

APPENDIX 3

Medical Exclusion Criteria

Team Member Name: _____ Date of Call: _____

Assigned Position on Team: Entry Team/ Decon Team Response Location: _____

Team Members Age: _____ Time On Air: _____ Time Off Air: _____

Reference: NFPA 473 4.4.5, NFPA 1072

Pre-Event Data	Post-Event Data
<u>Blood Pressure:</u> Diastolic greater than 105 mm HG	<u>Blood Pressure:</u>
<u>Pulse Rate:</u> Greater than 70 percent maximum heart rate	<u>Pulse Rate:</u>
<u>Respiratory Rate:</u> Greater than 24 breaths per minute	<u>Respiratory Rate:</u>
<u>Temperature:</u> Greater than 99.5°F (Oral) or 105 °F (Core) Less than 97 °F (Oral) or 98 °F (Core)	<u>Temperature:</u>
<u>Weight:</u>	<u>Weight:</u>
<u>Skin Evaluation:</u> Note any open sores, large area of rash, or significant sun burn.	<u>Skin Evaluation:</u> Note any changes to open sores, large area of rash, or significant sun burn.
<u>Mental Status:</u> Note any altered mental status.	<u>Mental Status:</u> Note any changes to altered mental status.
<u>Medical History:</u> 1. In the past 72 hours, has the member experienced any of the following: Nausea, Vomiting, Diarrhea, Fever, Upper Respiratory Infection, Heat Illness, Presence of Nausea, or Heavy Alcohol Intake? YES: <input type="checkbox"/> NO: <input type="checkbox"/> 2. Any prescription or over the counter medication such as cold, flu or allergy medication taken in past 72 hours? YES: <input type="checkbox"/> NO: <input type="checkbox"/> 3. Any alcohol within past (6) hours? YES: <input type="checkbox"/> NO: <input type="checkbox"/> 4. Pregnancy? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	<u>Medical History:</u> 1. Since pre-event data was collected has the member experienced any of the following: Nausea, Vomiting, Diarrhea, Fever, Difficulty Breathing, Cramping, Blurred Vision, Slurred Speech, or Headache? YES: <input type="checkbox"/> NO: <input type="checkbox"/>

Medical Exclusion Criteria

This form shall be utilized for both initial and subsequence entries. Any HMRT personnel not meeting the exclusion criteria shall not conduct any HAZMAT incident response operations requiring PPE and or respirator protection.

*Post event data needs to be collected to identify any medical concerns that may have developed during the incident. Any notable changes may require medical attention. If the HMRT has an existing set of Medical Exclusion Criteria which meets or exceeds the above criteria, they can use their form, if HMRT does not have a medical exclusion form which meets or exceeds the above listed criteria, this form is then required.