

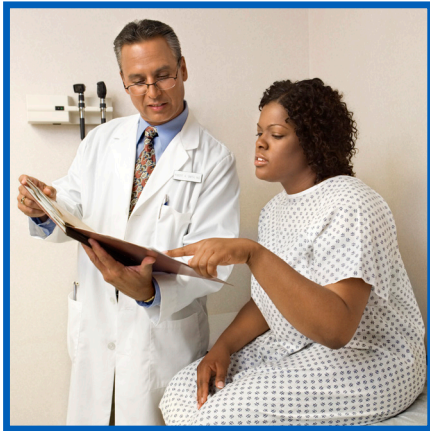
Pre-deployment Health Screening for Emergency Responders

Purpose

Pre-deployment health screening is intended to establish a baseline physical health, emotional health, and immunization status of emergency responders. This baseline information allows for more informed interpretation of possible post-deployment adverse health effects and can serve as an opportunity to assess whether the responder has the appropriate education, training, and experience to deploy in his or her assigned response capacities.

Principles of Screening

- Identification and evaluation of any pre-existing medical, physical, and/or emotional conditions that could affect a responder's ability to perform safely and effectively or could place the responder at an increased risk of adverse health effect



Pre-deployment health screening and establishment of baseline health status and readiness of an emergency responder

Components of a Health Screening Exam

- Identifying and Contact Information
- Occupational History
- Social History
- Pre-existing Medical and Psychiatric Conditions
- History of Traumatic Exposures
- Special Needs

Further baseline emotional health status may be derived from a review of five basic screening tools that can be found in the Emergency Responder Health Monitoring and Surveillance document, section 2T: Pre-deployment Health Screening for Emergency Responders.

Many responders will require more extensive screening based on the nature of their anticipated work and any individual risk factors identified in the core screening process.

Health Screening Outcomes

- Responder may be placed into a range of fitness for deployment categories, from "Cleared for emergency response with no restrictions" to "Not cleared for deployment (permanent disqualification or pending medical consultation or workup)".

Immunizations

- Recommended for responders to be up-to-date on certain immunizations.
- Other vaccinations to be considered if additional or out-of-the-ordinary infectious disease exposure risks are identified or if responders are deploying outside the United States.

Vaccine	Responder Group
Recommended for All Responders	
Tetanus booster	Booster every 10 years. After potentially contaminated wound and last booster was more than 5 years ago.
Hepatitis B vaccine	Responders who will be performing direct patient care or otherwise expected to have contact with bodily fluids.
Seasonal influenza vaccine	Annually.
Pandemic influenza vaccine	During ongoing/impending pandemic activity.
Strongly Consider for Certain Responder Groups or Types	
Pneumococcal vaccine	Responders greater than 65 years old. Responders 19-64 who are smokers or who have asthma.
Hepatitis A vaccine	Responders at high risk (HazMat, Search and Rescue, SCUBA) and other frequent or expected frequent contaminated water exposures.
Measles, mumps, rubella vaccine (MMR)	Responders for which there is no documentation of the MMR vaccine being previously received.
Polio vaccine	Responders for which there is no documentation of a polio vaccine being previously received.
Varicella vaccine	All non-immune personnel.
Rabies vaccine series	Persons who are exposed to potentially rabid animals should be evaluated and receive standard post-exposure prophylaxis.
Linked to Identified Biological Threats	
Anthrax vaccine	Responder reasonably anticipated having repeated/ recurrent/ prolonged exposures to Bacillus anthracis in the event of an incident(s).
Smallpox vaccine	Responders reasonably anticipated being deployed for a smallpox event and likely to have a particularly high risk for exposure.

Table above shows immunizations for Emergency Responders

Emergency Responder Health Monitoring and Surveillance

The Emergency Responder Health Monitoring and Surveillance (ERHMS) system is a health monitoring and surveillance framework that includes recommendations and tools specific to protect emergency responders during the pre-deployment, deployment, and post-deployment phases of a disaster. The intent of ERHMS 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. Data will also help to identify during the post-deployment phase which responders would benefit from medical referral and possible enrollment in a long-term health surveillance program. Please refer to Chapter 2 and section 2T for more information on Pre-deployment Health Screening for Emergency Responders.

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For more information on ERHMS, please visit:

erhms.nrt.org & www.cdc.gov/niosh/topics/erhms