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**From:** Wante, Barry [BWANTE@PARTNERS.ORG]  
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**To:** NIOSH Docket Office (CDC)  
**Subject:** 223 - Emergency Responder Health Monitoring and Surveillance

1. The document is very comprehensive and clear on pre-, during, and post deployment activities and surveillance. It also allows for SST which is a very realistic approach.
2. I do have a concern about the overall intent of the document. It is written at the level of a disaster response yet seems to have implications to employers in "routine" response operations. An example I could offer is a healthcare facility decontamination unit that regularly deploys to a single or two victim decontamination operation prior to admission to an Emergency Department. Another example is the law enforcement officer that responds to a highway crash involving a motor carrier carrying a hazardous material but only involved in perimeter control. It would appear that this document would influence those level of operations but have very expansive implications for "routine" operations.
3. The BSI as part of the pre-deployment screening could have resistance with any collective bargaining units or viewed as a barrier to recruit volunteers within an organization.
4. Personal Information: I assume that employee ID number would suffice to avoid SSN or medical record numbers.
5. HIPAA could use some clarity. Probably one of the most misunderstood regulations I have to deal with. So often faced with the response, "we cannot tell you that because of HIPAA."
6. I recognize that "fitness for duty" is somewhat beyond the scope of this document and references to CERFP may be relevant to many first responder communities. The consideration of the demographics of healthcare workers (and other groups covered in this document) is not an easy crosswalk from the typical 18-40 age group in the US military.

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