

AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND  
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED  
TEAM NAME: TASK FORCE 3

STANDARD OPERATING GUIDELINES

TASK FORCE 3-SOG-M1

MEDICAL SURVEILLANCE PROGRAM

PURPOSE

To establish procedures by which the Medical Surveillance Program will be conducted.

DIRECTION AND CONTROL

Authority

These guidelines have been developed and approved by the Board of Directors. The Administrator shall review these procedures as needed, but not less than annually, and submit any changes to the Board of Directors for approval.

Responsibility

The Administrator is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Secretary should the primary not be available.

Maintenance

These procedures shall be effective upon approval of the Board of Directors and shall remain in effect until revised or rescinded.

CONCEPT OF OPERATIONS

- A. A3/RWMD/HMRT, Inc., has instituted and will maintain a medical surveillance program for all TASK FORCE 3 team members in accordance with 29 CFR 1910.120 (f).
- B. If funding is available, TASK FORCE 3 will provide required medical surveillance. Otherwise, individuals will be responsible for providing Task Force 3 with documentation of the required medical surveillance, obtained at their own expense or at the expense of another entity or employer.
- C. The medical surveillance program shall, at minimum, include the following:  
An initial baseline physical examination including;
  - a. Physical Exam: Respiratory Clearance
  - b. Pulmonary Function Test
  - c. Lab and/or Blood work
  - d. Respiratory fit test
  - e. Respirator Medical Questionnaire per OSHA 1910.134
  - f. Team Evaluation form to be completed by each member

A medical evaluation:

- a. Upon development of signs and symptoms following an emergency response.
  - b. At additional times, if the examining physician determines that follow-up examinations or consultations are medically necessary;
  - c. At additional times as determined by the board of director when the physical fitness for duty including the ability to wear personal protective equipment under condition that may be expected at the work sight is in question;
  - d. At least once every 12 months;
- D. The Administrator shall retain an accurate record of the medical surveillance of each TASK FORCE 3 member during membership with A3/RWMD/HMRT. If either A3/RWMD/HMRT or the member terminates membership the medical record shall be given to the individual. A copy of the records shall be maintained in the members file.
- E. Medical records are CONFIDENTIAL and under the control of the Medical Officer. Release of medical records to anyone other than the member/applicant, requires written authorization by the member/applicant and the President.
- F. For TASK FORCE 3 members working for an industry or other entity that has a medical surveillance program, the A3/RWMD/HMRT member may provide a copy of the most current baseline examination in lieu of obtaining an additional examination (or documentation of successful completion of the prescribed physical). The member must also agree to provide copies of annual exams in accordance with paragraph III D.
- G. ANY MEMBER WHO DOES NOT COMPLY WITH THIS GUIDELINE MAY ONLY OPERATE IN AREAS APPROPRIATE TO THEIR LEVEL OF TRAINING, EXPERIENCE, AND MEDICAL CLEARANCE.

ATTACHMENTS:

- 1. TASKFORCE 3 MEDICAL FORM

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

## TASKFORCE 3 MEDICAL FORM:

Employee Name:

Department:

### OSHA Medical Evaluation Questionnaire (Mandatory)

**To the employer:**

Answers to questions in Section 1 and Section 2 - questions 1-9 in Part A, **do not** require a medical examination.

**To the employee:** Can you read (circle one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

### Part A. Section 1. (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator (**please print**).

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Age (to nearest year): \_\_\_\_\_ yrs. Sex (circle one): Male Female

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Your weight: \_\_\_\_\_ lbs

Job title: \_\_\_\_\_

A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

The best time to phone you at this number: \_\_\_\_\_ AM / PM

Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No

Check the type of respirator you will use (you can check more than one category):

- \_\_\_\_ a. N, R, or P disposable respirator (filter-mask, non-cartridge type only).  
\_\_\_\_ b. Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

Have you worn a respirator (circle one): Yes No

If "yes," what

type(s): \_\_\_\_\_

## Part A. Section 2. (Mandatory)

*Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").*

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?      Yes      No

2. Have you ever had any of the following conditions?	Yes	No
Seizures (fits):		
Diabetes (sugar disease):		
Allergic reactions that interfere with your breathing:		
Claustrophobia (fear of closed-in places):		
Trouble smelling orders:		

3. Have you ever had any of the following pulmonary or lung problems?	Yes	No
Asbestosis:		
Asthma:		
Chronic bronchitis:		
Emphysema:		
Pneumonia:		
Tuberculosis:		
Silicosis:		
Pneumothorax (collapsed lung):		
Lung cancer:		
Broken ribs:		
Any chest injuries or surgeries:		
Any other lung problem that you've been told about:		

4. Do you currently have any of the following symptoms of pulmonary or lung illness?	Yes	No
Shortness of breath:		
Shortness of breath when walking fast on level ground or walking up a slight hill or incline:		
Shortness of breath when walking with other people at an ordinary pace on level ground:		
Have to stop for breath when walking at your own pace on level ground:		
Shortness of breath when washing or dressing yourself:		
Shortness of breath that interferes with your job:		
Coughing that produces phlegm (thick sputum):		
Coughing that wakes you early in the morning:		
Coughing that occurs mostly when you are lying down:		
Coughing up blood in the last month:		
<b>Question 4 Continued:</b>	Yes	No
Wheezing:		
Wheezing that interferes with your job:		
Chest pain when you breathe deeply:		
Any other symptoms that you think may be related to lung problems:		

5. Have you ever had any of the following cardiovascular or heart problems?	Yes	No
Heart attack:		
Stroke:		
Angina:		
Heart failure:		
Swelling in your legs or feet (not caused by walking):		
Heart arrhythmia (heart beating irregularly):		
High blood pressure:		
Any other heart problem that you've been told about:		

6. Have you ever had any of the following cardiovascular or heart symptoms?	Yes	No

Frequent pain or tightness in your chest:		
Pain or tightness in your chest during physical activity:		
Pain or tightness in your chest that interferes with your job:		
In the past two years, have you noticed your heart skipping or missing a beat:		
Heartburn or indigestion that is not related to eating:		
Any other symptoms that you think may be related to heart or circulation problems:		

7. Do you currently take medication for any of the following problems?	Yes	No
a. Breathing or lung problems:		
b. Heart trouble:		
c. Blood pressure:		
d. Seizures (fits):		

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the space and skip to question 9:)	Yes	No
a. Eye irritation:		
b. Skin allergies or rashes:		
c. Anxiety:		
d. General weakness or fatigue:		
e. Any other problem that interferes with your use of a respirator:		

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?	Yes	No
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10. Have you ever lost vision in either eye (temporarily or permanently)?	Yes	No
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11. Do you currently have any of the following vision problems?	Yes	No
a. Wear contacts:		
b. Wear glass lenses:		
c. Color blind:		
d. Any other eye or vision problem:		

12. Have you ever had an injury to your ears, including a broken ear drum?	Yes	No
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13. Do you currently have any of the following hearing problems?	Yes	No
a. Difficulty hearing:		
b. Wear a hearing aid:		
c. Any other hearing or ear problem:		

14. Have you ever had a back injury?	Yes	No
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15. Do you currently have any of the following musculoskeletal problems?	Yes	No
a. Weakness in any of your arms, hands, legs, or feet:		
b. Back pain:		
c. Difficulty fully moving your arms and legs:		
d. Pain or stiffness when you lean forward or backward at the waist:		
f. Difficulty fully moving your head side to side or moving your head up or down:		
g. Difficulty bending at your knees:		
h. Difficulty squatting to the ground:		
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs:		
j. Any other muscle or skeletal problem that interferes with using a respirator:		

**Part B.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?	Yes	No
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?		

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?	Yes	No
If "yes," name the chemicals if you know them:		
1.		
2.		
3.		

3. Have you ever worked with any of the materials, or under any of the conditions, listed below?	Yes	No
a. Asbestos:		
b. Silica (e.g., in sandblasting):		
c. Tungsten/cobalt (e.g., grinding or welding this material):		
d. Beryllium:		
e. Aluminum:		
f. Coal (for example, mining):		
g. Iron:		
h. Tin:		
i. Dusty environments:		
j. Any other hazardous exposures:		
If "yes," describe these exposures:		
_____		
_____		

**4. List any second jobs or side businesses you have:**

\_\_\_\_\_

\_\_\_\_\_

**5. List your previous occupations:**

\_\_\_\_\_

\_\_\_\_\_

**6. List your current and previous hobbies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you been in the military services?	Yes	No
If "yes," were you exposed to biological or chemical agents (either in training or combat): (Do you know what they were?)		
_____		

8. Have you ever worked on a HAZMAT team?	Yes	No
_____		

9. Other than medications for breathing and lung problems, heart trouble, blood pressure and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)? Please list:

Please list:		
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10. Will you be using any of the following items with your respirator(s)?	Yes	No
a. HEPA Filters:		
b. Canisters (for example, gas masks):		
c. Cartridges:		

11. How often are you expected to use the respirator(s) (indicate "yes" or "no" for all answers that apply to you):	Yes	No
a. Escape only (no rescue):		
b. Emergency rescue only:		
c. Less than 5 hours per week:		
d. Less than 2 hours per day:		
e. 2 to 4 hours per day:		
f. Over 4 hours per day:		

12. During the period you are using the respirator(s), is your work effort:	Yes	No
a. Light (less than 200 kcal per hour): If "yes," how long does this period last during the average shift: _____ hrs. _____ mins. Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.		
b. Moderate (200 to 350 kcal per hour): If "yes," how long does this period last during the average shift: _____ hrs. _____ mins. Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.		
c. Heavy (above 350 kcal per hour): If "yes," how long does this period last during the average shift: _____ hrs. _____ mins. Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock, shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).		

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator?	Yes	No
If "yes," describe this protective clothing and/or equipment:		

14. Will you be working under hot conditions (temperatures exceeding 77EF)?	Yes	No
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15. Will you be working under humid conditions?	Yes	No
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16. Describe the work you'll be doing while you're using your respirator(s):		

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):		
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18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of toxic substance	Estimate maximum exposure level/shift	Duration of exposure/shift

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

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**Mark all of the above that you have been exposed or worked around in the last 3 years:**

Chemicals	yes	no	If yes when
<b>Aromatic Hydrocarbons</b>			
Benzene			
Ethyl Benzene			
Toluene			
Xylene			
Naphthalene			
<b>Asbestos</b>			
<b>Halogenated Aliphatic Hydrocarbons</b>			
Carbon tetrachloride			
Chloroform			
Ethyl Bromide			
Ethyl Chloride			
Ethylene dibromide			
Ethylene dichloride			
Methyl chloride			
Methyl Chloroform			
Methylene chloride			
Tetrachloroethylene (perchloroethylene)			
Trichloroethylene			
Vinyl chloride			
<b>Heavy Metals</b>			
Arsenic			
Beryllium			
Cadmium			
Chromium			
Lead			
Mercury			
<b>Herbicides</b>			
Chlorophenoxy compounds			

