



Urban Search and Rescue

Administrative Manual

Triennial Physicals

ISSUE STATEMENT

WMD funding to the US&R Task Forces requires Task Force member health screening and selected toxicological surveillance. Requirements for task force medical screening were developed in 2003 prior to institution of a formal US&R Program Directive. The Medical Work Group has since completed the necessary the necessary revisions and clarifications and the directive implemented. Task Forces are mandated to comply with the updated recommendations to effectively protect all Task Force members. The directive provides guidelines and procedures to facilitate task force compliance with the medical screening process.

REQUIRED ACTIONS

- Funded physicals will be provided to all members every three years unless superseded by a FEMA mandated post deployment physical.
- Task Force Personnel will be contacted by the Training Coordinator during the first week of the members birthday month if a physical is to be scheduled.
 - Members will schedule the task force physical with our vendor within 60 days of their Participating Agency /birthday physical thus avoiding duplication of screening efforts. Civilian members may be exempt from this item unless they had received a physical from their personal physician within three months of the notification.
 - Members shall bring the most recent copy of the Participating Agency generated physical to the vendor who will consolidate data; implement the required screening and produce the task force physical.
- Vendor generated copies of the history; physicals; labs and interpretation of X-rays will be submitted to the Task Force office for review by a task force physician and subsequent filing into the member's medical documentation file.
- Based on NFPA 1582 - a standardized criteria for flagging medical issues and compliance – has formatted.
 - Items 1-13, excluding item 7 from the “Essential Job Tasks” and screening of “Medical Conditions Affecting Ability to Safely Perform Essential Job Tasks” format screening to identify deployable or non deployable status.



Virginia Task Force 2

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- Vendors shall note and flag the specific item(s) and their related documentation for submission to the task force physician for follow up review.
- Upon determination of a non-deployable status by consultation between the vendor and task force physician:
 - The task force physician will meet with the member and identify a follow up plan of action and referral process through vendor or Participating Agency occupational medical services.
 - Upon resolution of the medical condition(s), the task force member and vendor will consult and upon re-examination by vendor assess deploy ability status.
 - Pursuant of final consultation between vendor and task force physician ; Members will be placed back in deployable status with appropriate notification to all Task Force Participating Agency Representatives, Functional and Subgroup Leaders.
 - Final resolution of any potential ensuing medical issues shall be the responsibility of the Medical Managers (within HIPPA constraints) in conjunction with task force framework including input from Task Force Physicians and Advisory Group.