ERHMS worker ID _____

    ☐ Family resources contact

    ☐ Resiliency and mental health contact

☐ Non-discrimination and equal opportunity disclosure information

    ☐ Rules and restrictions of who may be notified of personal health information, abiding by confidentiality laws of HIPAA, or under exemptions for non-covered entities (i.e., public health departments, Centers for Disease Control and Prevention [CDC])

☐ Other information (specify):

_____

_____

ERHMS Deployment Hazardous Conditions Template

ERHMS worker ID _____

Based on the Assistant Secretary for Preparedness and Response (ASPR) 2016 Force Protection: Health and Safety Plan [HASP] https://files.asprtracie.hhs.gov/documents/hasp-2016-force-protection.pdf.

> **This form is used as an example of a document that would be provided to each worker to inform them of conditions where they will be deployed. A risk assessment should be conducted to determine all potential hazards during a response and should inform the contents of a health and safety plan.**

1. Do not roster or deploy unless worker is in optimal health and fitness, with medical approval "Cleared for specialized or high-risk tasks, austere environments" (see **ERHMS Pre-Deployment Medical Determination of Deployability**).

    A. Extreme, harsh environment with multiple life-threatening conditions, including infection, transportation, and violence.

    B. Minimum 8-hour MEDEVAC to basic U.S.-standard health care (expect 72 hours).

    C. Work capacity level: USFS pack test—arduous level—walk 3 miles in less than 45 minutes carrying a 45 pound pack.

    D. Medical standard: P-1 (no meds) or P-2 (can be off meds × 30 days) to deploy.

    E. Acclimate! 2 hours of daily sweat-exercise for 5–7 days, or daily sweat-exercise (~ 30 minutes) > 30 days is acceptable acclimatization.

2. Follow the medical clearance process for response personnel.

    A. See **ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Exam (Form 2 of 2)**.

GENERAL INFORMATION

Mission: Type of mission

Updated: DATE Version: 1.0 Contact: EMAIL

Scope and applicability: The health and safety plan should apply to all deployed staff (employees, contractors, etc.) regardless of their organization or agency.

Weather: Temp (month/range, e.g., 80°F–90°F), humidity (%), % chance of daily rain with % chance of thunderstorms.

Deployed environment: Impacted location (e.g., county, state, country); at non-profit, agency, country, org, US-provided field hospitals. Expect X-day MEDEVAC, X–X days to evacuate for personal issues. GMT + X (EDT+X). Electrical is 110 volts/60 cycles.

Security: Follow all ACCOUNTABILITY procedures. Safety can be an issue even inside secured areas. Recent conflicts. Commercial transportation is/is not reliable. Vigilante activities occur and jurisdictional security is not reliable. Expect anything of value to be lost, stolen, or contaminated (e.g., wedding rings). Use the buddy system and report travel itinerary for all activities [outside of U.S. controlled areas].

Housing and meals: To be determined, but expect substandard billeting in hotels, indoor space (buildings of opportunity), or field locations. Wash hands before eating, as anything you touch can be contaminated. Limit direct hand-to-mouth contact even after washing. Eat/drink from only approved sources (no street vendors or local markets). Do not eat perishables if out of refrigeration more than 2 hours (>90°F).

PLAUSIBLE HAZARDS

Biological hazards

High risk: Body fluid exposure (sweat, blood, urine, diarrhea, saliva) to certain infectious agents, such as Ebola virus, is at highest risk during removal of PPE or direct patient care.

1. ***Use PPE as defined in health and safety plan (HASP):*** PPE should be selected depending on the hazard (e.g. barrier protective coveralls, respirators, face shield, goggles, etc.).

2. ***Respiratory hazards:*** Use required/recommended respiratory protection to protect against known or unknown hazards.

3. ***Blood-borne exposures:*** Use recommended and universal precautions with Ebola, Hepatitis A, B, C, and HIV (< 2% prevalence).

4. ***In certain countries, proof of current yellow fever*** vaccination is REQUIRED for country entry and exit. Vaccination documentation must be carried with you. Carry a copy as a cell phone picture.

5. ***Vaccines needed for safe deployment:*** MMR, TDaP, Varicella (chickenpox), polio, influenza, hepatitis A & B, typhoid, and Ebola, COVID-19, and rabies if needed. Pneumococcal and meningococcal advisable because of limited diagnostics and extended MEDEVAC time (assume 72 hours). Ebola vaccine, if available.

6. ***Endemic heath risks:*** Malaria and diarrhea, cholera, shigellosis, lassa fever (rodent excrement), measles, yellow fever, schistosomiasis (contact with contaminated fresh water), African trypanosomiasis (sleeping sickness), lymphatic filariasis (elephantiasis), onchocerciasis (river blindness).

Environmental Hazards

High risk: Injury is the leading cause of preventable morbidity and mortality of U.S. responders and recovery workers. For international travelers: No. 1 is transportation, followed by assault, falls, drowning, burning, alcohol poisoning, and suffocation.

Moderate risk: Terror threat is increased for international U.S. government travelers. The Department of Labor states terrorism can impact employers and workers.

1. *Weather:* Extreme heat/humidity increases heat stress risk, worse with PPE. **ACCLIMATIZE** NOW!!! Follow 30–30 *thunder rule* if outdoors: seek shelter for 30 minutes if lightening is seen and thunder heard within 30 seconds (6 miles/10 km).

2. *Respiratory hazards:* Surgical masks protect against blown particulates, dust, and soot, but neither the surgical mask nor N-95 protects against fumes, gas, or aerosols—appropriate cartridge respirators must be used.

3. *Assault and violence* can result from theft, verbal abuse, off-medication psychiatric patients, and substance-dependent individuals in withdrawal.

4. *Roadways* are in poor condition. Typically, roadways are equally shared with people and domestic and wild animals; in developing countries, larger vehicles by law or mass have right of way over the smaller (cars over bikes, bikes over pedestrians).

Violence avoidance information

1. *Life safety* is always the first priority. Be aware of your surroundings at all time. Do not leave compound, workspace, or billeting unless authorized, and in most cases go with an armed escort. Staff compliance and buddy-enforcement will also keep endemic diseases outside of U.S. work, rest, and sleep areas.

2. *Weapons* can be accessories or standard tools to local people; these commonly include machete, knife, small and light arms. Notify security if an unauthorized person has a weapon in the emergency response unit or grounds.

3. *Time – distance – shielding* protects from most environmental hazards, including inter-personal violence. Don't be a hero. Combative personnel/patients will contaminate.

RECOMMENDED SAFETY ACTIONS

THE SAFETY OFFICER MAINTAINS A FULL HEALTH AND SAFETY PLAN FOR THIS EVENT

1. *Standard concepts:*

   A. If hazards are identified: (1) perform administrative or engineering actions as necessary to reduce the risk (e.g., exposure time, distance, shielding) and (2) notify your Safety Officer.

   B. Utilize PPE as appropriate (and as updated by Safety Officer); use specified PPE.

2. *Required immunizations:* As needed.

3. *Recommended immunizations* **(required for safe deployment):** Vaccines defined under Biologic Hazards 4. IMMEDIATELY report any plausible exposures to Team Medical Director, Chief Nurse, and Safety Officer.

4. *Injury prevention and control:*

   A. Use appropriate footgear (ASTM-PR-labeled highly–ankle-puncture-resistant soles)

   B. Use seatbelts in motor vehicles (this is mandatory). Do not ride in the cargo area.

   C. Do not consume alcohol (zero tolerance).

    D. Review evacuation plan at start of each shift. Know the exits, alternatives, rally points, and safe havens. Read the Security Bulletin provided onsite.

    E. Follow the Severe Weather 30-30 Rule: Cancel outdoor activities for 30 minutes if lightning is within 6 miles (30 seconds from lightning sighting until thunder is heard).

5. ***Animals:*** No contact with local animals. Rabies is fatal. Early infected animals are docile.

6. ***High risk in PPE:*** Thermal stress injuries can occur. Specific heat-mitigation measures will be directed by the Safety Officer as described in the HASP.

7. ***Resilience:*** Be aware of your demands on others. Ensure you and those you supervise have adequate rest, food, water, and downtime and have a buddy. Adequate water is 200+ oz. (6 liters) daily. Be aware of isolation in yourself and others. Alternative standards, personal risks, and high death rates create high behavioral stress. Use chaplain, behavioral health, or peers for any resilience-related issues.

8. ***DO NOT WORK MORE THAN 12 CONSECUTIVE HOURS*** without APPROVAL. Fatigue increases errors.

9. ***Accountability:*** This is a high-risk mission for violence and injury. Stay only in authorized areas, with no unauthorized movement, for your safety and colleagues. Notify _____ as appropriate when departing/arriving at home station.

For additional information, contact (insert POC) at email (insert email address).

RESOURCES

ASPR [2015, 2016]. 2016 and 2015 force protection: health and safety plan (HASP). Washington, DC: Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, https://files.asprtracie.hhs.gov/documents/hasp-2016-force-protection.pdf.

ASPR [2017]. Assistant Secretary for Preparedness and Response (ASPR), Response Hazard Exposure Risk Assessment (HERA).

ERHMS Deployment General Preparation and Reminders Checklist for Responders and Recovery Workers

ERHMS worker ID _____

OVERALL RECOMMENDATIONS

☐ Notify points of contact of any modifications to the emergency communication plan

☐ Document and report any personal medical incidents or exposures that occurred on the deployment (ticks, mosquitos, influenza, Covid-19, etc.)

☐ Review online accounts and maintain online payments

☐ Provide a copy of any incidents to your medical provider and continue any follow-up visits necessary

☐ Maintain a journal

☐ Take photographs

☐ Record notes

☐ Begin working on the after-action review report

NOTIFICATIONS

Required

☐ Call/email the specified emergency response contact(s) with "notice of arrival" (NOA). This could be the Executive Assistant/Public Information Officer or supervisor

☐ Inform supervisor of any deployment-related changes (such as an extension)

☐ Call your significant other and thank him or her for support

☐ Call your friends and family and thank them for their support

☐ When demobilizing, switch your cell phone from international setting back to nationwide setting if you have an international phone

Recommended

☐ Maintain contact (e.g., call, email, text) with family and friends as frequently as possible to let them know you are safe

☐ If applicable, be cognizant of international phone calling rates

☐ Stay on top of any pending legal action, either civil or criminal

MEDICAL

Required

☐ If applicable, maintain prescribed medication intake

☐ If applicable, maintain prophylactic medication intake

ERHMS worker ID _____

Recommended

☐ Be sure to maintain a balanced diet, including adequate hydration intake, to the extent possible

☐ Be sure to adequately address minor injuries (e.g., wrap sprained joints, disinfect/dress open wounds)

ERHMS Deployment Site-Specific Training for Responders and Recovery Workers

ERHMS worker ID _____

Date _____   Site ID # _____

Last name/first name/middle initial _____

Date of birth ____/____/____

Email _____

Site-specific hazard awareness training must be given before any emergency responder or recovery worker is allowed on the _____ emergency site. This training must be given to all [specified group of Workers] who will be present at _____emergency site. Such persons may include workers, public health personnel, government officials, office personnel, contractors, and delivery workers. The ERHMS coordinator has primary responsibility for ensuring that site-specific hazard awareness training is provided to all persons at the site. Training must address site-specific health and safety risks.

1. Name of training _____

2. Location of training _____

3. Subject(s) covered (Check all that apply)

    ☐ Unique geologic or environmental conditions present ____

    ☐ Recognition, protective, and preventive measures at the site (be specific)

        ☐ Chemical _____

        ☐ Biological _____

        ☐ Radiological _____

        ☐ Nuclear _____

        ☐ Other _____

4. Safety hazard training on site

    ☐ Electrical hazards

    ☐ Powered haulage hazards

    ☐ Traffic patterns and control, as well as restricted areas

    ☐ Warning and evacuation signals

    ☐ Evacuation and emergency procedures

    ☐ Other special safety procedures _____

5. Approximate time(s): ____ hours ____ minutes

6. Teaching methods

□ Lecture

□ Discussion

□ Audio/visual

□ Written warnings

□ Demonstrations

□ Site tour

7. Name of trainer_____

8. Associated with

□ Federal Emergency Management Administration (FEMA)

□ Incident command structure personnel

□ Organization/agency

□ Vendor/manufacturer

□ Other (specify): _____

9. Course training materials

□ Evaluation procedures

□ Oral feedback

□ Written feedback

□ Checklist(s)

□ Signs and posted warnings

□ Applicable regulations

□ Other (specify): _____

RESOURCE

DOL [2001]. 30 CFR part 46 starter kit with sample training plan, instruction series guide. Washington, DC: U.S. Department of Labor, Mine Safety and Health Administration, National Mine Health and Safety Academy, https://arlweb.msha.gov/TRAINING/PART46/PT46SKMODEL.pdf.

ERHMS Deployment Site-Specific Training for Site Records

ERHMS worker ID _____

Site-specific hazard awareness training must be given before any emergency responder and recovery worker is allowed on the _____ emergency site. This training must be given to all [specified group of workers] who will be present at _____emergency site. Such persons may include workers, public health personnel, government officials, office personnel, contractors, and delivery workers. The ERHMS coordinator has primary responsibility for ensuring that site-specific hazard awareness training is provided to all at the site. Training must address site-specific health and safety risks. The ERHMS coordinator must provide information on completed training for the response record and for each worker.

1. Name of training _____ _____

2. Location of training and no. trained _____

3. Approximate time training ___hours ___ minutes

4. Teaching methods
    - ☐ Lecture
    - ☐ Discussion
    - ☐ Audiovisual
    - ☐ Written warnings
    - ☐ Demonstrations
    - ☐ Site tour

5. Name of trainer: _____

6. Associated with:
    - ☐ Federal Emergency Management Agency (FEMA)
    - ☐ Incident command structure personnel
    - ☐ Organization/agency
    - ☐ Vendor/manufacturer
    - ☐ Other (specify) _____

7. Course training materials
    - ☐ Evaluation procedures
    - ☐ Oral feedback
    - ☐ Written feedback
    - ☐ Checklist(s)
    - ☐ Signs and posted warnings
    - ☐ Applicable regulations
    - ☐ Other (specify) _____

8. Will other subjects be taught to cover site-specific health and safety risks at the site? If yes, attach a completed "Health and Safety Subject(s)" page for each subject.

   ☐ Yes   ☐ No

9. Will other subjects be taught based on circumstances or conditions at the site? If yes, attach a completed "Other Subject(s)" page for each subject.

   ☐ Yes   ☐ No

ERHMS Deployment—On-Site Occupational and Environmental Survey to Check for Hazardous Conditions

ERHMS worker ID _____

Date: _____ Time: _____

Name of emergency response: _____

Person recording information at site: _____

Phone number (including area code): _____

Email: _____

1. Give location of observation (address and nearest intersection), in detail:

   _____

   _____

2. Describe the site you are observing, in detail:

   _____

   _____

   _____

   _____

3. Describe the specific work activities you are observing, in detail:

   _____

   _____

   _____

   _____

4. How long has this site been active? # Weeks_____ # Days_____

5. How long have the activities you are observing been active? # Weeks_____ # Days_____

6. What specific health hazards/exposures have been identified?

   _____

   _____

7. Is there a radiation hazard at this site? ☐ Yes ☐ No   If yes, describe the source of the radioactivity: _____

8. Is there visible dust in the air? ☐ Yes ☐ No   If yes, describe the source of the dust:

   _____

9. Are there noticeable odors? ☐ Yes ☐ No If yes, describe the source:

    _____

10. Are there fires or smoke? ☐ Yes ☐ No   If yes, describe the source:

    _____

11. Are there wet materials? ☐ Yes ☐ No   If yes, number of square meters: _____

12. Is there visible mold? ☐ Yes ☐ No   If yes, number of square meters: _____

13. Is there standing water? ☐ Yes ☐ No   If yes, number of square meters: _____

14. Are any generators being used? ☐ Yes ☐ No

    If yes: ☐ indoors ☐ outdoors ☐ both indoors and outdoors

15. Are any heaters, cook stoves, or charcoal grills being used? ☐ Yes ☐ No

    If yes: ☐ indoors ☐ outdoors ☐ both indoors and outdoors

16. Is there visible ground contamination with oil or fuel? ☐ Yes ☐ No

    If yes, number of square meters: _____

17. Are there visible chemical leaks? ☐ Yes ☐ No

    If yes, number of square meters: _____

18. Are there signs of chemical contamination? ☐ Yes ☐ No

    If yes, number of square meters: _____

19. If there are signs of chemical contamination, please describe:

    _____

    _____

20. Is there decaying organic material? ☐ Yes ☐ No

    If yes, number of square meters: _____

21. Are there diesel trucks running? ☐ Yes ☐ No   If yes, number: _____

22. Are there other engines running? ☐ Yes ☐ No   If yes, number: _____

23. Is there ongoing demolition of debris? ☐ Yes ☐ No

    If yes, describe the debris:

    _____

    _____

24. Is there visible friable insulation?   ☐ Yes ☐ No

    If yes: ☐ Asbestos-like ☐ Fiberglass ☐ Unsure

Describe anything else that you see that may be important:

_____

_____

_____

WORKERS AT THE SITE

1. Are the workers paid or volunteer?

    ☐ Paid

    ☐ Volunteers

    ☐ Unsure

2. Are the workers wearing respirators?

    ☐ Yes

    ☐ No

    ☐ Inconsistent (some wear them, some do not)

3. If respirators are worn, what type?

    ☐ Specify type(s): _____

4. Have workers been fit-tested for the respirators they are wearing? (Ask workers)

    ☐ Yes

    ☐ No

    ☐ Inconsistent (some "yes," some "no" responses)

5. Have they received training about respirator use and care?

    ☐ Yes

    ☐ No

    ☐ Inconsistent (some "yes," some "no" responses)

6. Are workers wearing hearing protection?

    ☐ Yes   ☐ No

    If yes, are they wearing ☐ Earplugs   ☐ Earmuffs   ☐ Combination of both

7. Are workers wearing chemical- or dust-resistant coveralls over their work clothes?

    ☐ Yes

    ☐ No

8. Are workers wearing boots?

   ☐ Yes

   ☐ No

9. Are workers wearing eye protection?

   ☐ Yes

   ☐ No

10. Are workers wearing gloves?

    ☐ Yes

    ☐ No

11. Are there handwashing facilities?

    ☐ Yes   ☐ No

    If yes, how many handwashing stations? _____

12. Are there decontamination stations?

    ☐ Yes   ☐ No

    If yes, how many decontamination stations? _____

13. What training have workers received?

    ☐ None

    ☐ Hazmat

    ☐ Emergency response

    ☐ Asbestos abatement

    ☐ Lead removal

    ☐ Site specific only

    ☐ Other training (specify): _____

14. Noise: Is it too noisy to hear someone more than 3 feet away talking in a normal voice?

    ☐ Yes

    ☐ No

15. What communication method(s) are the workers using? Specify: _____

    _____

16. Other observations related to exposures: _____

    _____

17. Are there any other safety hazards observed?

    _____

    _____

18. Have you spoken to the site/area medical first aid personnel about any specific hazards causing symptoms?

    ☐ Yes ☐ No

    If yes, list hazards _____

19. Have you spoken to the emergency response leadership about any specific hazards at the site?

    ☐ Yes ☐ No

    If yes, list hazards _____

20. What environmental monitoring or sampling should be considered?

    _____

    _____

21. What area sampling should take place? _____

22. What personal sampling should take place? _____

23. What additional things need to be done at the site? _____

    _____

    _____

    _____

RESOURCES

Mount Sinai School of Medicine [2013]. Hurricane Sandy assessment. New York: Mount Sinai School of Medicine, https://tools.niehs.nih.gov/dr2/index.cfm/resource/11421.

OSHA [2019]. Occupational Safety and Health Administration (OSHA) recommended practices for health and safety programs, https://www.osha.gov/safety-management/hazard-Identification.

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ERHMS Deployment Personal Protective Equipment (PPE) On-Site Survey

ERHMS worker ID _____

Date: _____

Organization: _____

Completed by: _____

GENERAL INFORMATION

Site safety requires that all personnel at an incident scene wear the appropriate PPE when operating within hazardous areas. Each organization must require that ALL workers on-site are trained for the specific PPE used and must have personnel to handle general PPE site management (acquisition, use, monitoring, and maintenance while on-site, and post-incident PPE maintenance).

The organization should determine if it falls under the Occupational Safety and Health Administration (OSHA) regulations regarding the following requirements:

1. Personal protective equipment for operations (required by OSHA 29 CFR1-910.132)

   ☐ Yes ☐ No

2. Respiratory protection program (required by OSHA 29 CFR-1910.134)

   ☐ Yes ☐ No

ERHMS worker ID _____

ORGANIZATION PPE CACHE ON-SITE

Type	Present	Manufacturer	Number	Model	Condition	Change out schedule
Hard hat	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Safety glasses	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Face-shield	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Hearing protection	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Respirator	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Coveralls/ gown	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Gloves (inner liner)	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Gloves (outer pair)	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Boots	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Boot covers	☐ Yes ☐ No				☐ Good ☐ Fair ☐ Poor	
Exposed skin	☐ Face ☐ Neck ☐ Arms ☐ Wrist ☐ Hands ☐ Legs ☐ Other: _____					

MAINTENANCE OF PPE

Improper maintenance can reduce PPE service life. The organization is encouraged to use informational PPE maintenance guides before conducting the maintenance process. Guide materials are generally supplied by the manufacturer at the time of PPE purchase.

Additionally, some organizations provide materials (certain ones require purchasing) that can facilitate PPE maintenance procedures:

1. NIOSH has a Respirator Trusted-Source Information internet website, https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/RespSource.html, that can assist organizations.

2. The National Fire Protection Association (NFPA) offers for purchase the NFPA 1851: Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting, https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/.

3. For specific information on the decontamination of PPE following a chemical, biological, or radiological event, see The National Institute of Standards and Technology's Aid for Decontamination of Fire and Rescue Service Protective Clothing and Equipment After Chemical, Biological, and Radiological Exposures, https://nvlpubs.nist.gov/nistpubs/Legacy/SP/nistspecialpublication981.pdf.

4. The OSHA Technical Manual, https://www.osha.gov/dts/osta/otm/otm_toc.html, has specific sections dedicated to the maintenance and care of PPE. Section VIII, Chapter 1, details protective clothing, and Section VIII, Chapter 2, focuses on respiratory protection.

5. The Department of Homeland Security (DHS) has an excellent website that addresses the best practices of Incident Site Safety Planning: Personal Protective Equipment, https://www.hsdl.org/?abstract&did=765522.

6. As an alternative to in-house maintenance programs and procedures, many organizations use local vendors or accredited cleaning/repair companies for PPE maintenance purposes.

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ERHMS Deployment Air Monitoring On-Site Assessment Form

ERHMS worker ID _____

Emergency response site:	Industrial hygiene (IH) group performing sampling:
	IH point of contact:
	Email:
Sample date: Report #:	Phone:

Activity: _____

Site location: _____

Worker name: _____

          Last   First   MI

Worker job title: _____

Work shift (estimated)			Duration of operation	1. 0–15 min	2. 15–30 min	3. 30–60 min	4. 1–2 hr
1. Day	2. Eve	3. Night		5. 2–4 hr	6. 4–6 hr	7. 6–8 hr	8. > 8 hr

	1	2	3	4
Personal or area (check one)	☐Personal ☐Area	☐Personal ☐Area	☐Personal ☐Area	☐Personal ☐Area
Location of site				
Distance from source (feet)				
Boundary (check one)	☐In ☐Out ☐None	☐In ☐Out ☐None	☐In ☐Out ☐None	☐In ☐Out ☐None
Operation				
Task				
Exposure origin (check one)	☐Ambient ☐Operator	☐Ambient ☐Operator	☐Ambient ☐Operator	☐Ambient ☐Operator

ERHMS worker ID _____

	1	2	3	4
Materials/ products used				
Ventilation description (if present)				
Ventilation used (check one)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Ventilation meets specs (check one)	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown
Respirator description (if used)				
Respirator #				
Respirator meets specs (check one)	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown
PPE description (if used)				
PPE adequate (check one)	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown
Sample duration (min)				
Flow rate (lpm)				
Volume (liters)				
Sample #				
Laboratory #				

Stressor	CAS#	Concentration/ unit	Concentration/ unit	Concentration/ unit	Concentration/ unit	Concentration/ unit

Pre-calibration date: _____ Post-calibration date: _____ Field calibrated by: _____

	1	2	3	4
Field #				
Pump type				
Pump manufacturer				
Pump model				
Pump serial #/name				
Calibrator manufacturer				
Calibrator model				
Calibrator serial #/name				
Pre cal flow rate (lpm)				
Post cal flow rate (lpm)				
Lower flow rate (lpm)				
Media				
Media lot/tube #				
Media expiration date				
Time off				
Time on				
Pump check(s)				

Calculations:

Exposure during the unsampled period is: ☐ Same as sample period ☐ Zero ☐ Other_____

Shift length: _____ Actual length of sampled work: _____ Time course of events/comments:

_____

_____

_____

_____

_____

_____

Sampler:

ERHMS worker ID _____

	Sent to lab by: _____ Date sent: _____
_____	
Date completed: _____	
Data entered By: _____	
Date entered: _____	
Reviewing IH: _____	
Date reviewed: _____	Received by: _____ Date received: _____

RESOURCE

NMCPHC [2013]. Navy and Marine Corps Public Health Center industrial hygiene air sample survey form. Norfolk, VA: National Marine Corps Public Health Center, https://www.med.navy.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/Environmental-Health/Industrial-Hygiene/Program-Support/Industrial-Hygiene-Field-Operations-Manual-IHFOM/.

ERHMS Deployment Noise Sampling Form

ERHMS worker ID _____

Incident name:				
Incident location (Area/Zip/GPS):				
Date prepared:				
Prepared by:	Last name:	First name:		EHRMS worker ID#
Email address:				
Page _____ of _____				

Sample number	Name	Sample location	Dosimeter reading	Start date and time	Stop date and time	Comments

NOTES:

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ERHMS Deployment Dermal/Surface Sampling Form

ERHMS worker ID _____

Incident name:				
Incident location: (Area/Zip/GPS)				
Date prepared:				
Prepared by:	Last name:	First name:	EHRMS worker ID:	
Email address:				

Page _____ of _____

Sample number	Name	Process/ task	Sample media	Type	Sample location	Time collected	Sample surface area
				☐ Dermal ☐ Surface			
				☐ Dermal ☐ Surface			
				☐ Dermal ☐ Surface			
				☐ Dermal ☐ Surface			
				☐ Dermal ☐ Surface			
				☐ Dermal ☐ Surface			
				☐ Dermal ☐ Surface			
				☐ Dermal ☐ Surface			
				☐ Dermal ☐ Surface			

NOTES:

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ERHMS Deployment Direct Reading Instruments Form

ERHMS worker ID _____

Incident name:							
Incident location (Area/Zip/GPS):							
Date prepared (MM/DD/YYYY):							
Prepared by:	Last name:			First name:			EHRMS worker ID:
Email address:							
Page ____ of ____							
Name of instrument	**Location**	**Process/task**	**Instrument and model**	**Serial number**	**File name**	**Start time**	**Stop time**

NOTES:

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ERHMS Deployment Daily Injury and Illness Log

ERHMS worker ID _____

ERHMS Deployment Daily Injury and Illness Log

ERHMS Daily Injury and Illness Log

Incident name:	
Incident location (Area/Zip/GPS):	
Date prepared:	
Prepared by:	Last name: / First name:
Email adress:	ERHMS number:
Data source (check □):	□ Medical Aid Station □ Hospital □ Clinic □ Other
Location of data source (Zip/GPS):	

Total injuries or illnesses: _____

Complete the following information

Columns: Worker's name | Position title | ERHMS Worker ID | Date of injury or illness on (MM/DD/YYYY) | Incident location | Primary materials or hazards involved (chemicals, fuels, infectious agents, radiation) | Diagnosis of illness (if present; otherwise leave blank)

Mark the Box with an "X" to Record an Injury or Illness and Specify the Subcategory

1. Abrasions/lacerations/cuts
2. Needlestick
3. Sprain/strains — a. Arm and hand, b. Back, c. Knees, d. Ankles
4. Bites/stings — a. Insects, bees, wasps, b. Snake, c. Dog
5. Burns — a. Chemical, b. Fire or hot object, c. Sun burn
6. Cold or heat exposure — a. Frost bite, b. Heat exhaustion
7. Electric shock
8. Falls, slips, or trips — a. From the same level, b. From height
9. Motor vehicle crash — a. Driver or occupant, b. Pedestrian or cyclist
10. Injury from use of machinerys, tools, or equipment
11. Poisoning — a. Carbon monoxide exposure, b. Inhalation of fumes, dusts, gases, c. Ingestion
12. Violence/assault — a. Self-inflicted injury/suicide attempt, b. Sexual assault, c. Other assault
13. Constitutional symptoms — a. Fever (≥100o F or 37.8o C), b. Headaches, c. Dizziness, d. Fatigue or exhaustion
14. Eye and upper respiratory symptoms — a. Eye irritation, b. Nose irritation, congestion, c. Sore throat
15. Lower respiratory symptoms — a. Irritative dry cough, b. Productive cough (phlegm or mucus), c. Trouble breathing/short of breath, d. Chest tightness

Page totals

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ERHMS Deployment Medical Illness and Incident Reporting Form

ERHMS worker ID _____

Please read this form and the instructions thoroughly before filling out the form.

Responder and recovery workers should complete this form promptly with clinical/safety team input.

Please print clearly and forward to the medical/safety team physician/clinician.

1. _____
   Worker or employee

2. _____
   Immediate supervisor

3. _____
   Date of incident

4. _____
   Time of day incident occurred

5. _____
   Incident location (be specific)

6. Describe the incident FULLY (route of exposure; circumstances; types of controls in place at time of incident, including engineering controls, personal protective equipment worn; unsafe conditions and/or actions, and relevant reports that may have been recorded or issued).

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

7. Describe employee's injury (part of the body/type of injury)

   _____
   _____
   _____

8. Describe first aid/medical treatment (when and by whom)

    _____

    _____

9. List names of witnesses_____

    _____

    _____

10. If the incident was related to HIV exposures, did the source consent to blood draw and testing? ☐ Yes ☐ No

11. What corrective action was taken or is planned, to prevent similar accidents from occurring in the future?

    _____

    _____

    _____

12. Referral to medical evaluator?

    ☐ Yes (Give date) _____

    ☐ No (Explain)_____ Date _____

    If not explain (Additional space):

    _____

    _____

    _____

    _____

    _____

    _____

NOTE: The worker "source consent" form will be kept in the worker's medical file on site and entered into the worker's electronic medical record. A copy of the medical record will be made available to the worker to follow up with their own personal health care provider. The medical evaluator has been informed as to our policy.

NAME OF INVESTIGATOR: _____

TITLE: _____

DATE: _____

ERHMS Post-Deployment Demobilization Survey

ERHMS worker ID _____

INSTRUCTIONS: This document addresses deployment-related exposures that you may have come in contact with during your tour of duty. Every work experience is unique and may reflect individual differences regarding exposures. Completion of this document is voluntary. If you do not wish to participate, you are required to complete the attached Declination Form (if provided).

Complete each item based on your personal experience during your deployment and your best judgment of actual or suspected exposures. Additional hazards may be noted and commented upon in the spaces provided.

Sign the Authorization for Release of Information (if provided) and return it along with this survey. This information will be considered personally identifiable information (PII) and will be handled securely to ensure that this confidential information is accessible only to authorized personnel.

Today's date _____

1. Name (Last, First, MI) _____

2. Email_____

3. Date of birth (MM/DD/YYYY) ___/___/_____

4. What sex are you?

    ☐ Male   ☐ Female   ☐ Decline to answer

5. Race (circle one): Black or African American / White / Asian / American Indian or Alaska Native / Native Hawaiian or other Pacific islander / Other (specify):_____ / Refused

QUESTIONS 6–19 COMPLETED IN ERHMS INFO-MANAGER OR COMPARABLE DATA SYSTEM

6. Phone (with area code)_____

7. Home address _____

    Street/Apt #_____

8. City _____

9. State _____

10. Zip _____

11. Employer (at usual job) _____

12. Supervisor's name (at usual job) _____

13. Supervisor's phone (at usual job) _____

14. Usual occupation (Job) _____

15. Usual industry _____

16. How long have you worked at usual job?   Years _____   Months _____

17. Incident organization _____

18. Primary language _____

19. What were your duties during deployment? (Please check all that apply)

    ☐ Search/rescue

    ☐ Law enforcement/security

    ☐ Safety

    ☐ Operations

    ☐ Logistics

    ☐ Peer support/critical incident stress management

    ☐ Medical/health care

    ☐ Industrial hygiene/monitoring

    ☐ Other

20. Worksite(s) locations_____

21. Deployment sites_____

22. Daily travel time to work site (if applicable) _____

23. Shift work (check one): 8 hours/d _____ 12 hours/d _____ 16 hours/d _____ other _____

24. Total hours per week worked: _____

25. Rest periods per day _____ length of time _____

26. Average hours sleep per day/night on deployment _____

27. Was sleep/rest period uninterrupted? ☐ Yes ☐ No

HOUSING

28. How were you housed while deployed?

    ☐ Fixed shelter

    ☐ Tent

    ☐ Mobile unit

    ☐ Open air/on the ground

    ☐ Other (specify) _____

29. Did your temporary housing include any of the following? (check all that apply)

    ☐ Heating/air conditioning

    ☐ Ventilation

    ☐ Adequate lighting

    ☐ Toilet facilities

    ☐ Shower facilities

FOOD/NUTRITION

30. Did you have adequate supplies of (potable) drinking water? ☐ Yes ☐ No

31. Were food storage containers clearly marked and segregated to the extent possible to prevent contamination? ☐ Yes ☐ No

32. If no, please explain: _____

33. If applicable, were food preparation surfaces cleaned and disinfected regularly?

    ☐ Yes ☐ No ☐ Not applicable

SMOKING HABITS

34. Smoking status: ☐ Nonsmoker ☐ Current/former

35. If you are a smoker, how many cigarettes per day? _____ How many years have you smoked?_____

PERSONAL PROTECTIVE EQUIPMENT (PPE) USED AT DEPLOYMENT SITE

36. Please check each that applies:

    ☐ Hard hat

    ☐ Respirator (please print type):
      (e.g., disposable mask, half face reusable, full face, PAPR, SCBA)

    ☐ Goggles/glasses (check if had side eye-protectors:__)

    ☐ Hearing protection (check if: ☐ Muffs ☐ Ear plugs)

    ☐ Gloves

    ☐ Gown/coveralls (check if: ☐ Tyvek or equivalent ☐ Cloth [washable] ☐ Disposable)

    ☐ Steel-toed boots

    ☐ Street shoes

    ☐ Other (specify)

37. If you were required to wear a respirator, did you receive a medical evaluation prior to wearing the respirator? ☐ Yes ☐ No

38. If you were required to wear a respirator, were you fit-tested on same type of respirator? ☐ Yes ☐ No

EXPOSURES: THE FOLLOWING QUESTIONS PERTAIN ONLY TO YOUR DEPLOYMENT.

39. Did you require medical attention during your deployment? ☐ Yes ☐ No

40. Did you work in close proximity to flood waters? ☐ Yes ☐ No

41. Did you sustain any skin wounds? ☐ Yes ☐ No

42. Did you experience any bites (insects, snakes, dogs, other)? ☐ Yes ☐ No

ERHMS worker ID _____

If "Yes" to any, please explain._____

_____

INJURY/TRAUMAS

43. Did you experience any type of injury or trauma to your:

    A. Head ☐ Yes ☐ No

       If "Yes," please explain._____

    B. Neck ☐ Yes ☐ No

       If "Yes," please explain._____

    C. Trunk ☐ Yes ☐ No

       If "Yes," please explain._____

    D. Back ☐ Yes ☐ No

       If "Yes," please explain._____

    E. Arms ☐ Yes ☐ No

       If "Yes," please explain._____

    F. Hands/wrists ☐ Yes ☐ No

       If "Yes," please explain._____

    G. Legs/ankles (not including knees) ☐ Yes ☐ No

       If "Yes," please explain._____

    H. Knees ☐ Yes ☐ No

       If "Yes," please explain._____

    I. Feet ☐ Yes ☐ No

       If "Yes," please explain._____

44. Did you handle or manipulate deceased persons? ☐ Yes ☐ No

45. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? ☐ Yes ☐ No

    If "Yes," please explain._____

46. Chemicals exposures/work conditions that you were exposed to

Chemical exposures/ work conditions	Number of days exposed	Time you wore protective equipment with this exposure (10%, 25%, 50%, etc.)	Please include any additional comments you wish to add
Road dust			
Fumes			
Gases			
Chemical vapors			
Carbon monoxide			
Cement dust			
Other dust			
Chemicals/solvents (specify if known)			
Blood/body fluids			
Sewage (untreated)			
Smoke/fire			
Other exposure (specify)			

A. Did you file a worker's compensation (WC) form(s)? ☐ Yes ☐ No

If yes, did you submit the WC forms to the employee medical programs office or equivalent? (If no, please submit with this survey) ☐ Yes ☐ No

B. Prior to this deployment, have you filed worker's compensation forms for medical care or follow-up on any of the conditions listed on this form? ☐ Yes ☐ No

If yes, please list the claim, the date claim was filed, and the location where claim was filed.

_____

_____

NOTE: If you have been or are experiencing mental or psychological symptoms, such as claustrophobia, difficulty sleeping/nightmares, intense anger or outbursts, persistent thoughts, difficulty concentrating, withdrawal from work, family, friends, and activities, depression, or an increase in the consumption of alcohol, cigarettes, or other substances, please inform your emergency response contacts or clinical provider. We recommend that you obtain the assistance of a physician or mental health professional if you are not already seeking treatment. You may also be able to obtain assistance through your employer's employee assistance program (EAP).

Any additional comments about your deployment?

_____

_____

_____

_____

_____

_____

Employee name (printed) and signature   Date

RESOURCE

National Response Team [2012]. Emergency Responder Health Monitoring and Surveillance (ERHMS) framework, National Response Team technical assistance document (TAD). United States National Response Team. USNRT Guidance, Technical Assistance, and Planning, p. 127, https://www.nrt.org/sites/2/files/ERHMS™_Final_060512.pdf.

ERHMS Post-Deployment Behavioral Health Survey

ERHMS worker ID _____

TO BE FILLED OUT BY WORKER/VOLUNTEER

Date_____

Name (Last, First, MI)_____

Date of birth _____/_____/_____

Worker ID _____

What gender do you think of yourself as? _____ Decline to answer _____

What sex was originally listed on your birth certificate? Male ☐ Female ☐

Decline to answer _____

Phone number (with area code) _____

Email address _____

Employer or volunteer organization on site _____

Name of deployment operation _____

1. Overall, how would you rate your health during the PAST MONTH?

   ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

2. Compared to before this deployment, how would you rate your health now?

   ☐ Much better than before I deployed

   ☐ Somewhat better now than when I deployed

   ☐ About the same as before I deployed

   ☐ Somewhat worse now than before I deployed

   ☐ Much worse now than before I deployed

3. Were you injured, assaulted, or otherwise hurt during your emergency response deployment?

   ☐ Yes ☐ No

   A. If yes to question 3, are you still have any problems or concerns related to this event?

   ☐ Yes (If yes, please explain: _____) ☐ No

4. During your deployment, did you ever feel like you were in great danger of being killed?

   ☐ Yes ☐ No

5. Did you ever encounter dead bodies or see people killed or wounded during this deployment?

    ☐ Yes   ☐ No

6. Did you engage in situations where you discharged a weapon?

    ☐ Yes   ☐ No

7. How many times during your deployment did you visit a health care provider for a medical or dental problem/concern?

    ☐ No visits   ☐ 1 visit   ☐ Between 2 and 4 visits   ☐ 5 visits   ☐ 6 or more

8. During this deployment did you receive care for a stress-related issue or a mental health problem/concern?

    ☐ Yes (If yes, please explain: _____) ☐ No

9. During this deployment, did you have to spend one or more nights in a hospital as a patient?

    ☐ Yes (If yes, please explain, Reasons/dates: _____) ☐ No

10. During the PAST MONTH, how difficult have physical health problems (illness or injury) made it for you to do your work or other regular daily activities?

    ☐ No physical health problems   ☐ Not difficult at all   ☐ Somewhat difficult

    ☐ Very difficult ☐ Extremely difficult

11. During this deployment, did any of the following events happen to you?

    A. Blast or explosion ☐ Yes   ☐ No

    B. Vehicular accident/crash (any vehicle including aircraft) ☐ Yes   ☐ No

    C. Injury (trip, slip, fall, etc.?) ☐ Yes   ☐ No

12. As a result of any of the events in 11A–11C, did you receive a jolt or blow to your head that IMMEDIATELY resulted in any of the following?

    A. Losing consciousness ("knocked out") ☐ Yes   ☐ No

       If yes, for about how long were you knocked out?

       ☐ Less than 5 min   ☐ 5–10 min   ☐ 11–30 minutes   ☐ more than 30 min

    B. Losing memory of events before or after the injury ☐ Yes   ☐ No

    C. Seeing stars, becoming disoriented, functioning differently, or nearly blacking out

       ☐ Yes   ☐ No

13. How many total times during this deployment did you receive a blow or jolt to your head? (only answer if you answered Yes in question 12) _____

14. During the PAST MONTH, how much have you been bothered by any of the following problems?

Symptom	Not bothered at all	Bothered a little	Bothered a lot
A. Stomach pain			
B. Back pain			
C. Menstrual cramps or other problems with your periods (women only)			
D. Headaches			
E. Chest pain			
F. Dizziness			
G. Fainting spells			
H. Feeling your heart pound or race			
I. Shortness of breath			
J. Pain or problems during sexual intercourse			
K. Constipation, loose bowels, or diarrhea			
L. Nausea, gas, or indigestion			
M. Feeling tired or having low energy			
N. Trouble sleeping			
O. Trouble concentrating on things (such as reading a newspaper or watching television)			
P. Memory problems			
Q. Balance problems			
R. Noises in your head or ears (such as ringing, buzzing, crickets, humming, tones)			
S. Trouble hearing			
T. Sensitivity to bright light			
U. Becoming easily annoyed or irritable			
V. Fever			
W. Cough lasting more than 3 weeks			
X. Numbness or tingling in the hands or feet			
Y. Hard to make up your mind or make decisions			
Z. Watery, red eyes			
AA. Dimming of vision, like the lights were going out			
AB. Skin rash and/or lesion			
AC. Pain with urination, frequency of urination, or strong urge to urinate			
AD. Bleeding gums, tooth pain, or broken tooth			

15. Over the PAST MONTH, what major life stressors have you experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people (for example, serious conflicts with others, relationship problems, or a legal, disciplinary, or financial problem)?

    Please list and explain: _____

16. If you listed any items in question 15, are you currently in treatment or getting professional help for this concern?

    ☐ Yes   ☐ No

17. What prescription or over-the-counter medications (including herbals/supplements) for sleep, pain, stress, or a mental health problem are you CURRENTLY taking?

    ☐ None

    ☐ Please list:

18. How often do you have a drink containing alcohol?

    ☐ Never

    ☐ Monthly or less

    ☐ 2–4 times a month

    ☐ 2–3 times per week

    ☐ 4 or more times a week

19. How many drinks containing alcohol do you have on a typical day when you are drinking?

    ☐ 1 or 2

    ☐ 3 or 4

    ☐ 5 or 6

    ☐ 7 to 9

    ☐ 10 or more

20. How often do you have six or more drinks on one occasion?

    ☐ Never

    ☐ Less than monthly

    ☐ Monthly

    ☐ Weekly

    ☐ Daily or almost daily

21. Have you ever had any experience that was so frightening, horrible, or upsetting that, in the PAST MONTH, you:

    A. Have had nightmares about it or thought about it when you did not want to?

    ☐ Yes   ☐ No

    B. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

    ☐ Yes   ☐ No

C. Were constantly on guard, watchful, or easily startled?

☐ Yes   ☐ No

D. Felt numb or detached from others, activities, or your surroundings?

☐ Yes   ☐ No

22. Over the LAST 2 WEEKS, how often have you been bothered by the following problems?

☐ Little interest or pleasure in doing things

☐ Feeling down, depressed, or hopeless

☐ Not at all

23. If you have been bothered by the problems identifed in question 22, how long did these feelings last? (If not, skip to question 24).

☐ Few or several days

☐ More than half the days

☐ Nearly every day

24. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

☐ Yes: If yes, please explain:

☐ No

25. Are you worried about your health because you believe you were exposed to something in the environment while deployed?

☐ Yes: If yes, please explain:

☐ No

26. Would you like to schedule an appointment with a health care provider to discuss any health concern(s)?

☐ Yes

☐ No

27. Are you interested in receiving information or assistance for a stress, emotional, or alcohol concern?

☐ Yes

☐ No

28. Are you interested in receiving assistance for a family or relationship concern?

☐ Yes

☐ No

29. Would you like to schedule a visit with a support counselor?

☐ Yes

☐ No

ERHMS worker ID _____

FILLED OUT BY A: PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL [PLHCP] — PROVIDER REVIEW, INTERVIEW, ASSESSMENT, AND RECOMMENDATIONS

1. Deployer reports arriving at emergency response site on (date) _____

2. Deployer reports departing at emergency response site on (date) _____

3. Address concerns identified on the first two questions of the ERHMS Post-Deployment Behavioral Health Survey as reported by the deployer.

Deployer question	Not answered	Deployer indicated concern	Deployer's response or concern	Provider comments (if indicated)
A. Self-health rating				
B. Change in health post-deployment				

4. Address wounds, injuries, assaults, etc., occurring during deployment as reported on deployer question 3. Did the deployer mark that they are still having a problem or concern related to a wound, injury, or assault that occurred during their deployment?

   ☐ Yes   ☐ No   ☐ Not answered by deployer

5. Refer for evaluation?

   ☐ Yes (Complete questions 33 [Summary of Provider's concerns] and 34 [Recommended referral] below)

   ☐ No

   ☐ Already under care

   ☐ Already has referral

   ☐ No significant impairment

   ☐ Other reason (explain): _____

6. Deployment experiences as reported by the worker on questions 4 and 5, page 131, of the ERHMS Post-Deployment Behavioral Health Survey.

Deployer question	Not answered	Yes response	Provider comments (if indicated)
A. Danger of being killed			
B. Encountered bodies or saw people killed or wounded			

7. Address concerns as reported by the worker on questions 7–10, page 132, of the ERHMS Post-Deployment Behavioral Health Survey.

Deployer question	Not answered	Deployed indicated concern	Deployer's concern	Provider comments (if indicated)
A. Health care visits during deployment				
B. Care for stress/ mental health				
C. Hospitalized during deployment				
D. Physical limitations/ problems				

8. The following questions are based off the responses as reported by the worker for questions 11 and 12, page 132, of the ERHMS Post-Deployment Behavioral Health Survey.

   A. Did the deployer have an injury, based on the responses to question 11A–11C?

   ☐ Yes

   ☐ No (go to question 9)

   B. Did deployer have a possible concussion, based on the responses to questions 12A–12C?

   ☐ Yes

   ☐ No (go to question 9)

9. Evaluate injury history and concussion-related experiences and symptoms.

   A. Refer for evaluation?

   ☐ Yes (complete questions 33 [Summary of Provider's concerns] and 34 [Recommended referral] below)

   ☐ No; Already under care

   ☐ Already has referral

   ☐ No significant impairment

   ☐ Other reason (explain):

   _____

The following questions (10–12) are based off the responses as reported by the worker for question 14A–AD, page 133, of the ERHMS Post-Deployment Behavioral Health Survey.

10. Post-deployment general symptoms/health concerns.

   A. List of symptoms reported as "bothered a lot"

   Symptoms: _____

   B. List of symptoms reported as "bothered a little"

   Symptoms: _____

   C. Physical symptom (PHQ-15) severity score

   Symptoms: _____

	Minimal: < 4	Low: 5–9	Medium: 10–14	High: ≥ 15
Deployer's total				

11. Does deployer have evidence of high generalized post-deployment physical symptoms (a score of ≥ 15 on the PHQ-15 physical symptoms scale, deployer questions 14A-14O) or is deployer "bothered a lot" by specific symptoms listed in 14A–14D?

    ☐ Yes

    ☐ No

    ☐ Not answered by deployer

12. Based on deployer's responses is a referral indicated?

    ☐ Yes (complete question 33 [Summary of Provider's concerns] and question 34 [Recommended referral] below)

    ☐ No

    ☐ Already under care

    ☐ Already has referral

    ☐ No significant impairment

    ☐ Other reason (explain): _____

Major life stressor as reported by the worker for question 15, page 134, of the ERHMS Post-Deployment Behavioral Health Survey.

13. Did deployer note a concern or a difficulty with a major life stressor?

    ☐ Yes; deployer's concern: _____

    ☐ No (go to question 14)

    ☐ Not answered by deployer

    If yes, ask additional questions to determine level of problem (Write summary below):

    _____

14. Consider need for referral. Referral indicated? If Yes, complete questions 33 (Summary of Provider's concerns) and 34 (Recommended referral) below, or else mark one the following options.

    ☐ No

    ☐ Already under care

    ☐ Already has referral

    ☐ No significant impairment

    ☐ Other reason (explain): _____

15. Self-reported history of prescription or over-the-counter medications for sleep, pain, stress, or a mental health problem, as reported by the worker for question 17, page 134, of the ERHMS Post-Deployment Behavioral Health Survey.

   ☐ Not answered

   ☐ "Yes" response

   ☐ Deployer's response _____

   ☐ Provider's comments (if indicated)_____

Alcohol use as as reported by the worker for questions 18–20, page 134, of the ERHMS Post-Deployment Behavioral Health Survey.

16. Deployer's AUDIT-C screening score was _____. If score is between 0–4 (men) or 0–3 (women), nothing is required; go to question 20 (PTSD).

17. Number of drinks per week _____

18. Maximum number of drinks per occasion _____

19. Based on the AUDIT-C score and assessment of alcohol use, follow the guidance below

Alcohol Use Intervention Matrix		
Assess alcohol use	AUDIT-C Score Men: 5–7 Women: 4–7	AUDIT-C Score Men and Women: ≥ 8
Alcohol use WITHIN recommended limits: Men: ≤ 14 drinks per week OR ≤ 4 drinks on any occasion Women: ≤ 7 drinks per week OR ≤ 3 drinks on any occasion	Advise patient to stay below recommended limits	Refer if indicated for further evaluation AND conduct BRIEF counseling[*]
Alcohol use EXCEEDS recommended limits: Men: > 14 drinks per week or > 4 drinks on any occasion Women: > 7 drinks per week or > 3 drinks on any occasion	Conduct BRIEF counseling[*] AND consider referral for further evaluation	

[*]BRIEF counseling: Bring attention to elevated level of drinking; Recommend limiting use or abstaining; Inform about the effects of alcohol on health; Explore and help/support in choosing a drinking goal; Follow-up referral for specialty treatment, if indicated.

ERHMS worker ID _____

20. Referral indicated for evaluation?

☐ Yes (complete question 33 [Summary of provider's concerns] and question 34 [Recommended referral] below)

☐ No (Provide education/awareness as needed)

State reason if AUDIT-C score was 8+

☐ Already under care

☐ Already has referral

☐ No significant impairment

☐ Other reason (explain): _____

PTSD screening as reported by the worker for questions 21A–21D, page 134–135, of the ERHMS Post-Deployment Behavioral Health Survey.

21. Are two or more of the deployer's responses to questions 21A–21D "Yes"?

☐ Yes

☐ No (go to question 22)

☐ Not answered by deployer

If yes, ask additional questions to determine extent of problem:

_____

22. Consider need for referral. Referral indicated?

☐ Yes (complete question 33 [Summary of provider's concerns] and question 34 [Recommended referral] below)

☐ No. (Select one of the following options)

☐ Already under care

☐ Already has referral

☐ No significant impairment

☐ Other reason (explain): _____

Depression screening, as reported by the worker for questions 22 and 23, page 135, of the ERHMS Post-Deployment Behavioral Health Survey.

23. Did deployer answer "More than half the days" or "Nearly every day"?

☐ Yes

☐ No (go to question 24)

☐ Not answered by deployer

If yes, ask additional questions to determine extent of problem; briefly describe results:

_____

24. Consider need for referral. Referral indicated?

☐ Yes (complete question 33 [Summary of Provider's concerns] and question 34 [Recommended referral] below)

☐ No

☐ Already under care

☐ Already has referral

☐ No significant impairment

☐ Other reason (explain): _____

Environmental and exposure concern/assessment as reported by the worker for questions 24 and 25, page 135, of the ERHMS Post-Deployment Behavioral Health Survey.

25. Did deployer indicate a worry or possible exposure?

☐ Yes

☐ No (go to question 26)

If yes, mark deployer's exposure concern(s):

☐ Animal bites

☐ Paints

☐ Animal bodies (dead)

☐ Pesticides

☐ Chlorine gas

☐ Radar/microwaves

☐ Depleted uranium

☐ Sand/dust

☐ Excessive vibration

☐ Smoke from burning trash or feces

☐ Fog oils (smoke screen)

☐ Smoke from oil fire

☐ Garbage

☐ Solvents

☐ Human blood, body fluids, body parts, or dead bodies

☐ Tent heater smoke

☐ Industrial pollution

☐ Vehicle or truck exhaust fumes

☐ Insect bites

☐ Chemical, biological, radiological warfare agent

☐ Ionizing radiation

☐ Loud noises

☐ JP-8 or other fuels

☐ Lasers

☐ Other exposures to toxic chemicals or materials, such as ammonia or nitric acid. Please list:

_____

_____

_____

26. If yes, referral indicated?

☐ Yes (Complete questions 33 and 34)

☐ No (Provide risk education)

☐ Already under care

☐ Already has referral

☐ No significant impairment

☐ Other reason (explain): _____

Animal bite (rabies risk), as indicated by the PLHCP above on question 42:

27. Did deployer answer "Yes" to animal bite/scratch?

    ☐ Yes

    ☐ No (go to question 28)

    A. If yes, based on details of event and care received, is a referral and/or follow-up indicated? Note: Rabies incubation period can be months to years. Rabies prophylaxis can begin at any time.

       ☐ Yes

       ☐ No (provide risk education)

       ☐ Was appropriately treated

       ☐ Already under care

       ☐ Already has referral

       ☐ Situation was not a risk for rabies

       ☐ Other reason (explain): _____

Suicide Risk Evaluation as reported by the worker for questions 15A–15H, pages 42–43, of the ERHMS Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Exam (Form 2 of 2).

28. Did the worker indicate that "OVER the past month, they have been bothered by thoughts that you would be better off dead or thoughts of hurting themselves in some way?"

    ☐ Yes

    ☐ No (go to question 29 under Violence/harm risk evaluation)

    A. If "Yes" is indicated above, how often has the deployer been bothered by these thoughts?

       ☐ Few or several days

       ☐ More than half of the time

       ☐ Nearly every day

    B. If yes is indicated in question 28 above, ask the worker: "Have you had thoughts of actually hurting yourself?"

       ☐ Yes (If yes, ask questions 28E–28H)

       ☐ No (If no thoughts of self-harm, go to question 29 under Violence/harm risk evaluation)

    C. Ask "Have you thought about how you might actually hurt yourself?"

       ☐ Yes: How? _____

       ☐ No

    D. Ask "There's a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life over the next month?"

       ☐ Not at all likely

       ☐ Somewhat likely

       ☐ Very likely

E. Ask "Is there anything that would prevent or keep you from harming yourself?"

☐ Yes: What? _____

☐ No

F. Ask "Have you ever attempted to harm yourself in the past?"

☐ Yes: How? _____

☐ No

G. Conduct further risk assessment (interpersonal conflicts, social isolation, alcohol/substance abuse, hopelessness, severe agitation/anxiety, diagnosis of depression or other psychiatric disorder, recent loss, financial stress, legal disciplinary problems, or serious physical illness.

H. Comments:

_____

_____

29. Does deployer pose a current risk for harm to self?

☐ Yes (Complete question 33 [Summary of Provider's concerns] and question 34 [Recommended referral] below)

☐ No

Violence/harm risk evaluation:

30. Ask, "Over the past month have you had thoughts or concerns that you might hurt or lose control with someone?"

☐ Yes

☐ No (Go to question 31)

☐ If yes, ask additional questions to determine extent of problem (target, plan, intent, past history)

Comments:

_____

_____

31. Does member pose a current risk to others?

☐ Yes (Complete question 33 [Summary of provider's concerns] and question 34 [Recommended referral] below)

☐ No (Briefly state reason) _____

32. Deployer issues with this assessment (mark as appropriate):

☐ Deployer declined to complete form

☐ Deployer declined to complete interview/assessment _____

33. Assessment and referral: After review of deployer's responses

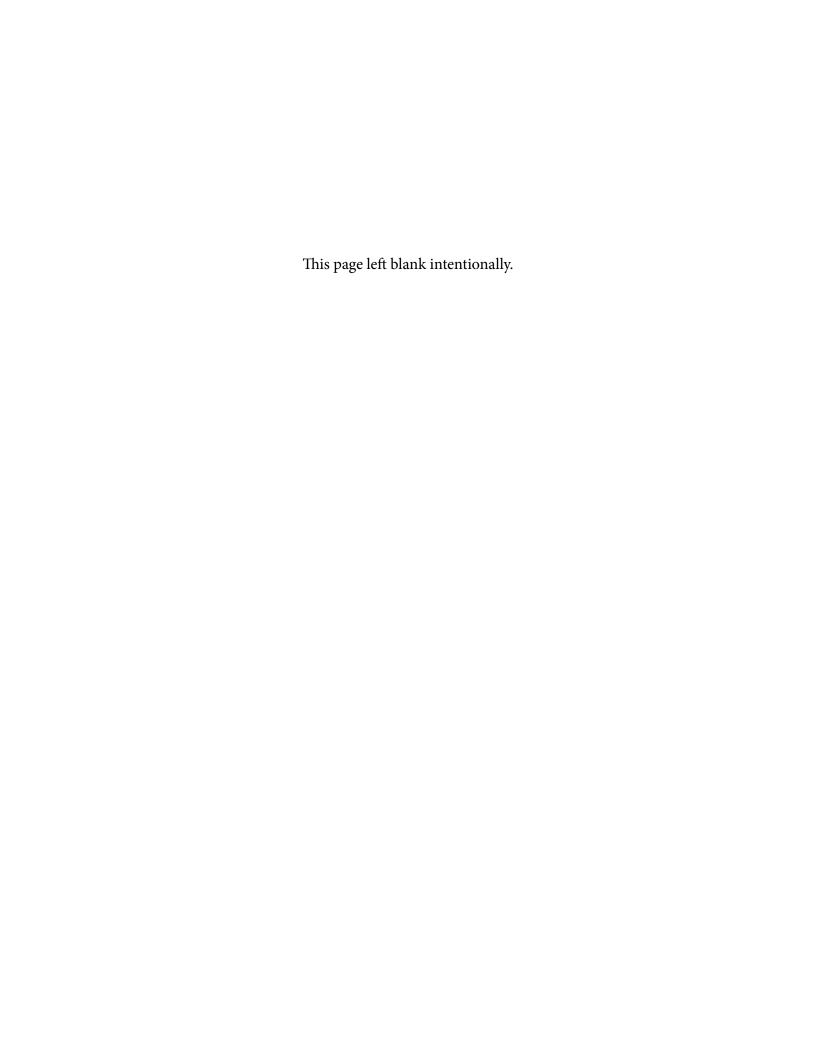| Summary of provider's concerns (Mark all that apply)	Yes	No
A. None identified		
B. Physical health		
C. Dental health		
D. Concussion		
E. Mental health symptoms		
F. Alcohol use		
G. PTSD symptoms		
H. Depression symptoms		
I. Environment/work exposure		
J. Risk of self-harm		
K. Risk of violence		
L. Other (list)		

34. Recommended referral (mark all that apply)

	Within 24 Hours	Within 7 days	Within 30 Days
A. Primary care, family practice, internal medicine			
B. Behavioral health in primary care			
C. Mental health specialty care			
D. Dental			
E. Audiology			
F. Dermatology			
G. Ob/gyn			
H. Physical therapy			
I. TBI/rehab med			
J. Podiatry			
K. Other (List)			
L. Case manager/care manager			
M. Substance abuse program			
N. Immunization clinic			
O. Laboratory			
P. Other (List)			

ERHMS Post-Deployment General Preparation and Reminders Checklist for Responders and Recovery Workers

ERHMS worker ID _____

NOTIFICATIONS

Required

☐ Call/email the specified emergency response contact(s) with "return home safely" (RHS). This could be the executive assistant/public information officer or supervisor.

TRAVEL

Required

☐ Scan all of your documents pertaining to your travel voucher into a specific file on yourcomputer and sign your travel voucher for approval

☐ Check to ensure your payment for your travel voucher went through

Recommended

☐ Develop material to present to your local colleagues, etc.

☐ Create and send an "After Action Report" (AAR) to your supervisor about the mission, and send a copy to emergency response organization

☐ Submit After Action Summary of your roles and lessons learned to the ERHMS coordinator of your organization

☐ Complete follow-up with host organization, public health organization, nation(s) contacts (embassy, ministry of health, etc.), as needed

☐ Complete follow-up with the emergency response supervisory chain and your team so that you can complete the mission and country reports

☐ Maintain contact with fellow workers and try to help design procedures for future deployments

☐ Request rest and recovery (R&R) with supervisor as needed (optional; best to arrange prior to leaving on deployment, but check your organization's policy)

☐ Check your bank account and bills and make sure everything is current and paid up to date

☐ Clean all of your field equipment and have it prepared for another mission

☐ Send another email to emergency response contact to confirm that you have completed everything you should have

☐ Continue on with your job and be ready for another deployment

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ERHMS Data Management Checklist

ERHMS worker ID _____

NOTE: Organizations can use this form to plan for the collection of data during ALL three phases of a deployment (pre-deployment, deployment, and post-deployment) to ensure that follow-up, investigation, analysis, and research can be conducted as appropriate.

Type of data	Data available		Source/location
	Yes	No	
PRE-DEPLOYMENT PHASE			
Requirements for deployed personnel (Medical, immunizations, and behavioral health)			
Medical determination of deployability			
Credentials and licenses			
Consent form for participation in response			
Check all that apply: PPE for ☐ eyes, ☐ face, ☐ head, and ☐ extremities, ☐ protective clothing, ☐ respiratory devices, ☐ protective shields and barriers			
PPE fit testing conducted			
Specific PPE training procedures			
Required training completed			
Consent form for research studies			
Data security procedures			
Communication procedures for emergencies			
DEPLOYMENT PHASE			
Self-assessment regarding medical status for deployability or medical forms			
Consent for specific response			
Roster of deployed personnel			
☐ Badging for ID, ☐ Credential level, ☐ Administrative access, ☐ Permissions, ☐ Check-in/check-out			
Training for site-specific hazards			
Specific PPE training procedures provided			
Job task assignment			

	Data available		
Type of data	**Yes**	**No**	**Source/location**
Monitoring daily environmental area and personal exposures			
Daily injury and illness log of responders			
Document on-site and off-site medical treatment at clinics and hospitals and incidents			
Consent for research studies			
POST-DEPLOYMENT PHASE			
Demobilization survey			
Post-deployment behavioral health survey			
Consent for research studies			
Welcome home letter provided			

RESOURCES

CDC [2018]. Public health emergency preparedness and response capabilities: national standards for state, local, tribal, and territorial public health. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf.

National Response Team [2012]. Emergency Responder Health Monitoring and Surveillance (ERHMS) Framework, Technical Assistance Document. United States National Response Team (USNRT) Guidance, Technical Assistance, and Planning, https://www.nrt.org/sites/2/files/ERHMS_Final_060512.pdf.
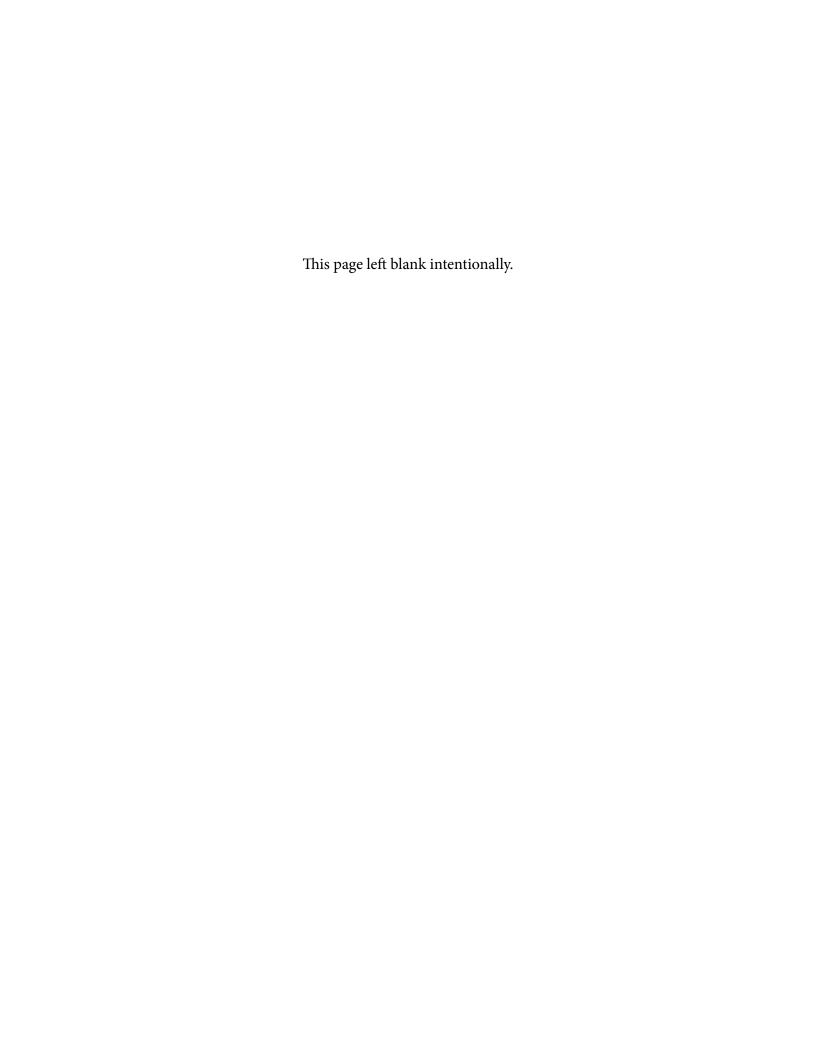
ERHMS Primer Attachments

ERHMS worker ID _____

NOTE: Use the following attachments included in the ERHMS Primer Document to Plan for Emergency Responder and Recovery Workers Health Monitoring.

PRE-DEPLOYMENT Phase

1. Pre-Deployment Medical Requirements Cover Letter for Response and Recovery Workers

2. Pre-Deployment Responder and Recovery Worker Health Screen (No Physical Exam) OR

3. Pre-Deployment Responder and Recovery Worker Physical and Behavioral Health Screen (Form 1 of 2) AND

4. Pre-Deployment Responder and Recovery Workers Physical and Behavioral Health Exam (Form 2 of 2)

   A. Pre-Deployment Medical Evaluation for Diabetic Responder and Recovery Workers AND/OR

   B. Pre-Deployment Noise and Audiology Exam

5. Pre-Deployment Medical Determination of Deployability

6. Pre-Deployment Rostering and Credentialing Information

7. Pre-Deployment Consent to Deployment for Responders and Recovery Workers

   Advanced Credentialing: https://www.dhs.gov/sites/default/files/publications/st-credentialing-interoperability.pdf

   Department of Homeland Security: Lessons Learned Best Practice Incident Safety Planning: Personal Protective Equipment

   Department of Homeland Security Radiological Dispersal Device (RDD) Response Guidance Planning for the First 100 Minutes

8. Deployment Personal Protection Equipment (PPE) On-Site Survey

9. PPE Respirator Medical Evaluation and Fit-Testing Evaluation [Forms as required by OSHA]:

   A. https://www.osha.gov/sites/default/files/publications/OSHA3790.pdf

   B. https://multimedia.3m.com/mws/media/342297O/3m-respirator-fit-test-form-osha-standard-1910-134-f.pdf

10. Pre-Deployment Training Completion Checklist for Responders and Recovery Workers

    National Incident Management System (NIMS) offers guidance on credentialing and badging of personnel in the Guideline for the Credentialing of Personnel.

11. Pre-Deployment General Preparation and Reminders Checklist for Responders and Recovery Workers

12. Generic Consent for Research Studies (providing information beforehand so responders can give informed consent)

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Deployment Phase

1. Deployment Self Medical Assessment for Deployability

   Potential response and recovery workers who are not already on the organization deployment roster or not fully cleared must be medically cleared, credentialed, and trained using the forms listed above in Pre-Deployment Steps 1–9.

2. Deployment Emergency Response Information Checklist

3. Deployment Hazardous Conditions Template

4. Pre-Deployment Consent to Deployment for Response and Recovery Workers

5. Deployment General Preparation and Reminders Checklist for Responders and Recovery Workers

6. Pre-Deployment Rostering and Credentialing Information

   Badging: National Incident Management System (NIMS) offers guidance on credentialing and badging of personnel in the Guideline for the Credentialing of Personnel.

7. Generic Consent for Research Studies

8. Deployment Site Specific Training for Response and Recovery Workers

9. Deployment Site Specific Training for Site Records

10. Deployment On-Site Occupational and Environmental Survey

11. Deployment Personal Protective Equipment (PPE) On-Site Survey

12. Deployment Environmental/Industrial Hygiene Sampling Forms

    A. Air Monitoring On-Site Assessment

    B. Noise Sampling

    C. Dermal-Surface Sampling

    D. Heat Strain Sampling

    E. Direct Reading Instruments

13. Deployment Daily Injury and Illness Log

14. Deployment Medical Illness and Incident Reporting Form

15. Post-Deployment Demobilization Survey (If leaving site early)

Post-Deployment Phase

1. Post-Deployment Demobilization Survey

2. Post-Deployment Behavioral Health Survey

3. Post-Deployment General Preparation and Reminders Checklist for Responders and Recovery Workers

4. Generic Consent for Research Studies

5. ERHMS Data Management Checklist

ERHMS worker ID _____

Additional Resources

Visit the ERHMS website (https://www.cdc.gov/niosh/erhms/) for these additional resources:

- ERHMS welcome home letter template in the ERHMS TAD After-Action Report
- Post-event disposition plan for secure transfer, long-term storage, and future retrieval of all ERHMS records
- Additional detailed guidance, example forms, and tools in the ERHMS TAD

NIOSH

National Institute for Occupational Safety and Health

Promoting productive workplaces through safety and health research