



FEMA

## US&R PROGRAM DIRECTIVE – 2021-009

July 26, 2021

**FOR:** National Urban Search & Rescue Response System  
Task Force Representatives and Program Managers

**FROM:** Fred Endrikat, Chief  
Urban Search and Rescue Branch

**SUBJECT:** US&R Program Directive 2021-009 – Champlain Towers Collapse Response  
Post-Mission Medical and Veterinary Screening

**Implementation Date:** July 26, 2021

**Expiration Date:** September 30, 2022

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 personnel or canines after some responses. The System stands firm on the fact that the health and welfare of its personnel and canines is the highest priority.

This PD provides guidance for System resources that deployed and conducted operations in the collapsed structure or off-site debris pile environments created by the Champlain Towers collapse. Operations in collapsed structure environments can pose the risk of biohazard and hazmat exposures as well as inhalational risks that are typically mitigated with the appropriate use of Personal Protective Equipment (PPE), decontamination, and hygiene. During this response the respiratory particulate risks drove the Incident Command and Incident Support Team's (IST) mandate requiring use of a half mask with P-100 filters while on the rubble pile, and for N-95 masks when in the immediate vicinity of the rubble pile.

This response presented some hazards in unknown concentrations including but not limited to:

- Diesel exhaust
- Household hazardous materials
- Air particulates: exact characterization unknown; some less than 1 micron in size
  - Fine particulate materials capable of impacting lower airways without use of PPE
  - Capable of eye penetration as well as a respiratory contaminant
  - Particulate Dust (unknown, Silica, concrete, etc.)
- Electrical transformers
- Petroleum products
- Biohazards (contact hazards emphasized more so than respiratory): dermatitis

This response also occurred during the COVID-19 pandemic and in an operational area with a prevalence of COVID-19 that may be different than the home duty station of responding System resources. To minimize risk, specific revisions to System COVID-19 operational guidance were provided to deploying resources at the time of activation and subsequently to the System with the issuance of US&R PD 2020-020a (July 1, 2021); however, it is impossible to completely mitigate all risk for System responders.



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Due to the incidence of COVID-19 amongst deploying resources, including multiple breakthrough infections of fully vaccinated members, the IST made the real time recommendation for on-site ePCR testing to occur on all demobilizing resources. With a 3 to 4-hour turnaround time the on-site testing offered would not impact the resource's demobilization timetable, but if declined it was encouraged that PCR testing be conducted once the resource reached home station. The COVID-19 Delta variant was prevalent in the area and confirmed among deployed System resource's positive PCR testing, even among fully vaccinated individuals. This fact increases the potential need for both mobilization and demobilization COVID-19 testing, although the utility of further testing for this response is less definitive and may not be able to conclusively draw a direct correlation between an infection and the deployment.

**REQUIRED ACTIONS**

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

A review of all the hazards identified for the Champlain Towers Collapse response was conducted by the IST Medical, Safety, and Hazmat components, along with task force Physicians and Safety Officers. For all deployed System personnel and canines, the following was determined to be appropriate actions for post-deployment screening and monitoring of System personnel and canines based on work in this operational environment:

- For all System members deployed into the theater of operations, PCR testing for COVID-19 was recommended at time of demobilization.

Self-monitoring of all personnel should occur for any symptoms that may be COVID-19 related, and following current guidelines regarding isolation, work, contact tracing, and testing for vaccinated and un-vaccinated personnel. Any symptomatology or positive COVID-19 test results received within two weeks post-deployment should be reported to the individual's task force Medical Section. Deidentified information regarding infections within this period should be reported to the US&R Branch.

- For System personnel that were in the operational environment:
  - FEMA US&R Exposure Report (attached with instructions): In addition to Sponsoring Agency exposure paperwork, all System members shall complete the System's exposure form(s) following the attached instructions.
    - The following language should be used to document potential exposure:

“System members who were deployed to the Champlain Towers Collapse were or potentially were exposed to environments that may have contained sewage, toxic chemicals, silica, asbestos, concrete dust and particles (40 years old), deceased bodies, infectious diseases, carbon dioxide, natural gas, diesel vapors, and yet to be determined toxins and/or particulate matter as well as mosquito borne illness. These exposures may have occurred through skin, inhalation, ingestion, transmucosal, ophthalmologic, or open wounds.”
    - Any System member thought to have an immediate medical requirement from a potential higher-risk exposure (e.g., breach of PPE, mucous membrane exposure, inhalation exposure, submersion) should contact their medical provider.

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- Please contact the US&R Branch Office for additional information and especially prior to submitting a DOL ECOMP Claim. Further worker's compensation guidance can be found in PD 2015-007.
- System resources should have undertaken demobilization medical screening by System medical teams in the field to assess and document baseline medical conditions and identify any acute illness.
- For two weeks following demobilization, System task forces should be vigilant and request information on all personnel actively involved in operations for any follow up visits or change in medical condition to include:
  - Particular attention should be paid to any wounds that had prior contamination due to the risk of infections.
  - For System personnel that were on the rubble pile, there should be monitoring for respiratory, ophthalmologic, and dermatologic illnesses; and
  - Any additional issues (COVID-19 symptoms, Critical Incident Stress, etc.)
- CISM – Many System personnel were required to handle, move, or personally address human remains during this mission. While it is always the intent to manage, mitigate, and address the mental health of our personnel, the overall goal is to ensure that each individual and System leadership value mental health, and accordingly recommend follow up with responders that appropriately ensures they take advantage of ongoing mental health mitigation opportunities. This is critically important for individuals that demobilized prior to their assigned resource's demobilization. In concert with current System requirements for CISM consideration, the IST developed four options for task force completion. System task forces are responsible to track program content, delivery, qualification of facilitators and affiliation, as well as a list of System members who participate and those who do not. The supporting materials shall become part of each task force's permanent incident documentation.
- For System canines that were in the operational environment:

System task forces should monitor all canines exposed to any of the forward operations in the collapse zone for respiratory, gastrointestinal, urinary, ophthalmologic, neuromuscular, and dermatologic injury or illness. For canines that were deployed and present at the collapse site for at least five days and actively worked on the pile or debris field three or more times in a 12-hour shift, a post-deployment veterinary exam and CBC and chemistry profile ideally is recommend within two weeks of demobilization.

**Attachments:**

FEMA US&R Exposure Report (306-E)  
FEMA US&R Exposure Report Instructions (306-Ei)

**cc:**

US&R Strategic Group  
US&R Advisory Group  
US&R Branch Staff  
FEMA Regional/Federal/International ESF #9 Representatives