

Information and sample documents to assist with education and implementation of a comprehensive wellness program.



The Emergency Services Road Map to Health and Wellness





Safety, Health and Survival Section of the International Association of Fire Chiefs

4025 Fair Ridge Drive • Fairfax, VA 22033 • Tel: 703.273.0911 • Fax: 703.273.9363 • www.iafc.org



December 5, 2017

Dear American Fire Service,

You hear it every day, that there are an estimated 1,160,450 firefighters (career: 345,600; volunteer: 814,850 [2015 numbers]) in the United States. But what you don't hear is how many firefighters had a fully compliant NFPA 1582 medical examination that year. So, my challenge to every fire chief is to answer the question, why don't we "Get Checked?"

Have you and your firefighters had a fully compliant examination? If not, then why?

Let's start today to transform our organizations by communicating the importance for every firefighter to have a fully compliant NFPA 1582 medical exam this coming year. You can help model the desired change and build a strong crew by personally getting your own fully compliant exam. Then do whatever it takes to get your department members medical exams that meets NFPA 1582. You can help reduce almost 50% of our line-of-duty deaths simply by making sure everyone is able to "Get Checked."

I'm sitting in my office today reflecting on how challenging and horrifying tomorrow could be if I came to work and knew I wasn't doing whatever it takes to get every firefighter in my organization a fully compliant NFPA 1582 examination. You see, to lose even one firefighter is against every fiber of my being. I don't have it in me to let others know I didn't personally do everything possible to keep their loved ones healthy by such a simple thing as getting them medical exams. We do it for our family members playing sports, so why not for our fire service family risking their lives serving the community.

As fire chief, if you do just one thing today to transform your organization, it should be to provide a fully compliant NFPA 1582 medical examination for all your members. One way to assist you in this is to use the new ***Emergency Services Road Map to Health and Wellness***. The Road Map, which is flexible and can be tailored to your own organization, will guide you through the steps it takes to get your members medical exams. By using the Road Map together, we can build a healthier fire service today, the way it should be. "Get Checked."

Daily, our fire-service members risk their lives to protect the members of our communities. The IAFC Safety, Health and Survival Section owes you the tools to help you protect them. Therefore, this ***Emergency Services Road Map to Health and Wellness*** will help you keep your firefighters safe so they can go home at the end of the day. Let's help them and not fail to save them. Provide them fully compliant NFPA 1582 medical exams. It's the right thing to do!

Stay safe!

Scott D. Kerwood, Chair
Safety, Health and Survival Section



Mission

To provide leadership to current and future career, volunteer, fire-rescue and EMS chiefs, chief fire officers, company officers and managers of emergency service organizations throughout the international community through vision, information, education, services and representation to enhance their professionalism and capabilities.



Mission

Reduce the number of preventable line of duty deaths and injuries in our fire service. History should long remember that it was us in this time that did everything in our power to help bring our brother and sister firefighters home from every alarm.

On behalf of the International Association of Fire Chiefs and the
Safety, Health, and Survival Section

WELCOME to

The Emergency Services Road Map to Health and Wellness.

Downloading Customizable SAMPLE Documents

All supporting SAMPLE documents can be downloaded in customizable formats (Word, Excel, or writeable PDFs) by click on the [links](#) provided within this document. In the PDF version, SAMPLE documents are indicated by [light blue text](#) and are accessible via the navigation toolbar/panel by clicking on the paperclip icon on the left side of the screen.

CONTENTS

Introduction



NFPA 1582 Q & A

- General
 - Fire Administration
 - Healthcare Provider
 - Risk/Benefit Manager
-



Fire Administration Responsibilities



Healthcare Provider Responsibilities



Firefighter

- Career
 - Wildland
 - EMS
 - Volunteer
 - Candidate
-



City/County Officials



Labor



Family & Friends





INTRODUCTION

In 2013, “The Fire Department Guide to NFPA 1582” was deployed to provide fire departments with a tool to better understand and use the NFPA 1582 “Standard on Comprehensive Occupational Medical Program for Fire Departments”. In 2015, the Safety, Health and Survival Section, with support from the IAFC, took on the challenge to gain a better understanding of the status of firefighter specific medicals in the U.S. Fire Service and to find a way to get every firefighter an annual medical.

As part of a Fire Prevention Grant objective of rewriting the original Fire Department Guide document, the Section SME members analyzed the relevance of the material and supporting documents in the Guide. The assessments took into account the ongoing updates to NFPA 1582 and the usage of the Guide. Usage of the original Guide shows a continued use, with some 10,000 downloads of the document since its deployment. In comparison, under a newer deployment concept, the SHS FSTAR Healthcare Providers Guide has had over 13,500-page views in less than eight months.

The evaluation of the status of the firefighter medicals survey results, analyzed by the FSTAR team, made it clear that a course correction had to be made to the format of the delivery method of material information. A document name change was the first step. Then an initiative to evaluate, update, and transform the original 1582 Guide into “The Emergency Services Road Map to Health and Wellness” started.

The original document’s values remains, but the new Road Map’s deployment format allows it to maintain ongoing reliability with new researched backed information for the fire service. This Road Map will lead the Fire Service to an appropriate resource providing all users from Fire Administrations, Healthcare Providers, Unions, Emergency Services Personnel, Risk/Benefits Managers, or City Manager/Elected Officials with critical answers that meet their needs for today’s professional no matter where they live.

ROAD MAP

Q & A



FIRE
ADMINISTRATION



LABOR



CITY/COUNTY
OFFICIALS



FIREFIGHTER



HEALTHCARE
PROVIDER



MEDICAL
STANDARDS



KNOWLEDGE



FAMILY &
FRIENDS



RESEARCH

FST
FIREFIGHTER SAFETY THROUGH
ADVANCED RESEARCH

NFPA 1582 Q&A



General Questions

1. Where can I get a copy of NFPA 1582?

Copies of NFPA 1582 are available at www.nfpa.org. This document can be purchased (hardcopy or electronic) or viewed, for free, on the NFPA site.

2. What does NFPA 1582 cover?

NFPA 1582 contains descriptive requirements for a comprehensive occupational medical program for fire departments and provides three main functions for incumbent members.

- Provides measurements to ensure a member is able to perform their essential job functions.
- Provides a member insights to their fitness level and to encourage them to improve.
- Provides referenced screening tools.

3. Are there departments that have fully implement NFPA 1582 as their annual medical standard?

Yes,. If interested, email inquiries can be sent to fstar@iafc.org and we will help you find a fire department in your area that has implemented the NFPA 1582 standard.

4. Have any departments implemented mandatory, annual NFPA 1582-compliant medicals?

Yes, there are both career, combination, and volunteer departments around the country that have implemented a mandatory, annual NFPA 1582 compliant medical.

5. Is there data about job loss in departments with mandatory programs?

There is only antidotal evidence at this time, but it is positive. Yes, one of the main concerns about implementation of a 1582 program is that it will lead to mass disqualification of firefighters. This is simply not the case. In organizations that have implemented a mandatory fire department medical program, a very limited number of firefighters have been removed from duty, or placed on light duty, due to an annual medical exam. Remember, NFPA 1582 is not a punitive process. A properly administered 1582 program should result in an increasingly healthy and fit department.

6. Are there supporting NFPA standards to 1582?

A selection of supporting standards is listed below. All NFPA standards are available at www.nfpa.org. Documents can be purchased (hardcopy or electronic) or viewed for free on the NFPA website.

- NFPA 1583: **Standard** on Health-Related Fitness Programs for Fire Department Members
- NFPA 1500: Standard on Fire Department Occupational Safety and Health Programs
- NFPA 1001: Standard for Fire Fighter Professional Qualifications
- NFPA 1002: Standard for Fire Apparatus Driver/Operator Professional Qualifications
- NFPA 1003: Standard for Airport Fire Fighter Professional Qualifications
- NFPA 1006: Standard for Technical Rescue Personnel Professional Qualifications

NFPA 1582 Q&A

General Questions

- NFPA 1021: *Standard for Fire Officer Professional Qualifications*
- NFPA 1051: *Standard for Wildland Fire Fighter Professional Qualifications*
- NFPA 1561: *Standard on Emergency Services Incident Management System*
- NFPA 1581: *Standard on Fire Department Infection Control Program*
- NFPA 1584: *Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises*

7. Where do I find specific medical conditions that have an effect on the essential job tasks?

In the NFPA 1582 document , check the Table of Contents (page 4) for a list of medical conditions.

For incumbent members, there are 15 sections in Chapter 9.

1. *Cardiovascular Disorders*
2. *Vascular Disorders*
3. *Endocrine and Metabolic Disorders*
4. *Lung, Chest Wall, and Respiratory Disorders*
5. *Infectious Diseases*
6. *Spine Disorders*
7. *Orthopedic Disorders*
8. *Disorders Involving the Gastrointestinal Tract and Abdominal Viscera*
9. *Medical Conditions Involving Head, Eyes, Ears, Nose, Neck, or Throat*
10. *Neurologic Disorders*
11. *Psychiatric and Psychologic Disorders*
12. *Substance Abuse*
13. *Medications*
14. *Tumors — Malignant or Benign*
15. *Pregnancy and Reproduction*

For candidates, there are 22 sections in Chapter 6.

1. *Head and Neck*
2. *Eyes and Vision*
3. *Ears and Hearing*
4. *Dental*
5. *Nose, Oropharynx, Trachea,*
6. *Esophagus and Larynx*
7. *Lungs and Chest Wall*
8. *Aerobic Capacity*
9. *Heart and Vascular System*
10. *Abdominal Organs and Gastrointestinal System*
11. *Metabolic Syndrome*
12. *Reproductive System*
13. *Urinary System*
14. *Spine and Axial Skeleton Extremities*
15. *Neurological Disorders*
16. *Skin*
17. *Blood and Blood-Forming Organs*
18. *Endocrine Metabolic Disorders*
19. *Systemic Diseases and Miscellaneous Conditions*
20. *Tumors and Malignant Diseases*
21. *Psychiatric Conditions*
22. *Chemicals, Drugs, and Medication*

NFPA 1582 Q&A



Fire Administration

1. Why is it important for members to have annual medicals exams?

Members need to have an initial medical exam to establish an individualized baseline and to ensure they are healthy enough to be a firefighter. Thereafter, annual medical exams help to minimize the potential risk of significant medical events such as cardiac disease or cancer.

2. How does a department start an annual medical/fitness program?

NFPA 1582 provides departments with guidance on how to build a comprehensive occupational medical program. Visit www.nfpa.org to find resources on what you will need to start a program. Use government resources (local, state, and/or federal). Research what policies are already in place. If you are part of an agency, or the government that would be supporting a program, become familiar with current information. Examples are: OSHA, NFPA, local county codes, employee manual, bargaining contracts. NFPA 1582, 7.1.4, states the components of the medical evaluations shall conform to all applicable U.S. OSHA standards, including:

- 29 CFR 1910.120, "[Hazardous waste operations and emergency response](#)"
- 29 CFR 1910.134, "[Respiratory protection](#)"
- 29 CFR 1910.95, "[Occupational noise exposure](#)"
- 29 CFR 1910.1030, "[Bloodborne pathogens](#)"

3. Who should be on the Health and Safety Committee?

NFPA 1582 provides guidance on who should serve on the Health and Safety Committee. A fire department physician, a health and safety officer, a health and fitness coordinator, a union representative and a risk manager are possible members.

4. What does the department need to know from the results of an annual medical exam?

Annual medical exams for incumbent members (as described in NFPA 1582, Chapters 7 and 9) give a healthcare provider guidance to determine if the member can properly perform the essential job tasks listed in Chapter 5. Confidentiality must always be maintained for all members. Members must be guaranteed and feel secure, that their medical information/data is kept private. The medical provider should only send the department information stating "qualified" or "not qualified" with applicable job limitations and restrictions regarding light duty when/if available.

5. What does the department need to know about candidate medical exams?

A candidate medical exam is for someone just entering the department. The medical exam will establish if they are medically able to do essential firefighter job tasks and will provide a baseline health exam prior to starting their role as a firefighter.

NFPA 1582 Q&A



Fire Administration

6. Why is the candidate medical exam different from an annual incumbent medicals exams?

The components of the medical exam are the same, but a candidate medical is broken down into two categories: A and B, as described in NFPA 1582, Chapter 6. Medical conditions found in the A categories would preclude a **candidate** from being hired.

7. What is the connection between the medical exam and a firefighter's essential job tasks?

Each medical component of the exam has a direct connection to the essential job tasks listed in Chapter 5 of NFPA 1582. If a member presents with a condition, injury or illness that may affect one of these job tasks, the appendices of the standard can help with determining the next step.

8. What happens if a member fails an annual medical exam?

Unless the member shares with you the reason they have failed, the department does not have the right to access personal health information. That information is strictly held between the health care provider and the member. The healthcare provider shall report to the fire department as outlined in NFPA 1582. Also, take into considerations that the failure may be due to a conditioning issue. Does your department have a NFPA 1583 type physical fitness program?

9. What information does a member need to take to their personal healthcare provider?

Within this document are samples of information an incumbent member could take with them to their healthcare provider to assist with a firefighter-specific annual medical exam.

- ☐ The [Healthcare Provider's Guide to Firefighter Physicals](#)
- ☐ [Letter to the Healthcare Provider](#)
- ☐ [Self-Reported Job Impact \(SRJI\) Summary](#) to inform provider of the members exposures
- ☐ The [essential job tasks](#) list from NFPA 1582

10. What is the maximum allowable time between annual medical exams?

If there is an issue with completing the annual medical exam within 12 months, a grace period of \pm 3 months is reasonable. If this is considered allowable, a written policy is recommended.

11. What should I expect of the healthcare provider?

A healthcare provider performing these types of exams needs to know the NFPA 1582 and other applicable standard and be able to competently interpret and execute them. The provider should also be able to relate to firefighters to garner their trust and respect. The department's program manager needs to be confident in the provider's ability to make informed, correct, decisions that may influence careers and impact the departments' ability to safely provide service to the community.

NFPA 1582 Q&A



Healthcare Provider

1. Why are we being asked to provide tests that insurance companies could find to be excessive for a healthy individual?

Insurance companies often do not understand the occupational risks associated with firefighting. As such, checking the PSA levels or a heavy metal screening on a young incumbent or new hire may seem excessive. In the litigious worker's compensation world in which we operate, it is paramount to have baseline laboratory and other objective data that can be trended over time, as worker's compensation cases will depend on baseline information. The NFPA is clear that not every member needs every screening test every year, but a methodical approach to occupational surveillance with unbiased data for trending is appropriate.

2. Are the medical exams outlined in NFPA 1582 required or recommended?

These are recommended standards applicable to public, governmental, military, private, and industrial fire department organizations providing rescue, fire suppression, emergency medical services, hazardous materials mitigation, special operations, and other emergency services.

3. How can preventive care be utilized when billing firefighter-specific exams?

The ICD-10 code Z00.00 (Encounter for general adult medical examination without abnormal findings) is good place to start. If a problem is discovered while performing preventative care, the appropriate ICD-10 diagnosis code would be reasonable to submit for billing purposes. The objective data obtained in the screening process is paramount for additional billing.

4. What is my responsibility to a department that contracts with me to conduct annual medical exams?

Your responsibility is to communicate in a timely and effective manner with the individual you are examining about their health and ability to perform their job safely. Secondly, you are responsible for communicating to and with the department's point of contact for annual medical exams (this most often is the Training or Safety Chief, but can be another designee of the Fire Chief) about members' medical statuses. Develop a rapport and honest discussions with everyone involved. You are being paid for your accurate and expert medical opinion on each member's ability to perform his or her duties.

5. What is my role if I discover a patient cannot meet one of the essential tasks?

- 1.) You MUST inform the member directly (in person as well as in writing (See the [Report of Findings](#) example included in the Attachments).
- 2.) You must also inform the Department's Point of Contact for annual medical exams (See [Annual Work Statement](#) example in the Attachments).

The Report of Findings is only for the member whom you have examined. Be very clear as to what the issue is and how it prevents them from safely performing their job. Make evidence-based recommendations on the next step for the member's care. HIPPA is not a concern when writing the Report of Findings as it is only intended for the member.

NFPA 1582 Q&A

Healthcare Provider

The [Annual Work Statement](#) is intended for public release (i.e., for the Fire Chief, Safety Officer, Training Chief, Human Resources, etc.). HIPAA is of great concern and you should only make generic statements that do not disclose any personal medical information without the written consent of the member. Clearly annotate on the Annual Work Statement whether the member can safely perform their job for the next 12 months.

6. Who pays for additional tests and/or follow-ups after the initial exam?

As department policies and procedures vary greatly, this question must be addressed during contract discussions before becoming a department's healthcare provider. It is possible that the individual's health insurance may pay for the additional tests. The department may also elect to pay for any additional tests.

7. Are there sample documents available to help a fire department and a healthcare provider negotiate to a contract to provide annual medical exams?

Yes, many departments already have established programs that use contracted healthcare providers. A great resource for documents such as Request for Proposals (RFP) and Memorandum of Agreement (MOA), is the International Association of Fire Chiefs (IAFC) [KnowledgeNet](#). Healthcare providers are eligible for an [IAFC associate membership](#). As a member, requests for specific information can be made on the KnowledgeNet site.

8. Does NFPA 1582 limit what a healthcare provider can do during an annual medical exam?

No, NFPA 1582 does not limit what is provided in an annual medical exam. NFPA 1582 outlines the minimum acceptable standard for what should be provided. Departments vary widely as to their priorities. It is prudent to discuss exam parameters with the department leadership prior to entering into a contract. Healthcare providers should be advocating for what is in NFPA 1582 as a minimum.

9. What are the pros and cons of providing annual medical exams for firefighters?

The pros of providing annual medical exams for firefighters include:

- *A generally healthy population;*
- *Concerned about their health (which makes them good patients);*
- *Interesting subject matter in providing occupational-specific medicine; and*
- *Provides a service to the community that helps to ensure firefighters are capable of responding to the needs of their community safely.*

The cons of providing annual medical exams for firefighters include:

- *Potentially time-intensive and cumbersome contract negotiations and other requirements due to procurement rules for local municipalities;*
- *Emotions of recommending removal of a firefighter from their job due to a medical condition;*
- *Unless asked to perform additional services, almost all the members screened will be treated by their Primary Care physicians for follow-up of medical issues;*
- *Knowledge of NFPA 1582, the Wellness-Fitness Initiative ([WFI](#)) and other fire service-specific recommendations are unique and require extensive research and understanding.*

NFPA 1582 Q&A



Risk/Benefit Manager

1. What is a fire department medical program?

It is a comprehensive occupational medical program for fire departments, including medical exams for candidates and incumbents. Additional components include comprehensive health, fitness, and safety programs.

2. Can we only implement portions of the medical program?

Minimally, the IAFC recommends that a fire department medical program should include comprehensive, annual medical exams for all incumbent members and comprehensive baseline exams for all candidates.

3. Why is a fire department medical program important?

Due to occupational demands, firefighters face extreme physical, mental, and environmental stresses resulting in increased risk of morbidity and mortality for cardiovascular events, musculoskeletal injuries, behavioral health issues, and cancer. Early detection of underlying medical conditions and participation in annual medical exams is critical to saving firefighter lives and improving quality of life.

4. How much is it going to cost? Can we only implement portions of the medical program?

The costs for a fire department medical program vary by department and region. In the original [“A Fire Department’s Guide to Implementing NFPA 1582”](#), four WFI departments outline their startup and savings costs. If you already have some components of the fire department medical program, your costs may be reduced.

5. Who pays for follow-up care when a member completes a medical exam and needs additional care?

This will depend on the organization’s resources and the care needed. Follow-up care may take place at employee health clinics, through a Primary Healthcare Provider, and/or through a referral to specialists. It is important that the fire department outline all components of their medical program to include such items as follow-up care, return to work, and light duty.

6. We already offer medical insurance. How is a fire department medical program different?

While an annual medical exam with a general practitioner is good, the average healthcare provider is not well-versed in the essential job functions and environmental working conditions of a firefighter. Due to the demands of firefighting, the fire department medical exam has components that an annual exam with a Primary Healthcare Provider may not have, including immunizations, hearing and vision tests, pulmonary function, stress test, chest x-ray, heavy metal screenings, and certain laboratory tests not usually conducted during a regular annual medical exam. A fire department medical program conducts comprehensive health evaluation that address the physical requirements necessary to withstand the extreme conditions a firefighter faces on the job.

7. How is a medical program going to impact the organization’s medical, pharmacy, and other benefit claims?

As with any medical evaluation, there may be medical conditions that were previously unknown, which will

NFPA 1582 Q&A

Risk/Benefit Manager

treatment and follow-up care. This early detection may increase medical and pharmacy plan costs early on, however, late detection may substantially increase costs, when treatment and recovery may not be viable options. How these costs will impact your claims experience will depend on whether you provide health insurance and if it is fully-insured or self-insured.

8. How is the medical program going to affect our operations? Will more employees be on light duty or forced to retire?

The health of your firefighters is of greatest importance. In organizations that have implemented a mandatory fire department medical program, a very limited number of firefighters have been removed from duty or placed on light duty due to an annual medical exam. The NFPA 1582 guidelines provide evaluating healthcare providers professional criteria to be followed in evaluating a member's health against the occupational risks. The goal of a medical evaluation program **is not** to remove firefighters from duty. It is to protect their health and safety by ensuring that a firefighter is medically capable to meet the demands of the job.

9. What is the risk to the organization if we do not implement a program?

The ultimate risk is loss of life. Recent studies and surveys suggest there is a serious gap in the healthcare of firefighters:

- According to the National Fire Protection Association's [*Firefighter Fatalities in the United States-2016*](#), cardiac-related events accounted for 38 percent of firefighter deaths in 2016, and 42 percent over the past 10 years.
- [*Research*](#) by Denise Smith, PhD, and others found for every line-of-duty death there are an estimated 17 nonfatal cardiac events on duty among firefighters.

There are immediate and long-term health risks associated with firefighting and fire departments have an obligation to care of their firefighters with a program that is tailored to the inherent risks of their dangerous jobs.

10. Who in the organization is responsible for the implementation of the medical program?

The answer to this question will be specific to the organization. A collaborative approach would include personnel from the fire department, labor, human resources, procurement, budget department, risk management, and the organization's leadership. This document will provide you with ideas and samples of how to get a fire department medical program implemented, but its structure, procedures and policies will be different for each organization.

11. How does a fire department medical program fit into the organization's overall benefits strategy?

It is one component of an organization's comprehensive benefits strategy. Organizations provide benefits in order to recruit and retain employees, but also to keep them well and fit. A medical program provides health and financial security through annual evaluation with an emphasis on early detection. The increased morbidity and mortality related to firefighting work can be devastating to a career, financial security, and families. ***The goal is to help firefighters remain healthy and on-duty, benefitting the employee and the organization who invested in their training and experience.***



DEPARTMENT RESPONSIBILITIES



Develop and provide cost justification and support for candidates and annual medical/physical fitness programs for incumbent members.

NFPA

Develop [Joint Labor/Management communication](#) to personnel, **whether career or volunteer**, regarding employee privacy, which includes [NFPA 1582](#) 4.4.2 *"No fire department personnel, other than the fire department physician or appropriate medical staff, shall have access to another member's medical records without the express written consent of that member"*.



To allay termination fears, create/provide alternative duty positions for individuals the department's medical provider has determined need *temporary* duty restrictions whenever possible.

MOU

Create a [Department Occupational Safety and Health Committee](#) with Joint Labor/ Management support including a Memorandum of Understanding (MOU).

RFP

Develop Request for Proposals (RFP) for contracted services.



Develop and provide job descriptions/analysis to assist Healthcare Providers with determining disability/ limited duty capabilities.



Have an officially designated Department Physician or Licensed Healthcare Provider (LHCP).



Research and provided resources about caring for emergency fire services members via web-based training courses like [Helping Heroes](#) or the IAFC's [FSTAR](#) Featured Studies, Fact Sheets, and Infographics.

NFPA

Confirm the designated healthcare provider has read and clearly understands the:

full extent of NFPA [1581](#) (4.5 and 4.6), NFPA 1582, and [NFPA 1583](#) (3.3.7)

IAFC/FSTAR [Healthcare Provider's Guide to Firefighter Physicals](#)

IAFC/IAFF Joint Labor Management Wellness-Fitness Initiative ([WFI](#))

U.S. [OSHA 1910](#)



Safeguard healthcare provider consistency and best practices via [Clinical Practice Guidelines](#).



Provide clear instruction to other healthcare providers on what is expected in an Occupational Health and Fitness exam if a member can use a provider other than the Department's designated healthcare provider(s).

PROGRAM DEVELOPMENT

JOB DESCRIPTIONS / ANALYSIS

[Firefighter Job Demands Overview](#)

[Environmental Conditions Overview](#)

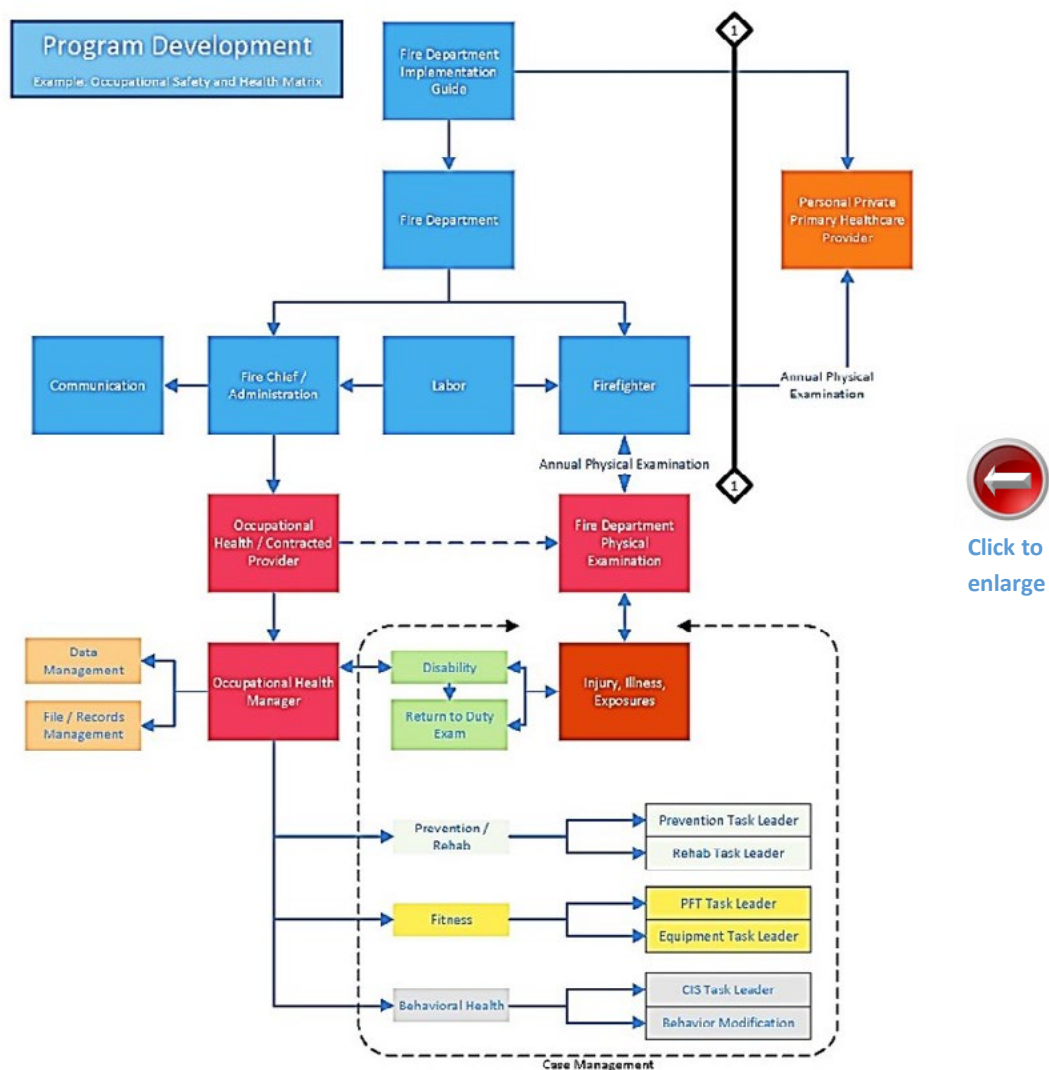
[SAMPLE](#) Firefighter Job Function Analysis

[SAMPLE](#) Operational Officer Job Function Analysis

[SAMPLE](#) Paramedic Job Function Analysis

[SAMPLE](#) Chief Officers Job Function Analysis

SAMPLE OCCUPATIONAL SAFETY AND HEALTH MATRIX



HEALTHCARE PROVIDER RESPONSIBILITIES



Be a member of the department's [Occupational Safety and Health Committee](#).

Understand [demands](#) and [environmental](#) working conditions placed on firefighters.

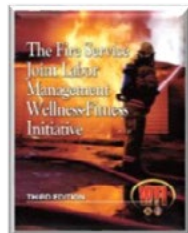
Use [job descriptions](#), provided by the department, to determine a candidate's or a firefighter's medical certification.

Evaluate incumbent members and candidates to identify medical conditions that could affect their abilities as a firefighter as found in:



**IAFC FSTAR
Healthcare Provider
Guide to Firefighter
Physicals**

**NFPA 1582 Medical Evaluation
of Candidates and Incumbent
Members**



**IAFC/IAFF Joint Labor Management
Wellness-Fitness Initiative (WFI)
Chapter 2**

OSHA standards, including:

- 29 CFR 1910.120, "[Hazardous waste operations and emergency response](#)"
- 29 CFR 1910.134, "[Respiratory protection](#)"
- 29 CFR 1910.95, "[Occupational noise exposure](#)"
- 29 CFR 1910.1030, "[Bloodborne pathogens](#)"

Report findings of medical exam/evaluation to the individual member and AND convey to the appropriate point of contact whether a candidate or firefighter is medically certified.

Review an individual's independent healthcare provider evaluations.

Provide medical supervision for the fire department's return to duty rehab programs and support to physical fitness conditioning programs.

Safeguard medical provider consistency and best practices via [Clinical Practice Guidelines](#).

Ensure there is adequate on-scene medical support at the incident scene rehabilitation sector during emergency operations as per NFPA [1500](#), [1561](#), and [1584](#).

Abide by NFPA 1582 - 4.4.2 "No fire department personnel, other than the fire department physician or appropriate medical staff, shall have access to another member's medical records without the express written consent of that member."

NFPA 1582 OVERVIEW



Standard on Comprehensive Occupational Medical Program for Fire Departments

Synopsis: The standard's purpose is to reduce the RISK of fire service occupational morbidity and mortality while improving the safety and efficiency of firefighters to address medical issues for both candidates and incumbents.

Essential Sections Overview:

Chapter 1	Administration
Chapter 2	Referenced Publications
Chapter 3	Definitions
Chapter 4	Roles and Responsibilities
Chapter 5	<u>Essential Job Tasks</u>
Chapter 6	<u>Medical Evaluations of Candidates</u>
Chapter 7	Occupational Medical Evaluation of Members
Chapter 8	Annual Occupational Fitness Evaluation of Members
Chapter 9	<u>Specific Evaluation of Medical Conditions in Members</u>
Annexes	
	<i>Annex A: Explanatory Material</i>
	<i>Annex B: Guide for Fire Administrators</i>
	<i>Annex C: Protocols for Evaluation of Fitness</i>
	<i>Annex D: Pregnancy</i>
	<i>Annex E: Sample Physician Evaluation Form - Diabetes</i>
	<i>Annex F: Informational Reference</i>
Index	

Medical Evaluations

CANDIDATES/NEW HIRE

[NFPA 1582 Chapter 6 Overview with A & B Categories Review](#)

ADDITIONAL ATTACHED DOCUMENTS

[SAMPLE](#) *Medical Questionnaire*

[SAMPLE](#) *Medication Check List*

[SAMPLE](#) *Physician's Report of Findings*

[SAMPLE](#) *Baseline Medical Exam – NFPA 1582*

INCUMBENT/UNIFORMED MEMBER

[FSTAR Healthcare Guide](#) [NFPA 1582 Chapter 7 & 9 Overview with Annual Medical Categories](#)

ADDITIONAL ATTACHED DOCUMENTS

[SAMPLE](#) *Report of Annual Respiratory FIT Test/Training*

[SAMPLE](#) *Annual Statement of Work Status*

[SAMPLE](#) *Statement of Return to Work*

[SAMPLE](#) *Letter to Healthcare Provider*

[SAMPLE](#) *Respiratory Clearance Evaluation*

[SAMPLE](#) *Immunization Record*

[SAMPLE](#) *Health History*

[SAMPLE](#) *Participation Notice*

[SAMPLE](#) *Self-Reporting Job Impact Summary*

OVERVIEW CHAPTER 6

Candidates/New Hire Only



(See NFPA 1582 Chapters 7 & 9 for volunteer, paid on call, part time, or career firefighters)

1582 Standard on Comprehensive Occupational Medical Program for Fire Departments

To obtain a copy of NFPA 1582, visit www.nfpa.org

Minimal medical requirements are clearly delineated in NFPA 1582 - Chapter 6. Nothing is intended to restrict any jurisdiction from exceeding these minimum requirements.

The medical evaluation of a candidate (6.1.1 – 6.24.2) shall include a medical history (meeting [GINA](#) requirement), examination, and any laboratory tests required to detect physical or medical condition(s) that could adversely affect their ability to safely perform the essential job tasks outlined in NFPA 1582 Chapter 5.

For the Candidates/New Hire, the determination whether the individual is medically sound to perform as a member in training or emergency operational environment without presenting a significant risk to the safety and health of the person, or others, is broken into two (2) categories.

☐ Category A

Medical Condition - Anything in this category **would preclude hire**. Each category includes –“Any condition that results in the candidate not being able to safely perform one or more of the essential job tasks.”

☐ Category B

Medical Condition - A condition that, based on its severity or degree, **could preclude hire** but only if despite the condition the candidate “can perform the essential job tasks without posing a significant safety and health risk to themselves, members, or civilians.

The color-coded Quick Sheet developed for this document is intended as overview and shall not be used without a complete understanding of NFPA 1582

[Quick Sheet for NFPA 1582, Chapter 6](#)

OVERVIEW CHAPTER 7 & 9

Evaluation of Incumbent Members



1582 Standard on Comprehensive Occupational Medical Program for Fire Departments

To obtain a copy of NFPA 1582, visit www.nfpa.org

The fire department shall define those essential job tasks and shall provide the fire department physician with a description of the risks associated with those tasks and specialized PPE utilized, as well as any additional medical and/or physical requirements that are not enumerated in this standard.

All components listed below shall be included in the baseline and annual occupational medical evaluations of members. A qualified Licensed Health Care Provider (LHCP), other than the department physician, may perform the evaluation provided full results are forwarded in the required time frame to the fire department medical provider.

Tests for illegal drugs shall not be performed as part of the annual medical evaluation.

NFPA 1582 7.7.4

Each member medical exam shall include: a medical history (including exposure history), physical examination, blood tests, urinalysis, vision tests, audiograms, spirometry, chest x-ray (as indicated), ECG, cancer screening (as indicated), and immunizations and infectious disease screening as indicated. [See NFPA 1582](#) and the IAFC/FSTAR [Healthcare Provider's Guide](#) for specific information.

Members of specialized teams (9.2.1, 9.2.2, and 9.2.3) such as hazardous materials units, SCUBA teams, technical rescue teams, EMS teams, or units supporting tactical law enforcement operations shall be evaluated for their ability to perform essential job tasks and wear specialized PPE related to the duties of these teams. State and local jurisdictions may also have specific medical requirements for specialized team members.

After individually evaluating the member and their medical records (including job-related medical rehabilitation records), the physician (9.3.1, 9.3.2, 9.3.3, 9.3.4, and 9.3.5) shall state whether the member, due to a specific condition, can or cannot safely perform their essential job task(s). The physician shall recommend restricting members from performing those specific job tasks that cannot be safely performed given their medical condition and state that the member is restricted from performing that task while on duty.

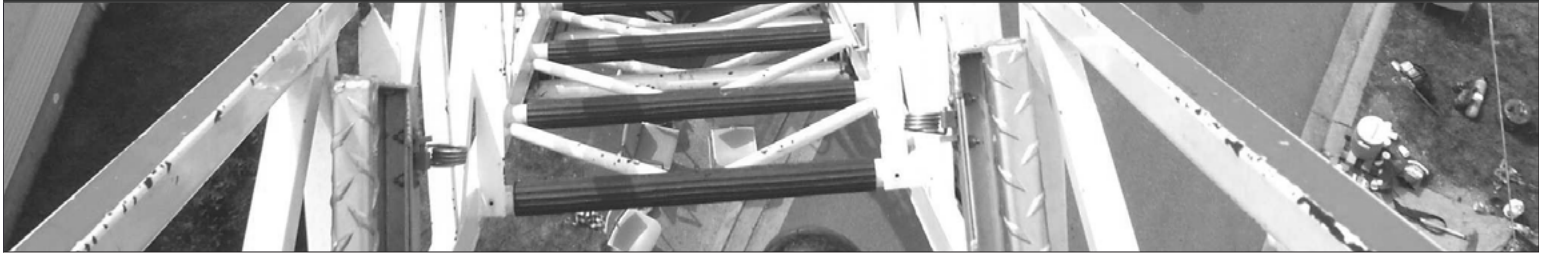
If a condition has altered a member's ability to safely perform an essential job task, the department shall determine possible accommodations for members restricted from certain job tasks. For incumbent members, conditions listed in NFPA 1582 Chapter 9 shall not indicate a blanket prohibition from continuing to perform the essential job tasks, nor shall they require automatic retirement or separation from the department.

The Authority Having Jurisdiction (AHJ) shall determine if the individual can remain in their current position or be moved to another position.

The Quick Sheet developed for this document is intended as overview and shall not be used without a complete understanding of NFPA 1582

[Quick Sheet for NFPA 1582, Chapter 9](#)

ESSENTIAL JOB TASKS



Source: NFPA 1582, 5.1 and 9.1

The essential job tasks listed below are the same for the medical evaluation of candidates or members and shall be validated by the fire department.



[Click to enlarge](#)

1. ****** Wearing personal protective ensemble and SCBA, performing fire-fighting tasks (e.g., hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods
2. Wearing an SCBA, which includes a demand valve-type positive-pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads
3. Exposure to toxic fumes, irritants, particulates, biological (i.e., infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA
4. Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb. (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb. (9 to 18 kg)
5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)
6. Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb. (90 kg) to safety despite hazardous conditions and low visibility
7. Wearing personal protective ensemble and SCBA, advancing water-filled hoselines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft. (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
8. Wearing personal protective ensemble and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions
12. Ability to communicate (i.e., give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (e.g., sprinklers)
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members

The asterisk (*) indicates explanatory material can be found in Annex A of NFPA 1582.

SUPPORT



[Career](#)

[Wildland](#)

[EMS](#)

[Volunteer](#)

What to Take to Your Healthcare Provider

- [Healthcare Provider Guide](#)
- [Letter to the Healthcare Provider](#)
- [Essential Job Task List](#)
- [Self-Reported Job Impact Summary](#)
- [Understanding NFPA 1583](#)

Stay Informed

Information and Infographics

- [U.S. Fire Administration - Wellness](#)
- **Research** - [FSTAR Fact Sheets](#)
- **Infographics**
 - [Know Your Numbers](#)
 - [Know Your Odds](#)
 - [Know Your METs](#)

Cancer Prevention/Reporting

- [Research Fact Sheet](#)
- [Exposure Fact Sheet](#)
- [Firefighter Cancer Support Network](#)
- [Fire Fighter Cancer Foundation](#)

How to be Resilient

- [Sleep](#)
- [Stress](#)
- [Warning Signs to Know](#)
- [Support](#)
- **IAFF Center** [Behavioral Health & Treatment Recovery](#)

Preventing Exposures

- [Rhabdomyolysis](#)
- [Dehydration](#)
- [Decontamination](#)
- **Health In Health Out** [Flipbook](#) [Video](#)

Candidate Resources

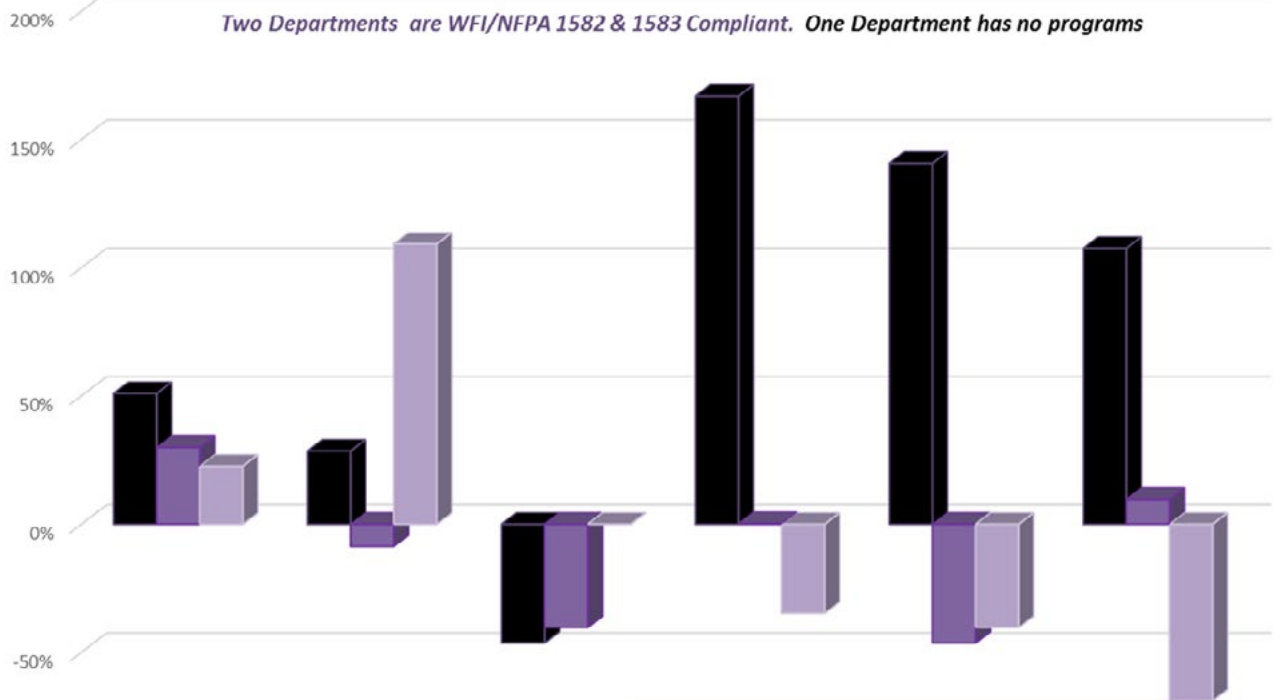
- [Physiological](#) and Physical Demands
- [Understanding NFPA 1582 for candidates](#)
- [How to Become a Professional Fire Fighter](#)
- [CPAT](#) - A baseline test indicating the ability to meet the minimum levels necessary to be trained as a firefighter.
- [Wildland - Essential Function and Work Condition](#)
- [Wildland Firefighter Medical Standards Program Packet](#)

CITY/COUNTY OFFICIALS



Comparison of Disability Data of Three Large Metropolitan Fire Departments

1996 costs vs. 2009 costs



These figures do not include "backfill" overtime costs

	Total FFs	Total Claims	Claim/100 employee	Total \$ Incurred	Total \$ Paid to date	Cost Inc \$ / claim
■ No-WFI/1582	51%	29%	-46%	167%	141%	108%
■ WFI since 2004	30%	-9%	-40%	0%	-46%	10%
■ WFI since 2000	23%	109%	0%	-35%	-40%	-69%

WFI - IAFF/IAFC Joint Labor Management Wellness/Fitness Initiative

Source: [A Fire Department's Guide to Implementing NFPA 1583 - 2013](#)

NEW data coming soon!

LABOR



[IAFF Health & Safety](#)

[The IAFF Center of Excellence for Behavioral Health Treatment and Recovery](#)

[IAFF Peer Support Training Information Guide](#)

[Bringing PTSD out of the Shadows](#)

[IAFF/IAFC/ACE Peer Fitness Training Certification Program](#)

[twitter.com/iaffwfi](#)

FAMILY & FRIENDS



[What to Expect: A Guide for Family Members of Volunteer Firefighters](#)

[The Firefighter Wife](#)

[Fire Life Family Articles](#)

[TOOLS FOR FAMILY](#)

Additional Resources

Websites

FSTAR - www.fstaresearch.org/

Grants - www.fema.gov/welcome-assistance-firefighters-grant-program

Helping Heroes - helping-heroes.org/user/login

KnowledgeNet - www.iafc.org/topics-and-tools/resources/resource/iafc-knowledgenet

NFPA - www.nfpa.org/

NVFC Starting a Program - www.healthy-firefighter.org/start-a-program

OSHA 1910
www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=1&p_keyvalue=1910

Medical Exam Guidelines - hr.lacounty.gov/subsites/OHP/pdf/wellness/cpg%20wellness%201%201%2016.pdf

U.S. Fire Administration - www.usfa.fema.gov/operations/ops_wellness_fitness.html

WFI Resource - www.iaff.org/HS/wfiresource/Medical/medical.html

References

1. International Association of Fire Fighters (IAFF). "The Fire Service Joint Labor Management Wellness-Fitness Initiative". 3rd ed. Washington, DC: IAFF. 2008.
2. International Association of Fire Chiefs (IAFC). "The Healthcare Provider's Guide to Fire Fighter Medicals. 2016
3. International Association of Fire Chiefs (IAFC). "A Fire Department's Guide to Implementing NFPA 1582". 2013
4. National Fire Protection Association (NFPA). "NFPA 1582: Standards on Comprehensive Occupational Medicine Programs for Fire Departments". Quincy, Mass: NFPA. 2013.
5. Occupational Safety & Health (OSHA). "OSHA 1910: Occupational Safety and Health Standards". 2017

Acknowledgments

The IAFC Safety, Health, and Survival Section compiled this information and sample documents to assist with the development and implementation of an annual medical evaluation program. Thousands of hours of work have been committed to the development of this resource. Monumental thanks go to their commitment to ensuring emergency services members' health and safety are tenable on these pages.

Special thanks to those members who have worked on the revision.

SHS Board Member, Joanne Rund, Assistant Chief, Howard County Fire & Rescue Bureau of Occupational Safety and Health, MD.

SHS Member, Marques Bush, Battalion Chief, St. Andrews Fire Department in Charleston, SC.

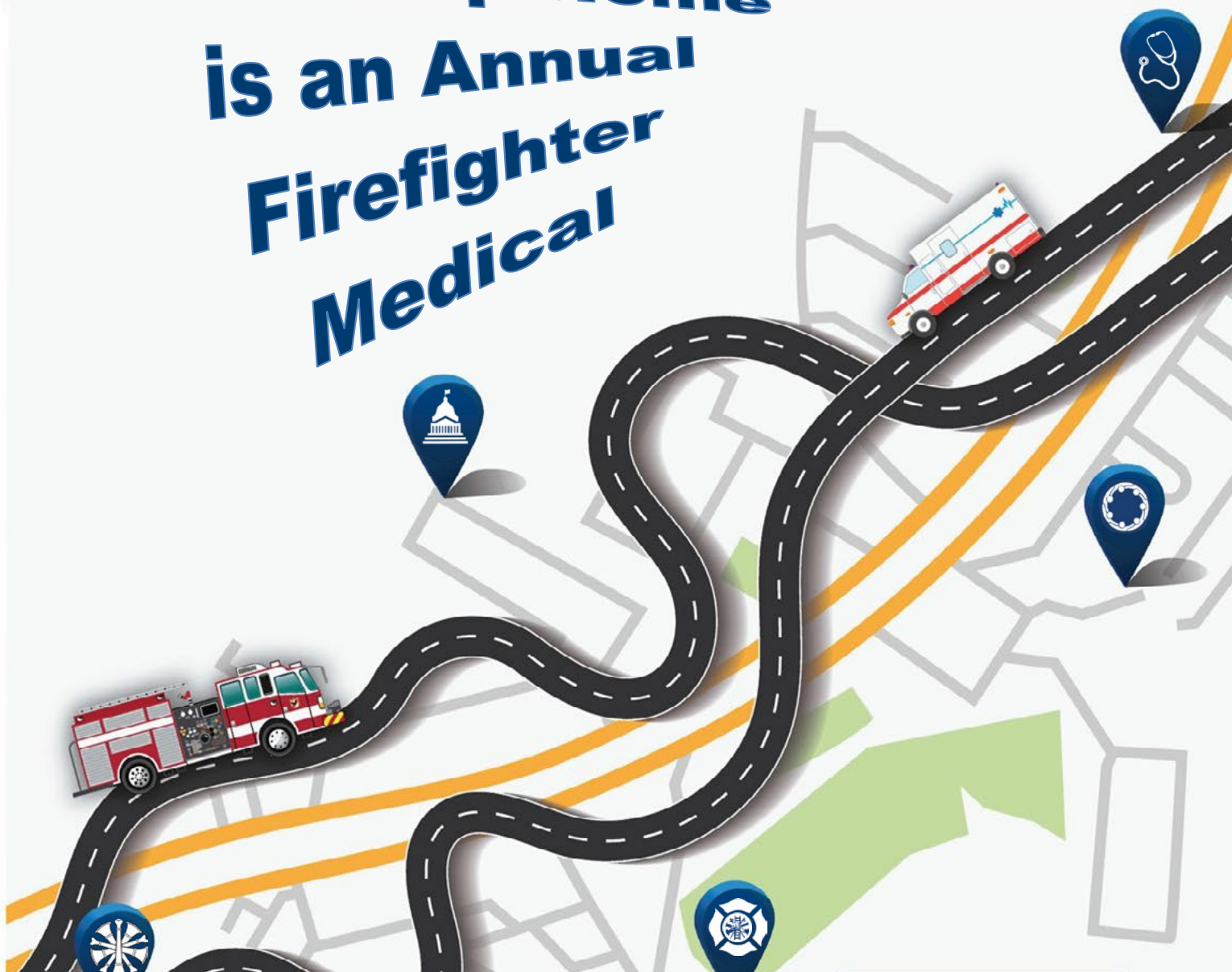
SHS Member, Greg Willis, Chief Wetumpka Fire Department, AL.

SHS Member, Kim Favorite, Wellness/Fitness Strategic Advisor, Seattle Fire Department, WA.

*Everybody gets healthy.
We all go home!*



**Your
Road Map Home
is an Annual
Firefighter
Medical**



Compliments of



LIFE SCAN WELLNESS CENTERS
Saving the Lives of America's Heroes

RESEARCH

FST  **R**