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Cc: Chen, Jihong (Jane) (CDC/NIOSH/EID) (CTR)
Subject: 223 - Emergency Responder Health Monitoring and Surveillance Comments

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Comments

Comments and recommendations for changes to ERHMS - Emergency Responder Health Monitoring and Surveillance, NIOSH Docket Number: NIOSH 223.

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1. The ERHMS is very relevant to private sector and VOAD Medical Emergency Response Teams (MERTs)
2. Emergency Responder Health Monitoring and Surveillance (ERHMS) system is a complex adaptive system (CAS). The following description in the draft document Executive Summary is on target:

“(The ERHMS) includes specific recommendations and tools for all phases of a response, including the pre-deployment, during-deployment, and post-deployment phases (see Figure 1 below). The intent of medical monitoring and surveillance is to identify exposures and/or signs and symptoms early in the course of an emergency response in order to prevent or mitigate adverse physical and psychological outcomes and ensure workers maintain their ability to respond effectively and are not harmed in the course of this response work.”

3. Recommend alignment with USDHS FEMA Integrated Emergency Management approach in CPG 101 2010 to seamlessly integrate functional & access needs of individual responders (as well as community members)

a. Pre-deployment

- i. Section 2.3 Key Components of a Baseline Health Screening Exam, p.7 (20 of 96)

1. Change section name from Special Needs to Functional & Access Needs; Move allergy & severity (e.g., allergies to food, medication, airborne allergens) to Pre-existing medical or behavioral health (renamed) conditions

b. During Deployment

- i. Rework of section Information to Be Obtained for Injury and Illness Monitoring under 1. Personal Information on p. 25(38-96)

1. Substitute Functional & Access Needs for Special Needs
2. Include in this section: Care, maintenance, and mobility requirements for durable medical equipment or assistance animals; ability to evacuate
3. Place separately in Current Health Status: Pregnancy status (female

workers)

4. Include a separate section on Immunizations (including Immunization status: routine adult and any special risk (e.g., healthcare worker); See table below for recommended immunizations for emergency responders). Note: Beyond prophylaxis this can also include exposure & illness with these infectious diseases.
5. Include a separate section on Family or dependent care issues that may interfere with concentration and performance at work

c. Post Deployment

- i. Include a section on any feedback on functional and access needs, in addition to health complaints p. 44 (57 of 96).
4. Functional & Access Needs, in general is a specific category for medical screening, monitoring, surveillance, and follow-up in AAR.
5. Any feedback during all three stages can be addressed immediately and be included in the proactive Health & Safety Plan. Those functioning in medical monitoring and surveillance on shift during a deployment should be aware on an on-going basis for the whole health, and functional need status of team members.
6. P59 (72 of 96) Tools for health screening, monitoring & surveillance should include a question about any accommodations for functional & access needs. P59 & 67 (72 of 96)
7. Lessons Learned and After-Action Assessments should include how functional & access needs were accommodated. P. 161 (174 of 196)
8. Functional and Access needs should be included in the Glossary. p. 177 (190 of 196)
9. References should include appropriate resources on disability law, i.e., USDOJ ADA Toolkit. p. 181 (194 of 196), FEMA CPG 101 2010. Also see USDHS FEMA Office on Disability Integration.