

Dragon, Karen E. (CDC/NIOSH/EID)

From: Guarna, Stella [SGuarna@OEM.NYC.GOV]
Sent: Tuesday, April 05, 2011 5:05 PM
To: NIOSH Docket Office (CDC)
Cc: Bruno, Joseph; Drayton, Calvin; Scrivani, John
Subject: NIOSH Docket Number 223

The **New York City Office of Emergency Management's Operations Division**, submits its comments to the NIOSH draft publication entitled "Emergency Responder Health Monitoring and Surveillance". Thank you.

Comments below:

NIOSH Emergency Responder Health Monitoring and Surveillance:

NIOSH and other officials have established a proposed guide to monitor the health and safety of responder's pre/post and during large scale events, where the possibility of exposure to a wide variety of toxins and dangers could potentially affect a large number of first responders for an extended period of time. This is both the physical and psychological impacts that may become present over a period of time. After reading this document, pre-deployment rostering, deployment monitoring (both medical and psych) and post deployment tracking is the most essential part of their overall goal.

- 1) This document seems to be based solely on the events of 9/11 & Katrina and their after effects on response personnel. After looking at that, it seems as though some of the ideas put in place are well intentioned, but not completely feasible in the first hours of any response to a large scale event in NYC. I can certainly see setting up health monitoring stations and registering departments and unit's on the scene & also individuals from small agencies that have an important role, but not in the beginning of an event like the document implies. This would be an overwhelming task.
- 2) NIOSH insists all first responders register upon arrival at a scene with a resource unit and then have the individual be given a task based on qualification. This model does not really fit the frame work in place in a large metropolitan area, such as NYC where an overwhelming amount of responders will be assigned to the event based on agency response. These individuals will obviously become engaged in the response based on their normal assignments within their department. It did not say this and seemed to be based more on smaller municipalities who rely on volunteers and outside jurisdiction personnel to assist in any large scale emergency. If it is based on spontaneous volunteers', it should say that more specifically.
- 3) NIOSH states all responders should be given a physical and psychological exam pre deployment to any incident, thus allowing individuals who should not be front line personnel to be disqualified from responding to any event. This is obviously done prior to hiring municipal police/fire EMS personnel (full time) first responders who work in these assignments on a daily basis. It seems again that this piece of the plan is based more towards small towns and volunteer departments that do not have the same standards NYC uses.
- 4) During an event, NIOSH states monitoring of individuals and their health be based on their initial health assessment and that it should be on an individual level. It states an "appropriate" authority monitor these personnel during the event. Who is the appropriate authority and again, this cannot be based on an individual's health screening prior to any event here in NYC, but needs to be based at a minimum on an agencies response to a scene and at the maximum by which unit was assigned to what task and for how long. This takes the entire group as a "health risk" for monitoring.
- 5) NIOSH is pushing post deployment tracking as one of their major factors and it bases its tracking module on individuals. This again should be based on agency response and the tracking of units and their assigned personnel. It seems fairly difficult to register a responder at a large scale scene upon arrival, track that specific individuals health throughout the event, based on an initial health assessment and then track that individual post event for health related issues. It would seem that NYC would track their own responders based on unit specific response and agency participation rather than on an individual basis. It does not seem to say that in the document, although it provides many examples of questionnaires individual responders can fill out and file with the appropriate agency responsible for their health and well being.

- 6) Other than the above comments, the NIOSH document is “heavy” on the equipment and training aspect of preparedness. They look at everything on the national level, but obviously NYC has its own unique issues regarding emergency response.

Stella J. Guarna
Deputy Commissioner for Legal Affairs
NYC Office of Emergency Management
(O) (718) 422 4802
(Fax) (718) 422 8453
sguarna@oem.nyc.gov

To learn about **emergency** preparedness visit our website at www.NYC.gov/readyny

Confidentiality Notice:

This message may contain information that is confidential or privileged. If you are not the intended recipient, please advise the sender immediately and delete this message.