



Firefighter Fitness for Duty and Medical Evaluations

Fire service leaders are challenged by several different types and levels of medical evaluations. This Bulletin will address many of the frequently asked questions and seek to offer some guidance on the topic.

NJPEOSH NJAC 12:100-10.4 provides the minimum physical fitness standard for non-industrial firefighters in New Jersey. It reads:

(a) The employer shall assure that employees who are expected to do interior structural firefighting are physical capable of performing duties, which may be assigned to them during emergencies

1. Prior to appointment as a structural firefighter, all individuals shall have successfully passed a medical evaluation, which meets the Medical Evaluation Protocol required under the Respiratory Protection Standard, 29 CFR 1910.134. Failure to pass said examination shall exclude the individual from serving as a structural firefighter.

The employer is commonly the municipality or fire district, and NJPEOSH considers both career and volunteer firefighters as 'employees' under the regulation. In the regulation, NJPEOSH adopts 29 CFR 1910.134(e) which provides the rules for the Medical Evaluation Protocol under OSHA's Respiratory Protection Standard. Major requirements of OSHA's medical evaluation procedure include:

(e)(1) The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace.

(e)(2)(ii) The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C.

(e)(3) The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the physician or other licensed health care professional (PLHCP) deems necessary to make a final determination.

To summarize, OSHA requires employees who may wear a respirator to complete the questionnaire provided in Appendix C one time when first becoming an interior firefighter. A medical examination is only required for affirmative responses to certain questions in Section 2 of the questionnaire, or if the PLHCP determines a full examination or additional testing is warranted because of answers on any section of the questionnaire. When reviewing the questionnaire, it is important that the PLHCP be made fully aware of the physiological stresses placed upon the firefighter when wearing a SCBA while fighting a fire.

(e)(5)(i) The healthcare provider administering the medical questionnaire and examination must be provided with information on the type and weight of the respirator (SCBA), expected physical effort, protective clothing that will also be worn, and environmental conditions when the respirator will be worn. The healthcare provider must also be given a copy of the written respiratory protection program and the OSHA 1910.134 Standard.

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(e)(7) At a minimum, the employer shall provide additional medical evaluations that comply with the requirements of this section if: i) an employee reports medical signs or symptoms that are related to ability to use a respirator; ii) the PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated; iii) Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or iv) a change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

There is not a provision in the OSHA Respiratory Protection Standard requiring periodic medical re-evaluations. Once the initial questionnaire / medical evaluation is completed, it is incumbent upon the firefighter, fire officer, or medical PLHCP to disclose one of the above conditions and initiate a fitness examination. Fire service leaders may want to consider requiring firefighters to complete the questionnaire as part of their PEOSH-required **annual** respirator fit test. One benefit of this is firefighters are reminded of the need to disclose medical conditions that developed over the year that may need to be evaluated by a PLHCP. There are some things to consider:

- Will the questionnaire be used strictly as a reminder to report medical conditions that developed? If so, leaders should also remind firefighters of how to disclose in a confidential manner. Questionnaires should be considered confidential medical records.
- Consider having the questionnaire reviewed as a matter of policy each year by a PLHCP

The Safety Director asks fire service leaders to consider the following:

- OSHA writes minimum safety standards for industrial settings. The conditions an industrial worker wears a respirator is significantly different than the conditions while fighting a fire.
- The physiological stresses upon the body of a firefighter who was at the station or at home, and minutes later is wearing a SCBA fighting a fire are significantly different than the stresses experienced by an industrial wearer of a respirator.
- Heart attacks and strokes are the most common cause of line of duty deaths of firefighters.

For these and other reasons, the Safety Director and the MEL joins with the National Fire Protection Association (NFPA) to encourage fire suppression leaders (fire chiefs, fire commissioners, and mayors or business administrators) to require comprehensive annual medical evaluations of all firefighters who may perform interior structural firefighting. The MEL website (www.njmel.org) offers [Guidelines for Firefighter Physical Examinations](#) under the Safety Tab. It discusses the challenges facing instituting annual medical examinations for the fire service, and offers actionable recommendations. The guide references NFPA Standard 1582: Standard on Comprehensive Occupations Medical Program for Fire Departments. While New Jersey is not an ‘OSHA State’, NFPA 1582 is a national consensus standard and should be considered when developing an occupational medical program for your firefighters.

If you are looking for a starting point, consider [A Gift from Captain Buscio](#) program. It was founded by the wife of a Jersey City firefighter who died suddenly of a heart attack. The program offers confidential, comprehensive cardiovascular and pulmonary evaluations with no out-of-pocket cost to all firefighters and fire officers. Annual examinations are provided by board certified cardiologists and pulmonologists from Cardio Pulmonary Diagnostic, LLC (Newark, NJ) or Deborah Heart and Lung Center (Browns Mills, NJ). The program is accessed by individual firefighters, not the fire department, and results are only released to the firefighter. Examinations are focused on cardiovascular disease and not the full range of conditions recommended under NFPA 1582. However, the confidentiality and no-cost are easily offered benefits to initiate annual medical evaluations.

Firefighters are an important part of every community. Annual physical examinations and early detection of treatable conditions are the best way to make sure they are there when needed, fit and ready to protect lives and property in the community.