



FEMA

US&R PROGRAM DIRECTIVE – 2017-011

September 18, 2017

FOR: National Urban Search & Rescue Response System
Task Force Representatives

FROM: Fred Endrikat, Chief
Urban Search and Rescue Branch

SUBJECT: US&R Program Directive 2017-011 – Hurricane Irma Response Post-Mission
Task Force Personnel and Canine Medical Screening

Implementation Date: September 18, 2017; **Expiration Date:** September 30, 2018

After some responses, National Urban Search and Rescue (US&R) Response System (the System) Program Directives (PD) have been issued to provide post-mission medical screening or surveillance direction for deployed task force personnel or canines. Multiple medical opinions exist on the topic of post-mission medical screening however, the System stands firm on the fact that the health and welfare of personnel and canines is the highest priority.

The September 2017 Hurricane Irma response led to widespread wind and storm damage both in the Continental United States (CONUS) and Outside the Continental United States (OCONUS), with water inundation, storm surge, and flooding in almost all operational areas. This PD provides guidance for System resources that deployed and operated in these environments (e.g. conducting operations in inundated areas). There were no atypical risks identified during this deployment and standard precautions for work in floods apply. Floodwaters can pose the risk of biohazard and Hazmat exposures that are typically mitigated with the appropriate use of Personal Protective Equipment (PPE), decontamination, and hygiene.

The US&R operational environment may have included hazards including:

- Household hazardous materials
- Household septic systems
- Agricultural waste
- Electrical transformers
- Petroleum products
- Biohazards (contact hazards emphasized more so than respiratory)

At this time, there is no active mosquito-borne Zika transmission that has been identified in the Florida area of operations per the CDC and the Florida Department of Health. There is still mosquito borne Zika transmission occurring in Puerto Rico and the U.S. Virgin Islands (USVI), though is it less than last year. Responders with concerns about Zika and seeking to have or conceive children should be seen by their private healthcare provider first. In addition, for the

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OCONUS operational areas: Per the CDC there is some risk of other mosquito borne diseases such as Dengue fever and Chikungunya, however there is no apparent risk for malaria and yellow fever.

A review of all of the above hazards was conducted by the Incident Support Team's Medical, Safety, and Hazmat sections. For System personnel it has been determined that there is no specific recommendation for any detailed surveillance or prophylactic treatments. For all deployed System canines, canine specific post-mission screening recommendations have been developed.

REQUIRED ACTIONS

The issue is approved for FEMA National US&R Response System implementation.

For the Hurricane Irma response, the following was determined to be appropriate action for post-deployment screening and monitoring of System personnel and canines based on work in the operational environments:

- For System personnel that were in the operational environment:
 - CA-2 Form – in addition to sponsoring agency exposure paper work:
 - System task forces should complete an exposure form ([CA-2](#)) for every System member deployed using the following language for potential exposure;
 - “System Members who were deployed to Hurricane Irma were or potentially were exposed to floodwaters and other environments that may have contained aerosolized sewage, toxic chemicals, petroleum products, unknown chemicals, infectious diseases, and yet to be determined toxins. These exposures may have occurred through skin, inhalation, ingestion, transmucosal, or open wounds.”
 - Any System member thought to have a higher-risk exposure (e.g., nearby specific hazardous materials, breach of PPE, mucous membrane exposure, inhalation exposure, submersion) should have a separate CA-2 form filled out and submitted;
 - Further guidance for submission of the CA-2 forms (including hard copy submissions) can be found in USR PD 2015-007.
 - System task forces should undertake demobilization medical screening by task force medical team in the field to assess and document baseline medical conditions and identify any acute illness;
 - Particular attention should be paid to any wounds that had prior contamination due to the risk of infections;
 - For two weeks following demobilization, task forces should be vigilant and request information on all members actively involved in operations for any follow up visits or change in medical condition;

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- For those in direct contact with water, there should be a specific focus on monitoring gastrointestinal and dermatologic illnesses; and
- All System members who were deployed should be made aware of the risk of mosquito-borne illnesses, including Zika in the OCONUS theaters of operations, and discuss their deployment with their personal physician if they are considering having children.
- CISM – Currently, there is no indication of need for implementation of a coordinated CISM plan. It is recommended that each Sponsoring Agency address CISM issues on a case-by case or task force basis through normal mechanisms.
- For System canines that were in the operational environment:
 - System task forces should monitor any canines exposed to any of the forward operations in flood waters or other potentially hazardous environments for respiratory, gastrointestinal, urinary tract, and dermatologic illnesses.

cc:

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