

TEXAS TASK FORCE ONE STANDARD OPERATING GUIDELINES

MEDICAL CLEARANCE LETTER

VOLUME 1

REFERENCE NO. 1-13

1.00 PURPOSE

- 1.01 The purpose of this standard is to provide guidelines regarding member eligibility of the FEMA or State Urban Search and Rescue (US&R) Task Force based on their medical and physical condition and to track potential health concerns due to potential US&R work or exposures in a contaminated environments.

2.00 OBJECTIVE

- 2.01 Texas Task Force 1 (TX-TF1) US&R personnel train and operate in a wide range of environments, presenting various potential health and occupational hazards. It is imperative the Task Force monitor and track any underlying medical conditions which may jeopardize the member's health and safety or the health and safety of others and prevent any members who meet these conditions from deploying.

3.00 DEFINITIONS

- 3.01 **Medical Advisory Committee (MAC):** Committee to review and make recommendations to the Task Force Medical Director, Task Force Sponsoring Agency Chief, and the Task Force Operations Chief on health and physical fitness concerns of members of the Task Force. Membership of the committee is appointed by the Task Force Medical Director and shall consist of no less than three (3) and no more than five (5) Medical Team Managers.
- 3.02 **Task Force Medical Director:** The Task Force Medical Director is responsible for administering the aspects of the Sponsoring Agency's medical requirements as delineated by the Sponsoring Agency and the National Urban Search and Rescue (US&R) Response System.
- 3.03 **Federal Emergency Management Agency (FEMA) or State Urban Search and Rescue (US&R) Task Force:** For the purpose of the SOG, when discussing the FEMA or State US&R Task Force, this refers to personnel who deploy as part

of a Type-I, Type-II, Type-III, Type-IV, or Quick Response Force (QRF) for either a FEMA or State mission. This does not refer to personnel who deploy as part of the Water Rescue Program or as a Helicopter Search and Rescue Technician (HSART)

4.00 GENERAL GUIDELINES

4.01 All candidates and members on the FEMA or State US&R Task Force should carefully consider the potential hazards and conditions that they may encounter while working with TX-TF1. The list below contains many of the hazard-based capabilities of TX-TF1 personnel. Operational hazard profiles may change in the future as TX-TF1 expands its mission and capabilities.

- The ability to operate in and around conditions of extreme temperature and inclement weather for sustained periods
- The ability to navigate and operate on uneven, unstable, and hazardous surfaces
- The ability to operate hazardous machinery safely, to wear/carry heavy objects, and to walk long distances while wearing operational gear
- The ability to sustain exertional function in austere environments (no electricity, cellular phone capability, power, climate control, potable and non-potable water, and food)
- The ability to sustain exertional function without assistance in environments of high dust, particulate matter, and unpredictable allergen assault
- The ability to operate in environments of hazardous debris, including but not limited to sharp objects, chemicals, biohazardous waste, and radiation
- The ability to sustain exertional function in extremes of elevation (altitude)
- The ability to sustain exertional function in extremes of space (confined, elevated, airplane, open), in high noise, and low illumination conditions
- The ability to sustain exertional function in extremes of vector and zoonotic (animal, insect, parasites, fungi, bacteria) threats
- The ability to work in coordination with non-human team members (canines)
- The ability to be exposed to traumatic and non-traumatic illnesses of humans and animals, including the exposure to bodily fluids
- The ability to function in conditions of rapidly changing, high operational stress with interrupted rest/eating cycles and conditions

4.02 The FEMA US&R National Response System requires all deployable members to have a baseline medical exam and Physician's Clearance prior to deployment.

4.03 All baseline medical exams will be completed and paid for by the Task Force prior to acceptance on to the Task Force at an offsite specified medical office.

- 4.04 In order to maintain deployable status, each Member is required to provide a copy of a medical and physical examination (defined in Appendix I) by an Occupational Medical Physician to the Task Force for review by the Task Force Medical Director at minimum every three years. It is recommended that the Member forward the information no later than three (3) months prior to the expiration of their current Medical Clearance Letter.
- 4.05 The Task Force Medical Director has been charged with the responsibility of reviewing the health and physical fitness of the FEMA or State US&R Task Force membership to ensure each is sufficient to operate within those conditions and environments based on his/her knowledge of the risk parameters of the multi-hazard US&R environment.
- 4.06 If the Task Force member's Participating Agency employs or contracts an occupational physician, the task force member may forward their recent physical information to be reviewed by the Medical Director and considered for requalification of deployable status.
- 4.07 If the Task Force member is an independent resource or not affiliated with a Participating Agency that employs or contracts with an Occupational Physician the member will be given the choice to complete a Physical at their choice Occupational Medical Physician paid for by the member or at a TEEEX sponsored Occupational Physician paid for by the Task Force which will then be given to the Task Force Medical Director for review.
- 4.08 The Task Force Medical Director has the right to request additional information from the member when they see fit. This information will be requested through phone conversation and then followed up by an email from a Task Force Representative.
- 4.09 In the event a deployable member is deemed medically non-deployable, the Medical Director will inform the Task Force member in writing. The Task Force Medical Director will forward the members medical and physical records to the Medical Advisory Committee to review and determine a recommendation of status and elaborate the necessary remediation steps to the affected member.
- 4.010 Upon successful and satisfactory completion of the recommended clinical workup, the member's case will be reviewed by the Medical Advisory Committee. If satisfactory, the member will be recommended for reinstatement to deployable status and a Medical Clearance Letter will be signed by the Task Force Medical Director.

- 4.011 If the clinical workup is unsuccessful and non-satisfactory and further deployment of the member would exacerbate the health and safety concerns for the member or others, the medical issues with the recommendation of the Medical Advisory Committee and the Task Force Medical Director, will be submitted to the Task Force Sponsoring Agency Chief in writing for final disposition.
- 4.012 If for any reason a task force member's medical situation changes and they are no longer able to meet the conditions listed in 4.01, it is the responsibility of the task force member to notify the Task Force Medical Director, their Task Force Leader, and the Task Force Operations Chief of this change in status. Failure to notify the appropriate personnel may result in consideration of separation from the team.

5.00 APPENDIX I: INITIAL PHYSICAL EXAMINATION REQUIREMENTS

- 5.01 All current and future newly assigned US&R Task Force members will receive a minimum baseline health screening initially and as determined by operational requirements.
- 5.02 Vital signs and standard physical examination Laboratory:
- CBC, differential, platelets
 - Chemistry panel to include liver and renal function tests (AST, ALT, AlkPhos, GGTP, total and direct bilirubin, creatinine, BUN) glucose, electrolytes (Na, K, Cl, CO₂), total protein, albumin and calcium
 - Urinalysis (urine dip, microscopic if indicated)
 - Urine heavy metal screen (qualitative, spot urine)
 - Spirometry
 - Chest x-ray (PA and lateral as indicated in accordance with sponsoring agency policy)
 - Resting 12-lead ECG
 - Stress 12-lead ECG (as indicated, stratified by age or coronary artery disease risk factor assessment in accordance with sponsoring agency policy)
 - RBC cholinesterase (initial baseline and additional testing if medically indicated)
 - HBsAb (validation of hepatitis B immunity) Titer need only be done once unless previously documented and greater than 10 mU/ml; administer Hepatitis B vaccine series if titer less than 10 mU/ml and repeat approximately 6 weeks after vaccination series
- 5.03 Vaccination Requirements
- PPD (TB skin test) annually
 - Influenza A & B (seasonal)
 - Tetanus toxoid or Tetanus/diphtheria (Td) every 10 years
 - Measles, Mumps, Rubella
 - Polio (OPV or eIPV)
 - Hepatitis A and B

- Varicella (or personal history of illness or prior antibody titer)

5.04 Documentation of MMR, polio, hepatitis A&B and varicella by reported history and signed by the Task Force member should be reasonable proof of vaccination if other documentation is not available.

5.05 Task Force members may decline certain vaccinations. If a member chooses to decline a vaccination, this declination must be documented in Task Force occupational health records.

6.00 APPENDIX II: RECURRING PHYSICAL EXAMINATION REQUIREMENTS

6.01 All recurring physical examinations are required to include vital signs and standard examination.

6.02 Vital signs and standard physical examination Laboratory:

- CBC, differential, platelets
- Chemistry panel to include liver & renal function tests (AST, ALT, AlkPhos, GGTP, total and direct bilirubin, creatinine, BUN), glucose, electrolytes (Na, K, Cl, CO₂), total protein, albumin and calcium.
- Hemoglobin A1C
- Resting 12-lead ECG.
- Stress 12-lead ECG (as indicated, stratified by age or coronary artery disease risk factor assessment in accordance with sponsoring agency policy).