



# Medical Clearance and Check-in Form for SMAT 500 Deployments



\_\_\_\_\_  
Name of Team member

Date/Time In \_\_\_\_\_

### History:

- Uncontrolled hypertension  
Yes \_\_\_ No \_\_\_
- Myocardial infarction  
Yes \_\_\_ No \_\_\_
- Severe angina pectoris  
Yes \_\_\_ No \_\_\_
- Aortic stenosis  
Yes \_\_\_ No \_\_\_
- Other cardiac disease  
Yes \_\_\_ No \_\_\_
- Spontaneous pneumothorax  
Yes \_\_\_ No \_\_\_
- Asthma  
Yes \_\_\_ No \_\_\_
- Chronic respiratory disease  
Yes \_\_\_ No \_\_\_
- Severe musculoskeletal disease  
Yes \_\_\_ No \_\_\_
- Severe obesity  
Yes \_\_\_ No \_\_\_
- Phobias to confined spaces  
Yes \_\_\_ No \_\_\_
- Skin: open sores, rash, sunburn  
Yes \_\_\_ No \_\_\_
- Alcohol in past 24 hours  
Yes \_\_\_ No \_\_\_
- Pregnant  
Yes \_\_\_ No \_\_\_
- Symptoms of fever, N/V/D, cough  
Yes \_\_\_ No \_\_\_

Member signature: \_\_\_\_\_

### Pre-deployment Baseline Examination:

- Height: \_\_\_\_\_
- Weight: \_\_\_\_\_
- BP: \_\_\_\_\_
- Pulse: \_\_\_\_\_
- Respirations: \_\_\_\_\_
- Alert and Oriented x 3 \_\_\_\_\_
- Heart Rhythm: \_\_\_\_\_
- Lungs: \_\_\_\_\_

### General Medical Information:

- Allergies: \_\_\_\_\_
- Past Medical History: \_\_\_\_\_
- Current Medications: \_\_\_\_\_
- Do you have any other restrictions not otherwise noted?  
Please explain: \_\_\_\_\_
- Comments: \_\_\_\_\_

**Medical Evaluator:** Cleared NOT Cleared

\_\_\_\_\_  
Signature Print Last Name

### Paperwork signed (initial as reviewed):

- Deployment roster: \_\_\_\_\_
- Personal Behavior Policy: \_\_\_\_\_
- Personal Data Sheet: \_\_\_\_\_
- Insurance form and Waiver: \_\_\_\_\_

### Personal Equipment Check:

- No weapons \_\_\_\_\_
- No alcohol \_\_\_\_\_
- Personal Medications \_\_\_\_\_
- Identification \_\_\_\_\_
- Uniforms, boots, and gloves \_\_\_\_\_

Assignment: \_\_\_\_\_

### Operations Section:

\_\_\_\_\_  
Signature / Print Last Name

### SMAT Equipment Assigned:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Logistics Section:

\_\_\_\_\_  
Signature / Print Last Name

### Post-deployment examination:

- Date/Time: \_\_\_\_\_
- Weight: \_\_\_\_\_
- BP: \_\_\_\_\_
- Pulse: \_\_\_\_\_
- Respirations: \_\_\_\_\_
- Alert and Oriented x 3 \_\_\_\_\_
- Heart Rhythm: \_\_\_\_\_
- Lungs: \_\_\_\_\_
- Comments: \_\_\_\_\_

Disposition: HOME Other: \_\_\_\_\_

### Medical Evaluator:

\_\_\_\_\_  
Signature / Print Last Name

Command Staff Use Only:  
Reviewed By: \_\_\_\_\_ Date/Time \_\_\_\_\_  
(within 30 days of member deployment)

**SMAT 500 Member Personnel Data Form  
And Emergency Contact Information  
(Confidential information is not for distribution)**

**Last Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone - Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

- **Cell:** \_\_\_\_\_ **Service Provider:** \_\_\_\_\_

- **Pager:** \_\_\_\_\_ **Service Provider:** \_\_\_\_\_

Alpha-numeric:    Y    N

**E-Mail Address:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

*(Information obtained will only be used for training records and license verification)*

**Certification or Licenses:** MD / DO / ALP (NP/PA/etc) Pharm / RN / EMT-P /  
EMT-I / EMT / Lab / X-Ray / Resp. Therapist / Pharm Tech / CAN / Social Work

Other: LEO / CDL Driver / Facilities Operations / Communications / Support  
(Please circle any that apply)

**License/P Number:** \_\_\_\_\_ **Expiration date:** \_\_\_/\_\_\_/\_\_\_

**Emergency Contact #1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Clothing:**    Hat sz: \_\_\_\_\_ T-shirt sz: \_\_\_\_\_ Pants sz: waist \_\_\_\_\_





# Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization \_\_\_\_\_ State \_\_\_\_\_

Member's /Employee's Name \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Date Member Joined Organization \_\_\_\_\_

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Contingent

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

C01:008A (11/05)

## Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.



# SMAT Policy Professional Behavior



**Purpose:** Provide guidelines for professional conduct during SMAT operations and expectations of team members.

**General:** Members are expected to conduct themselves in a manner that is respectful of the rights of others, as well as the property of others. When a member's behavior becomes a concern to administration, faculty/staff members, or is observed by other members to be a threat or potential threat to self or others, the member will be contacted and the situation assessed. If warranted, additional action will be taken to resolve the issue of unacceptable behavior. Standards that will be utilized in the evaluation of expected behavior and the determination of unacceptable behavior include the following:

- Existing federal, state, county and municipal laws, ordinances and regulations
- Vidant Health policies (if Vidant employee), procedures, rules and regulations
- North Carolina Office Of EMS policies, procedures, rules and regulations
- Any professional organizations associated with the member in question

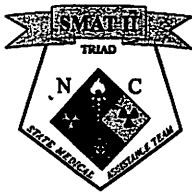
Members are expected to recognize their professional responsibility to themselves, patients, families and other healthcare professionals. They are also expected to adhere to a code of conduct that is considered acceptable as a professional.

Examples of expected behavior include, but are not limited to, the following:

- Display professional behavior in public as well as all environments.  
\*Practice within the legal and ethical limits of professional healthcare, recognizing the Standard Code of Ethics.

Examples of unacceptable behavior include, but are not limited to, the following:

- Conviction of any crime under the laws of any jurisdiction of the United States: (i) which is a felony, (ii) which is a misdemeanor,



# SMAT Policy

## Professional Behavior



- and an essential element of which is dishonesty, or (iii) any crime that is directly related to the practice of the profession
- Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, degrade or harm the public
  - Disorderly conduct, Insubordination, and Unprofessional conduct
  - Theft (acquisition and/or possession of property belonging to another without authorized consent)
  - Theft or abuse of electronic/non-electronic communication equipment or systems (including, but not limited to, computer hardware, and software)
  - Vandalism (willful destruction or defacement of property)
  - Alcohol and/or Other Drug Use (the purchase, possession, use or abuse, sale, distribution or manufacture of illegal narcotics or the illegal use of alcohol, stimulants or other chemical agents which might result in a member's inability to practice healthcare)
  - Unauthorized entry into property owned or supervised by SMAT 500 or other property owned by other teams/facilities.
  - Any physical, mental or emotional harassment directed toward any member, employee, visitor, patient, family member or member of the healthcare team
  - Any unauthorized discussion with the media is prohibited. "No comment" or "Please speak to my assigned Public Information Officer" are the only appropriate responses.
  - Any article written by a Team Leader or Team Member for publication or any personal news release regarding an official deployment or the activities of a Team must be approved by the identified Public Information Officer or Staff Member.
  - Any audiovisual record of actual scene activity will only be used for QI purposes by the SMRS. Unauthorized audiovisual records will be considered grounds for immediate/permanent removal from the Team.
  - Entering into unauthorized contracts for goods or services in the name of the Team is strictly prohibited.
  - Acceptance of any bribe of money, goods, or services in exchange for information is prohibited.
  - Gambling or any gaming for money between Team Leaders or Team Members is not allowed during disaster activation.
  - Unauthorized use or possession of firearms or other dangerous weapons (including, but **not limited** to; a knife with a fixed or folding blade length of greater than 4 inches, pen knife, "push" type knife, boot knife, dagger or dart knife, defense type compressed gasses, bows, throwing items or items such as "black-



# SMAT Policy Professional Behavior



jacks, clubs, slaps and batons [fix or expandable]) on property or at functions sponsored or supervised by the team or other teams. One must use common sense when selecting any tools that they wish to carry with them on a medical mission. Multi-tools (such as a Leatherman) are acceptable as long as they do not exceed the above knife limits.

- Failure to follow department or clinical rules and regulations.

## **Violence Policy:**

SMAT 500 and its respective entities are committed to maintaining a safe working environment for all members of the community. Paramount to achieving SMAT's vision is a climate that utilizes constructive methods of conflict resolution and in which violence is strictly prohibited.

Violence includes, but is not limited to, any act, behavior, conduct or statement that:

- Carries an expressed or implied threat or intent to endanger the safety of an individual and/or cause harm to a person or property;
- Is physically assaultive;
- Is obsessively directed, e.g. intensely focused on a grudge, grievance or romantic interest in another person and reasonable likely to result in harm or threats of harm to persons or property;
- Is bias-motivated, e.g. focused on a bias toward one's race, color, religion, national origin, sexual orientation, gender or disability and reasonably likely to result in intimidation or harm to persons or property;
- Involves carrying or displaying weapons;
- Involves destroying property, blocking paths for the purpose of intimidation or throwing or pounding objects in a threatening manner;
- Is unreasonably disruptive to one's job performance or SMAT's ability to execute its mission.

SMAT 500 does not tolerate violence toward or by any of its employees, members, patients, visitors, students or others conducting business or otherwise associated with the deployment/mission. Violence is strictly prohibited.



# SMAT Policy Professional Behavior



## **Substance Abuse Policy:**

It is the intent of SMAT 500 to maintain a drug-free, healthy, safe, and secure environment.

It is the policy of SMAT 500 to prohibit the purchase, possession, use or abuse, sale, distribution, or manufacture of any controlled substance other than that used for patient care. Any member bringing non-prescribed or illegal drugs or alcoholic beverages to deployments, using during deployments, or dispensing, manufacturing, or selling them on deployment may be subject to legal as well as disciplinary action up to and including immediate dismissal from the team.

All incoming members will receive both written and verbal content relating to substance abuse. Anyone who observes a member exhibiting problematic behavior indicating potential chemical dependency has the obligation to report it to the SMAT coordinators. The coordinators will then refer the individual to an appropriate agency for evaluation. All information is handled in a confidential manner.

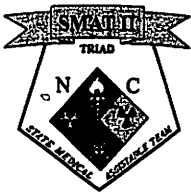
SMAT 500 recognizes chemical dependency as an illness and a major health problem. It also recognizes substance abuse as a potential health, safety and security problem. Members are expected to perform mission responsibilities in a condition appropriate to the level of quality and attention required.

## **Employer Notification:**

SMAT 500 has the right to notify employers and professional organizations of any violation of federal, state, or local law dealing with the use or possession of alcohol or controlled substances by the member.

## **Drug Testing:**

Any member who reports to work, clinical, or any deployment under the suspected influence of alcohol or an illegal drug(s) substance will be taken immediately for drug testing accompanied by a SMAT official/designee. In this case, SMAT 500 will assume the costs of the blood/urine tests.



# SMAT Policy Professional Behavior



At the time of any incident of suspected abuse, SMAT 500 has the right to request drug tests, with the cooperation of the member. If the drug tests results are positive, this forms grounds for dismissal from the team. If the member refuses to cooperate with SMAT's request, the resulting action may include, but is not limited to, dismissal from team.

At the time of any incident, the member may request immediate blood/urine tests to disprove allegations. If this is done, all costs of the blood/urine tests would be the member's responsibility.

## **Corrective Action:**

Quality healthcare requires recognition of and adherence to established policies, procedures, regulations, practices and high standards of performance. SMAT 500 retains the authority to withdraw from class, clinical experience or observation area any students whose conduct may have a detrimental effect on themselves, the team, employees, patients, visitors, clients or other students.

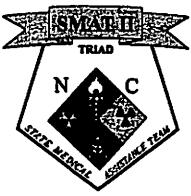
Administration, staff, faculty, or personnel may initiate corrective action when a member's unacceptable behavior or disregard for the team policies and procedures warrants such action. Violations that are determined to threaten or cause imminent danger or harm, or are of such a serious nature that immediate action is required, may result in a member's dismissal from the team.

In situations where unacceptable behavior can be effectively addressed through a corrective action plan, the following procedure will prevail:

- Verbal discussion and assessment of the situation and behavior (with written documentation in confidential file)
- Written corrective plan of action
- Assessment of improvement
- Verbal and written notification of warning
- Dismissal from the team

The corrective action will depend upon the scope, seriousness, and repetitiveness of the violation. The number and sequence of corrective steps required may **vary** according to the seriousness of the offense. The written plan and relevant documentation will be kept in the member's confidential file located in the SMAT offices.





# SMAT Policy Professional Behavior



I, \_\_\_\_\_ (print name) have received the SMAT policy on Professional Behavior. By affixing my signature to this page, I have read and do understand the policy as well as agree to abide by the policy. I will retain the above copy for my records and will return this signature page to the SMAT Coordinator(s) to be placed in my personnel file. Additionally, all questions that I may have had have been answered via communication with the SMAT Coordinator.

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*Signature*

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*Date*

Please return this signature page only via mail, fax or hand delivery to the SMAT Coordinator(s).

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Corey Roberts: 336-528-9625  
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