



First Revision No. 1-NFPA 1582-2016 [Section No. 1.1.2]

1.1.2

This standard provides information and guidance for physicians and other health care providers responsible for fire department occupational medical programs.

Submitter Information Verification

Submitter Full Name: Kendall Holland

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Submittal Date: Mon Jan 25 11:36:31 EST 2016

Committee Statement

Committee Statement: The committee has made this change as NFPA 1582 goes beyond providing information.

Response Message:

[Public Input No. 50-NFPA 1582-2015 \[Section No. 1.1.2\]](#)



First Revision No. 2-NFPA 1582-2016 [Section No. 1.1.3]

1.1.3

These requirements are 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.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submission Date: Mon Jan 25 11:46:13 EST 2016

Committee Statement

Committee Statement: Fire suppression is the occupational criteria behind NFPA 1582. Employees who are only providing emergency medical services should not be covered by NFPA 1582 -- to be consistent with Chapter 5.

Response Message:

[Public Input No. 53-NFPA 1582-2015 \[Section No. 1.1.3\]](#)

**First Revision No. 3-NFPA 1582-2016 [Section No. 2.3.4]****2.3.4 Other Publications.**

International Council of Ophthalmology, "International Clinical Diabetic Retinopathy Disease Severity Scale," San Francisco, CA, October 2002, <http://www.icoph.org/standards/pdrdetail.html>.

Merriam-Webster's Collegiate Dictionary, 11th edition, Merriam-Webster, Inc., Springfield, MA, 2003.

Submitter Information Verification

Submitter Full Name: Kendall Holland

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Submittal Date: Mon Jan 25 11:48:50 EST 2016

Committee Statement

Committee Statement: "Other Publications" and the rest of the paragraph should not be on the same line, to be consistent with the rest of the chapter.

Response Message:

[Public Input No. 52-NFPA 1582-2015 \[Section No. 2.3.4\]](#)



First Revision No. 53-NFPA 1582-2016 [New Section after 3.3.6]

3.3.7* Fire Department.

An organization providing rescue, fire suppression, and related activities, including any public, governmental, private, industrial, or military organization engaging in this type of activity. [1002, 2017]

Supplemental Information

<u>File Name</u>	<u>Description</u>
FR-53_A.3.3.34.docx	

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Street Address:
City:
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Submittal Date: Mon Jan 25 14:39:05 EST 2016

Committee Statement

Committee Statement: The committee has added this definition in order to assist the end user.
Response Message:

FR-53, New annex material

A.3.3.34 Fire Department.

The term *fire department* can include any public, governmental, private, industrial, or military organization engaging in this type of activity. [**1002**, 2009]

**First Revision No. 58-NFPA 1582-2016 [Section No. 4.1.3]****4.1.3***

The fire department shall have an officially designated physician who shall be responsible for guiding, directing, and advising the members with regard to their health, fitness, and suitability for duty as required by NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program* .

Supplemental Information

<u>File Name</u>	<u>Description</u>
NEW_A.4.1.3.docx	

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
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Submittal Date: Mon Jan 25 15:06:35 EST 2016

Committee Statement

Committee Statement: The committee is adding this new annex material in order to provide further clarification for the end user. See attached document for new annex text.

Response Message:

[Public Input No. 119-NFPA 1582-2015 \[New Section after A.4.1.2.1\]](#)

A.4.1.3 The physician plays a central role in all medical aspects of the WFI. The following parameters should be considered in selecting a physician for this program:

1. The provider has experience in occupational medicine including wellness and fitness health components related to firefighting
2. The provider is board eligible or certified in a relevant specialty such as emergency, family, internal, or occupational medicine
3. The provider has experience coordinating referrals to a variety of medical specialties for care of occupational injuries, cardiac and pulmonary issues, cancer, behavioral and other health issues affecting firefighters.
4. The provider should also be familiar with data collection, risk management and environmental conditions relevant to Labor / Management Wellness Fitness Initiatives.

A number of options that fire departments can implement to increase physician knowledge regarding fire fighter occupational hazards and their management are contained in NFPA 1582. These include:

1. Providing the physician with an overview of all fire fighter essential job tasks and current job descriptions as well as an outline of the types and levels of service provided by the department.
2. Assisting the physician to understand the physiological and psychological demands of fire fighters, their work conditions/environment and their PPE requirements. Options to increase knowledge in this regard include participating in a ride along and presence at fire scenes. This may be more difficult if the position is contracted out to a health care company.

Ensuring that the physician has a thorough working knowledge of the NFPA 1582 and is actively engaged in the health and safety, behavioral health, rehabilitation, and wellness and fitness programs in their fire department. In addition, ensuring that the physician remains current in the medical literature pertaining to the fire service and consensus clinical practice with relevant Continuing Medical Education (CME).



First Revision No. 59-NFPA 1582-2016 [Section No. 4.1.7]

4.1.7*

The types and levels of services provided by the fire department shall dictate for candidates and members the essential job tasks that pertain to its members and shall therefore be correlated to the medical requirements outlined in this standard.

Supplemental Information

<u>File Name</u>	<u>Description</u>
A.4.1.7.docx	

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
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Submittal Date: Mon Jan 25 15:10:20 EST 2016

Committee Statement

Committee Statement: See the attached document for textual changes to the annex. The committee has made this change for document consistency.

Response Message:

[Public Input No. 106-NFPA 1582-2015 \[Section No. A.4.1.7\]](#)

A.4.1.7

The fire department should provide the fire department physician with a representative list of essential job tasks for members of fire departments who wear personal protective ensembles and SCBA to conduct ~~interior-structural~~ fire-fighting operations. The tasks on this list should be verified by the fire department to be essential to the job under consideration for each individual candidate or member. A sample list based on NFPA 1001, NFPA 1002, NFPA 1003, NFPA 1006, NFPA 1021, and NFPA 1051 is provided in 5.1.1 and Section 9.1. An effective way to transmit this information to the physician is to use the list with checkboxes in front of each essential job task. This list is taken by a candidate or member to the medical provider at the time of medical evaluation. A check in the box indicates that there is no medical reason why an individual cannot safely perform that particular essential job task.

**First Revision No. 68-NFPA 1582-2016 [Section No. 4.1.13.1]****4.1.13.1***

The fire department comprehensive occupational medical program shall include collection and maintenance of a confidential medical and health information system for members.

Supplemental Information

<u>File Name</u>	<u>Description</u>
A.4.1.13.1.docx	Textual annex A changes for this section.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submittal Date: Tue Jan 26 10:23:06 EST 2016

Committee Statement

Committee Statement: The committee has made textual changes to the annex material and see attached document for those changes as they relate to GINA and ICD coding.

Response Message:

[Public Input No. 108-NFPA 1582-2015 \[Section No. A.4.1.13.1\]](#)

A.4.1.13.1 Suggested fields (data points) include but are not necessarily limited to the following:

(1) Medical history including the following:

- (a) Date of exam
- (b) Medical history
- (c) Smoking history
- (d) Tobacco (smokeless) use
- (e) Smoking in the past year
- (f) Tobacco cessation program participation
- (g) Alcohol use
- ~~(h) Family history of heart disease or cancer~~
- (i) Personal history of past disease, disorders, or cancer
- (j) Exercise history

(2) Current medical and fitness results including the following:

- (a) Blood pressure and heart rate
- (b) ICD109 codes for physician assessment
- (c) Height and weight
- (d) Body composition (local recording only)
- (e) Blood analysis results
- (f) Urinalysis results
- (g) Vision
- (h) Hearing
- (i) Spirometry
- (j) Chest x-ray
- (k) Resting electrocardiogram
- (l) Cancer screening results
- (m) Immunizations
- (n) Aerobic capacity results
- (o) Muscle strength results
- (p) Muscle endurance results
- (q) Flexibility results



First Revision No. 4-NFPA 1582-2016 [Section No. 4.2.1]

4.2.1

The fire department physician shall fulfill the following responsibilities:

- (1) Understand the physiological, psychological, and environmental demands placed on fire fighters
- (2) Evaluate fire department candidates and members to identify medical conditions that could affect their ability to safely respond to and participate in emergency operations
- (3) Utilize the essential job task descriptions supplied by the fire department to determine a candidate's or a member's medical certification
- (4) Identify and report the presence of Category A or disqualifying Category B medical conditions if present in candidates
- (5) Inform the fire chief or his/her designee whether or not the candidate or current member is medically certified to safely perform the essential job tasks
- (6) Report the results of the medical evaluation to the candidate or current member, including any medical condition(s) identified during the medical evaluation, and the recommendation as to whether the candidate or current member is medically certified to safely perform the essential job tasks
- (7) Forward copies of any abnormal results along with patient instructions regarding primary care follow-up to candidates or current members who were instructed to seek (as appropriate) medical follow-up to address any medical conditions, or lab abnormalities, identified during the medical evaluation
- (8) Review results of the annual occupational fitness evaluation as described in Chapter 8
- (9) Provide or arrange for a prescriptive rehabilitation and/or fitness program when indicated to aid a member's recovery from illness or injury and enhance his/her ability to safely perform essential job tasks
- (10) Participate in injury prevention and health promotion programs for fire fighters

Submitter Information Verification

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Submission Date: Mon Jan 25 11:50:12 EST 2016

Committee Statement

Committee Statement: The committee believes that these are important activities that should be outlined in NFPA 1582.
Response Message:

[Public Input No. 54-NFPA 1582-2015 \[Section No. 4.2.1\]](#)



First Revision No. 5-NFPA 1582-2016 [Section No. 4.4.1]

4.4.1*

Specific information concerning medical diagnosis shall be released by the fire department physician only with written permission from the candidate or member, and/or as required by law .

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Submitter Full Name: Kendall Holland
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Submittal Date: Mon Jan 25 11:53:59 EST 2016

Committee Statement

Committee Statement: The committee has added this text to remain consistency with existing laws (eg, "law enforcement" exception to HIPAA, or court order)

Response Message:

[Public Input No. 55-NFPA 1582-2015 \[Section No. 4.4.1\]](#)



First Revision No. 6-NFPA 1582-2016 [Section No. 5.1.1]

5.1.1

The fire department shall evaluate the following 13 14 essential job tasks against the types and levels of emergency services provided to the local community by the fire department, the types of structures and occupancies in the community, and the configuration of the fire department to determine ~~the essential job which~~ tasks of fire apply to their department members and candidates:

- (1)* While wearing personal protective ensembles and self-contained breathing apparatus (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 (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 a fire protective ensemble, including SCBA, 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 a fire protective ensemble, including SCBA, 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) While wearing personal protective ensembles 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) While wearing personal protective ensembles and SCBA, advancing water-filled hoselines up to 2 ½ 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) While wearing personal protective ensembles and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines 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 (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 (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
- (14) Working in shifts, including during nighttime, that can extend beyond 12 hours

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Committee Statement

Committee Statement: Change for (3) is a clarification.

Suggested job task (14): Shift work and night work are essential job tasks for fire fighters.

Response Message:

[Public Input No. 56-NFPA 1582-2015 \[Section No. 5.1.1\]](#)



First Revision No. 7-NFPA 1582-2016 [Section No. 5.1.3]

5.1.3

~~Medical requirements for candidates and members shall be correlated with the essential job tasks as determined by 5.1.1 .~~

Submitter Information Verification

Submitter Full Name: Kendall Holland

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Submittal Date: Mon Jan 25 12:13:32 EST 2016

Committee Statement

Committee Statement: The committee is deleting this as it is being addressed in another section.

Response Message:



First Revision No. 8-NFPA 1582-2016 [Section No. 5.1.4]

5.1.2

The fire department shall provide the fire department physician with the list of essential job tasks, as developed per 5.1.1 , to be used in the medical evaluation of members and candidates.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submittal Date: Mon Jan 25 12:15:21 EST 2016

Committee Statement

Committee Statement: The committee has made this change in order to provide further clarification. This is also to be moved to come after the existing 5.1.1
Response Message:



First Revision No. 9-NFPA 1582-2016 [Section No. 5.2.1]

5.2.1

If the fire department operates specialized teams such as hazardous materials units, self-contained underwater breathing apparatus (SCUBA) teams, technical rescue teams, emergency medical services (EMS) teams, or units supporting tactical law enforcement operations, the fire department shall identify for each team it operates the additional essential job tasks and specialized personal protective equipment (PPE) not specified in 5.1.1(1) through 5.1.1(13) that would apply to the members of that team.

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Submitter Full Name: Kendall Holland
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Submission Date: Mon Jan 25 12:18:30 EST 2016

Committee Statement

Committee Statement: This change was editorial in nature.
Response Message:

**First Revision No. 10-NFPA 1582-2016 [Sections 5.2.2, 5.2.3]****5.2.2**

The fire department shall also provide the fire department physician with the list of additional essential job tasks and specialized PPE specific to each specialized team.

5.2.3

When performing the medical evaluation of members of a specialized team, the fire department physician shall also consider the following:

- (1) Additional medical and/or physical requirements that are related to the job tasks being performed by the team that are not enumerated in this standard
- (2) The impact on members of having to wear or utilize specialized PPE that can increase weight, environmental isolation, sensory deprivation, and/or dehydration potential above levels experienced with standard fire suppression PPE

Submitter Information Verification

Submitter Full Name: Kendall Holland

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Submittal Date: Mon Jan 25 12:19:42 EST 2016

Committee Statement

Committee Statement: These changes are editorial in nature.

Response Message:

**First Revision No. 69-NFPA 1582-2016 [Section No. 6.1.1]****6.1.1***

The medical evaluation of a candidate shall include a medical history, examination, and any laboratory tests required to detect physical or medical condition(s) that could adversely affect his/her ability to safely perform the essential job tasks outlined in [5.1.1](#).

Supplemental Information

<u>File Name</u>	<u>Description</u>
A.6.1.1.docx	textual changes for annex.

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
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Submittal Date: Tue Jan 26 10:27:42 EST 2016

Committee Statement

Committee Statement: The committee has made changes to the annex text due to GINA. See attached document for changes.

Response Message:

[Public Input No. 109-NFPA 1582-2015 \[Section No. A.6.1.1\]](#)

A.6.1.1 The medical history should include the candidate's known health problems, such as major illnesses, surgeries, medication use, and allergies. Symptom review is also important for detecting early signs of illness. A medical history should also include a personal health history, a family health history, a health habit history, an immunization history, and a reproductive history.

An occupational history should also be obtained to collect information about the person's past occupational and environmental exposures.



First Revision No. 11-NFPA 1582-2016 [Section No. 6.2.3]

6.2.3

Candidates with Category B medical conditions shall be certified as meeting the medical requirements of this standard only if they can perform the essential job tasks without posing a significant safety and health risk to themselves, members, or civilians the public .

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Submitter Full Name: Kendall Holland
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City:
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Submission Date: Mon Jan 25 12:25:20 EST 2016

Committee Statement

Committee Statement: The committee has made this change as they believe that the term "Civilians" is demeaning and is not the correct terminology. Fire fighters are also civilians, when non-military.

Response Message:

[Public Input No. 58-NFPA 1582-2015 \[Section No. 6.2.3\]](#)



First Revision No. 12-NFPA 1582-2016 [Section No. 6.4.2]

6.4.2

Category B medical conditions shall include the following:

- (1)* Diseases of the eye such as retinal detachment, progressive retinopathy, or optic neuritis
- (2)* Ophthalmological procedures such as radial keratotomy, Lasik procedure, or repair of retinal detachment
- (3) Peripheral vision in the horizontal meridian of less than 110 degrees in the better eye or any condition that significantly affects peripheral vision in *both* eyes
- (4) Amblyopia

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Submission Date: Mon Jan 25 12:29:32 EST 2016

Committee Statement

Committee Statement: The prevalence of amblyopia is about 3% of the population. Amblyopia deserves a separate entry in NFPA 1582, as it could be confused with monocular vision.

Response Message:

[Public Input No. 73-NFPA 1582-2015 \[Section No. 6.4.2\]](#)

**First Revision No. 13-NFPA 1582-2016 [Section No. 6.7.1]****6.7.1**

Category A medical conditions shall include the following:

- (1)* Tracheostomy
- (2)* Aphonia
- (3) Any nasal, oropharyngeal, tracheal, esophageal, or laryngeal condition that results in inability to safely perform one or more of the essential job tasks, including fit testing for respirators such as N-95 for medical response, P-100 for particulates and certain vapors, used by the fire department and SCBA for fire and hazmat operations

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Submittal Date: Mon Jan 25 12:31:36 EST 2016

Committee Statement

Committee Statement: Clarification -- no need to refer to specific respirators that may not be used by a specific agency

Response Message:

[Public Input No. 62-NFPA 1582-2015 \[Section No. 6.7.1\]](#)

**First Revision No. 14-NFPA 1582-2016 [Section No. 6.8.1 [Excluding any Sub-Sections]**

]

Category A medical conditions shall include the following:

- (1) Active hemoptysis
- (2) Current empyema
- (3) Pulmonary hypertension
- (4) Active tuberculosis
- (5)* A forced vital capacity (FVC) or forced expiratory volume in 1 second (FEV₁) less than 70 percent predicted even independent of disease
- (6)* Obstructive lung diseases (e.g., emphysema, chronic bronchitis, asthma) with an absolute FEV₁/FVC less than 0.70 and with either the FEV₁ below normal or both the FEV₁ and the FVC below normal (less than 0.80) (*see references in F.2*)
- (7)* Hypoxemia — oxygen saturation less than 90 percent at rest or exercise desaturation by 4 percent or to less than 90 percent (exercise testing indicated when resting oxygen is less than 94 percent but greater than 90 percent)
- (8)* Asthma — (including reactive airways disease requiring bronchodilator or corticosteroid therapy for 2 or more consecutive months at least once in the previous 2 years) , unless the candidate can meet the requirement in [6.8.1.1](#)
- (9) Any pulmonary condition that results in the candidate not being able to safely perform one or more of the essential job tasks
- (10) Lung transplant
- (11) Obstructive sleep apnea with excessive daytime sleepiness, unless all the following criteria are met:
 - (a) Successful treatment
 - (b) Documentation of compliance with CPAP, of sleep study with an oral appliance, or of sleep study after surgery
 - (c) No excessive daytime sleepiness with treatment

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Submission Date: Mon Jan 25 12:32:24 EST 2016

Committee Statement

Committee Statement: The committee has made these changes in order to provide further clarification from existing language
Response Message:

[Public Input No. 65-NFPA 1582-2015 \[Section No. 6.8.1 \[Excluding any Sub-Sections\]\]](#)

**First Revision No. 62-NFPA 1582-2016 [Section No. 6.8.1.1]****6.8.1.1***

A candidate who has ~~been diagnosed with asthma or has~~ in the past required bronchodilator, corticosteroid, or anti-inflammatory therapy (e.g., leukotriene receptor antagonists, such as ~~Montelukast montelukast~~) for ~~asthma but who does not believe he/she has asthma~~ shall be evaluated by a pulmonologist or other expert in asthmatic lung diseases, such as an allergist, to determine if the candidate meets all the following:

- (1) ~~Asthma has resolved without symptoms off medications for 2 years. The applicant denies bronchospasm during exertion, temperature/humidity extremes, or irritant exposures.~~
- (2) ~~The applicant denies the use of bronchodilator rescue medications during exertion, temperature/humidity extremes, or irritant exposures.~~
- (3) ~~The applicant's asthma has not required systemic corticosteroids, emergency room treatment, or hospital admission in the last 2 years.~~
- (4) Allergen avoidance or desensitization has been successful.
- (5) Spirometry demonstrates adequate reserve (FVC and FEV₁ greater than or equal to 90 percent) and no bronchodilator response measured off all bronchodilators on the day of testing.
- (6) Normal or negative response to provocative challenge testing [e.g., cold air, exercise (12 METs), methacholine, histamine, mannitol, or hypertonic saline] or negative response to exercise challenge.

6.8.1.1.1

Challenge testing shall be performed off all anti-inflammatory medications (e.g., inhaled or oral steroids, leukotriene receptor antagonists) for 4 weeks preceding the test, off all antihistamines (e.g., oral allergy medications) for 1 week, and off all bronchodilators on the day of testing.

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Submittal Date: Tue Jan 26 09:47:31 EST 2016

Committee Statement

Committee Statement: Consistency with 9.7.6.1

From a legal perspective, ADA does not allow different medical criteria for candidates and members, since the essential job functions are the same. From a medical/scientific perspective, the criteria should again be the same to define job restrictions.

Response Message:

[Public Input No. 64-NFPA 1582-2015 \[Section No. 6.8.1.1\]](#)

**First Revision No. 15-NFPA 1582-2016 [Section No. 6.8.2]****6.8.2**

Category B medical conditions shall include the following:

- (1)* Pulmonary resectional surgery, chest wall surgery, and pneumothorax
- (2) Pleural effusion
- (3)* Fibrothorax, chest wall deformity, and diaphragm abnormalities
- (4)* Interstitial lung diseases
- (5)* Pulmonary vascular diseases or history of pulmonary embolism
- (6)* Bronchiectasis, if abnormal pulmonary function or recurrent infections
- (7) Infectious diseases of the lung or pleural space
- (8) Cystic fibrosis
- (9) Central or obstructive apnea (e.g., sleep apnea)-if unresponsive to treatment

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Committee Statement

Committee Statement: The committee has mad this change as sleep apnea requires additional investigation (especially compliance with treatment).

Response Message:

[Public Input No. 155-NFPA 1582-2015 \[Section No. 6.8.2\]](#)

**First Revision No. 16-NFPA 1582-2016 [Section No. 6.9.1]****6.9.1***

Category A medical conditions shall include an aerobic capacity less than 12 metabolic equivalents (METs) (1 MET = 42 3.5 mL O₂/kg/min).

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Committee Statement

Committee Statement: This change was editorial in nature.

Response Message:

[Public Input No. 111-NFPA 1582-2015 \[Section No. 6.9.1\]](#)



First Revision No. 17-NFPA 1582-2016 [Section No. 6.10.1.1]

6.10.1.1

Category A medical conditions shall include the following:

- (1)* ~~Coronary artery disease, including history~~ History of myocardial infarction, angina pectoris, coronary artery bypass surgery, coronary angioplasty, and similar procedures
- (2)* Cardiomyopathy or congestive heart failure, including signs or symptoms of compromised left or right ventricular function or rhythm, including dyspnea, S3 gallop, peripheral edema, enlarged ventricle, abnormal ejection fraction, and/or inability to increase cardiac output with exercise
- (3)* Acute pericarditis, endocarditis, or myocarditis
- (4)* Syncope, recurrent
- (5)* A medical condition requiring an automatic implantable cardiac defibrillator (unless the condition has completely resolved) or history of ventricular tachycardia or ventricular fibrillation due to ischemic or valvular heart disease, or cardiomyopathy
- (6) Third-degree atrioventricular block
- (7)* Cardiac pacemaker, if the applicant is pacemaker-dependent
- (8) Hypertrophic cardiomyopathy, including idiopathic hypertrophic subaortic stenosis
- (9) Any cardiac condition that results in the candidate not being able to safely perform one or more of the essential job tasks
- (10) Heart transplant

Submitter Information Verification

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Submittal Date: Mon Jan 25 12:35:35 EST 2016

Committee Statement

Committee Statement: Current language would disqualify some applicants with remote history of Kawasaki.

Response Message:

[Public Input No. 66-NFPA 1582-2015 \[Section No. 6.10.1.1\]](#)

**First Revision No. 18-NFPA 1582-2016 [Section No. 6.10.1.2]****6.10.1.2**

Category B medical conditions shall include the following:

- (1)* Valvular lesions of the heart, including prosthetic valves
- (2)* Recurrent supraventricular or atrial tachycardia, flutter, or fibrillation
- (3)* Left bundle branch block
- (4) Second-degree atrioventricular block in the absence of structural heart disease
- (5) Sinus pause of more than 3 seconds
- (6)* Ventricular arrhythmia (history or presence of multifocal PVCs or nonsustained ventricular tachycardia on resting EKG with or without symptoms; history or presence of sustained ventricular tachycardia with or without symptoms)
- (7)* Cardiac hypertrophy or hypertrophic cardiomyopathy
- (8)* History of a congenital abnormality
- (9)* Chronic pericarditis, endocarditis, or myocarditis
- (10) Brugada syndrome
- (11) Long QT syndrome
- (12) Arrhythmogenic right ventricular cardiomyopathy
- (13) Cardiac pacemaker, if the applicant is not pacemaker-dependent
- (14) Coronary artery disease, if not covered by [6.10.1.1](#)

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submission Date: Mon Jan 25 12:36:31 EST 2016

Committee Statement

Committee Statement: These changes are being made in order to remain consistent with 6.10.1.1

Response Message:

Public Input No. 67-NFPA 1582-2015 [Section No. 6.10.1.2]



First Revision No. 19-NFPA 1582-2016 [Section No. 6.11.1]

6.11.1

Category A medical conditions shall include the following:

- (1) Presence of uncorrected inguinal/femoral hernia ~~regardless of symptoms~~ if symptomatic
- (2) Any gastrointestinal condition that results in the candidate not being able to safely perform one or more of the essential job tasks

Submitter Information Verification

Submitter Full Name: Kendall Holland

Organization: National Fire Protection Assoc

Street Address:

City:

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Submittal Date: Mon Jan 25 12:37:37 EST 2016

Committee Statement

Committee Statement: An asymptomatic, fat-containing hernia should not lead to restrictions.

Response Message:

[Public Input No. 68-NFPA 1582-2015 \[Section No. 6.11.1\]](#)

**First Revision No. 20-NFPA 1582-2016 [Section No. 6.14.1]****6.14.1**

Category A medical conditions shall include the following:

- (1) Renal failure or insufficiency requiring continuous ambulatory peritoneal dialysis (CAPD) or hemodialysis
- (2) Any urinary condition that results in the candidate not being able to safely perform one or more of the essential job tasks
- (3) Chronic kidney disease of Stage 4 or greater [glomerular filtration rate (GFR) < 1 oz/min (30 ml/min)]

Submitter Information Verification

Submitter Full Name: Kendall Holland

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Street Address:

City:

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Submittal Date: Mon Jan 25 12:38:21 EST 2016

Committee Statement

Committee Statement: Risk of CAD increases with chronic kidney disease

See FMCSA MEP recommendations on chronic kidney failure (page 8)

Response Message:

Public Input No. 69-NFPA 1582-2015 [Section No. 6.14.1]

**First Revision No. 22-NFPA 1582-2016 [Section No. 6.15.1]****6.15.1**

Category A medical conditions shall include the following:

- (1) Scoliosis of thoracic or lumbar spine with angle greater than or equal to 40 degrees
- (2) History of spinal surgery with rods that are still in place
- (3) Any spinal or skeletal condition producing sensory or motor deficit(s) or pain due to radiculopathy or nerve root compression
- (4) Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication
- (5) Cervical vertebral fractures with multiple vertebral body compression greater than 25 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (partial, moderate, severe), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- (6) Thoracic vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (severe — with or without surgery), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- (7) Lumbosacral vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (partial, moderate, severe), fragmentation, abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery
- (8) History of spine fusion that results in instability; reduced mobility, strength, or range of motion; or persistent pain
- (9) Any spinal or skeletal condition that results in the candidate not being able to safely perform one or more of the essential job tasks

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submittal Date: Mon Jan 25 12:42:23 EST 2016

Committee Statement

Committee Statement: This change was made for document consistency.

Response Message:

Public Input No. 114-NFPA 1582-2015 [Section No. 6.15.1]



First Revision No. 21-NFPA 1582-2016 [Section No. 6.15.2]

6.15.2

Category B medical conditions shall include the following:

- (1) Congenital or developmental malformations of the back, particularly those that can cause instability, neurological deficits, pain, or limit flexibility
- (2) Scoliosis with angle less than 40 degrees
- (3) Arthritis of the cervical, thoracic, or lumbosacral spine
- (4) Facet ~~atrophy~~ tropism , high lumbosacral angle, hyperlordosis, Schmorl's nodes, Scheuermann's disease, spina bifida occulta, spondylolisthesis, spondylolysis, or transitional vertebrae
- (5) History of infections or infarcts in the spinal cord, epidural space, vertebrae, or axial skeletal joints
- (6) History of discectomy or laminectomy or vertebral fractures

~~History of spine fusion that results in instability, reduced mobility, strength, or range of motion; or persistent pain.~~

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submission Date: Mon Jan 25 12:39:19 EST 2016

Committee Statement

Committee Statement: The committee is moving this from a category B medical condition to a category A medical condition for document consistency (chapter 9)

Response Message:

[Public Input No. 115-NFPA 1582-2015 \[Section No. 6.15.2\]](#)

**First Revision No. 23-NFPA 1582-2016 [Section No. 6.16.1]****6.16.1**

Category A medical conditions shall include the following:

- (1) Joint replacement, unless all the following conditions are met:
 - (a) Normal range of motion without history of dislocations post-replacement
 - (b) Repetitive and prolonged pulling, bending, rotations, kneeling, crawling, and climbing without pain or impairment
 - (c) No limiting pain
 - (d) Evaluation by an orthopedic specialist who concurs that the candidate can complete all essential job tasks listed in Chapter 5
- (2) Amputation or congenital absence of upper-extremity limb (hand or higher)
- (3) Amputation of either thumb proximal to the mid-proximal phalanx
- (4) Amputation or congenital absence of lower-extremity limb (foot or above) unless the candidate meets all of the following conditions:
 - (a) Stable, unilateral below-the-knee (BKA) amputation with at least the proximal third of the tibia present for a strong and stable attachment point with the prosthesis
 - (b) Fitted with a prosthesis that will tolerate the conditions present in structural firefighting fire fighting when worn in conjunction with standard fire-fighting PPE
 - (c) At least 6 months of prosthetic use in a variety of activities with no functional difficulties
 - (d) Amputee limb healed with no significant inflammation, persistent pain, necrosis, or indications of instability at the amputee limb attachment point
 - (e) No significant psychosocial issues pertaining to the loss of limb or use of prosthesis
 - (f) Evaluated by a prosthetist or orthopedic specialist with expertise in the fitting and function of prosthetic limbs who concurs that the candidate can complete all essential job tasks listed in Chapter 5, including wearing personal protective ensembles and SCBA while climbing ladders, operating from heights, and walking or crawling in the dark along narrow and uneven surfaces that may be wet or icy
 - (g) Has passed the department's applicant physical ability test as a condition of appointment without accommodations or modification of the protocol
- (5) Chronic nonhealing or recent bone grafts
- (6) History of more than one dislocation of shoulder without surgical repair or with history of recurrent shoulder disorders within the last 5 years with pain or loss of motion, and with or without radiographic deviations from normal
- (7) Any extremity condition that results in the candidate not being able to safely perform one or more of the essential job tasks

Submitter Information Verification

Submitter Full Name: Kendall Holland

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City:

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Submittal Date: Mon Jan 25 12:43:58 EST 2016

Committee Statement

Committee Statement: NFPA 1582 is not limited to structural firefighting and the removal of the term "structural" is the only change that is occurring while Terra shows a lot more changes.

Response Message:

[Public Input No. 104-NFPA 1582-2015 \[Section No. 6.16.1\]](#)



First Revision No. 24-NFPA 1582-2016 [Section No. 6.17.1 [Excluding any Sub-Sections]]

Category A medical conditions shall include the following:

- (1) Ataxias of heredo-degenerative type
- (2) Cerebral arteriosclerosis as evidenced by a history of ~~transient ischemic attack, reversible ischemic neurological deficit, or ischemic stroke~~
- (3) Hemiparalysis or paralysis of a limb
- (4)* Multiple sclerosis with activity or evidence of progression within previous 3 years
- (5)* Myasthenia gravis with activity or evidence of progression within previous 3 years
- (6) Progressive muscular dystrophy or atrophy
- (7) Uncorrected cerebral aneurysm
- (8) All single unprovoked seizures and epileptic conditions, including simple partial, complex partial, generalized, and psychomotor seizure disorders other than as allowed in [6.17.1.1](#)
- (9) Dementia (Alzheimer's and other neurodegenerative diseases) with symptomatic loss of function or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
- (10) Parkinson's disease and other movement disorders resulting in uncontrolled movements, bradykinesia, or cognitive impairment (e.g., less than or equal to 28 on Mini-Mental Status Exam)
- (11) Narcolepsy with cataplexy
- (12) Narcolepsy with persistent excessive daytime sleepiness despite medical treatment
- (13) Any neurological condition that results in the candidate not being able to safely perform one or more of the essential job tasks

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
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Submittal Date: Mon Jan 25 12:45:10 EST 2016

Committee Statement

Committee Statement: These changes are being made due to an increased risk of sudden incapacitation
Response Message:

[Public Input No. 113-NFPA 1582-2015 \[Section No. 6.17.1 \[Excluding any Sub-Sections\]\]](#)

**First Revision No. 63-NFPA 1582-2016 [Section No. 6.17.1.1]****6.17.1.1**

To be medically qualified a candidate shall meet all of the following:

- (1) ~~No seizures for 1 year off all anti-epileptic medication or 5 years seizure free on a stable medical regimen~~ the most recent consecutive 5 years after a single unprovoked seizure
- (2) ~~No seizures for the most recent consecutive 10 years if the applicant was diagnosed with epilepsy~~
- (3) Currently on anti-seizure medications or not on anti-seizure medications for the most recent 5 consecutive years
- (4) Neurologic examination is normal
- (5) ~~Imaging (CAT or MRI scan) studies are~~ Brain MRI is normal
- (6) Awake and asleep EEG studies with photic stimulation and hyperventilation are normal
- (7) A definitive statement from a qualified neurological specialist that the candidate meets the criteria specified in 6.17.1.1(1) through 6.17.1.1(4) and that the candidate is neurologically cleared for fire-fighting training and the performance of a fire fighter's essential job tasks

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
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Submission Date: Tue Jan 26 09:50:31 EST 2016

Committee Statement

Committee Statement: Suggested changes are consistent with FMCSA MRB and ACOEM recommendations to reach an annual risk of recurrence of 1%.

Response Message:

Public Input No. 97-NFPA 1582-2015 [Section No. 6.17.1.1]

**First Revision No. 25-NFPA 1582-2016 [Section No. 6.17.2]****6.17.2**

Category B medical conditions shall include the following:

- (1) Congenital malformations
- (2)* Migraine
- (3) Clinical disorders with paresis, dyscoordination, deformity, abnormal motor activity, abnormality of sensation, or complaint of pain
- (4) History of subarachnoid or intraparenchymal hemorrhage
- (5) Abnormalities from recent head injury such as severe cerebral contusion or concussion
- (6) Provoked seizure
- (7) Amyotrophic lateral sclerosis

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
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Submittal Date: Mon Jan 25 12:46:55 EST 2016

Committee Statement

Committee Statement: A history of provoked seizure requires an evaluation to predict a risk of recurrence, depending on the cause.

Response Message:

Public Input No. 96-NFPA 1582-2015 [Section No. 6.17.2]

**First Revision No. 26-NFPA 1582-2016 [Section No. 6.21.2]****6.21.2**

Category B medical conditions shall include the following:

- (1) Connective tissue disease, such as dermatomyositis, systemic lupus erythematosus, scleroderma, and rheumatoid arthritis
- (2)* History of thermal, chemical, or electrical burn injury with residual functional deficit
- (3) Documented evidence of a predisposition to recurrent heat stress to or history of heat illness, rhabdomyolysis, metabolic acidosis, or exertion-related incapacitation

Submitter Information Verification

Submitter Full Name: Kendall Holland

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Submittal Date: Mon Jan 25 12:47:43 EST 2016

Committee Statement

Committee Statement: These changes were made for clarification purposes.

Response Message:

Public Input No. 116-NFPA 1582-2015 [Section No. 6.21.2]



First Revision No. 64-NFPA 1582-2016 [Section No. 6.22.1]

6.22.1

Category A medical conditions shall include the following:

- (1) Malignant disease that is newly diagnosed, untreated, or currently being treated, or under active surveillance due to the increased risk for reoccurrence, unless not interfering with the performance of the essential job tasks
- (2) Any tumor or similar condition that results in the candidate not being able to safely perform one or more of the essential job tasks

Submitter Information Verification

Submitter Full Name: Kendall Holland
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City:
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Submittal Date: Tue Jan 26 09:51:10 EST 2016

Committee Statement

Committee Statement: Current language is too vague (example of basal cell carcinoma)

Response Message:

[Public Input No. 117-NFPA 1582-2015 \[Section No. 6.22.1\]](#)



First Revision No. 71-NFPA 1582-2016 [Section No. 6.24.1 [Excluding any Sub-Sections]]

Category A medical conditions shall include those that require chronic or frequent treatment with any of the following medications or classes of medications:

- (1) Narcotics, including methadone
- (2) Sedative-hypnotics
- (3)* Full-dose or low-dose anticoagulation medications or any drugs that prolong prothrombin time (PT), partial thromboplastin time (PTT), or international normalized ratio (INR)
- (4) Beta-adrenergic blocking agents at doses that prevent a normal cardiac rate response to exercise, high-dose diuretics, or central acting antihypertensive agents (e.g., clonidine)
- (5)* Respiratory medications: inhaled bronchodilators, inhaled corticosteroids, systemic corticosteroids, theophylline, and leukotriene receptor antagonists (e.g., Montelukast montelukast)
- (6) High-dose corticosteroids for chronic disease
- (7) Anabolic steroids
- (8) Any chemical, drug, or medication that results in the candidate not being able to safely perform one or more of the essential job tasks

Supplemental Information

<u>File Name</u>	<u>Description</u>
A6.24.1_3_.docx	Text for annex

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submittal Date: Tue Jan 26 10:34:22 EST 2016

Committee Statement

Committee Statement: The committee is adding new annex text to provide further clarification to the end user.

Response Message:

[Public Input No. 112-NFPA 1582-2015 \[New Section after A.6.24.1\(5\)\]](#)

A.6.24.1(3) Examples of anticoagulation medications include antithrombin (ATryn), apixaban (Eliquis), argatroban, bivalirudin (Angiomax), dabigatran (Pradaxa), deltaparin (Fragmin), enoxaparin (Lovenox), fondaparinux (Arixtra), rivaroxaban (Xarelto), warfarin (Coumadin).

Antiplatelet agents are not anticoagulation medications and do not lead to restrictions (unless the underlying medical condition does). Examples of antiplatelet agents include aspirin, Aggrenox, clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta), ticlopidine (Ticlid).

**First Revision No. 73-NFPA 1582-2016 [Section No. 7.5.1]****7.5.1***

A medical history questionnaire shall be completed by each member to provide baseline information with which to compare future medical concerns.

Supplemental Information

<u>File Name</u>	<u>Description</u>
A.7.5.1.docx	

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submittal Date: Tue Jan 26 10:39:12 EST 2016

Committee Statement

Committee Statement: The committee is adding this new annex material in order to provide further clarification for the end user. See attached document.

Response Message:

[Public Input No. 122-NFPA 1582-2015 \[New Section after A.7.2.2\(5\)\]](#)

A.7.5.1 The Genetic Information Nondiscrimination Act (GINA) prohibits discrimination on the basis of genetic information (including family medical history). The Equal Opportunity Employment Commission (EEOC) has stated that collection of genetic information is only permitted in very limited circumstances, including voluntary wellness programs and then, only with specific informed consent. Voluntary means that participation is not required and that employees may not be penalized for non-participation. For instance, where an employer requires an employee to submit family medical history to a medical provider, even where that provider will not in turn give that information to the employer, the disclosure is not voluntary.

Although a fire fighter is not required to provide family medical history under this law, it may prove to be very useful to medical providers screening for potential medical conditions. Nevertheless, family medical history, when collected, must only be utilized as part of a voluntary wellness and fitness program. In other words, it cannot be used in employment decisions. In cases where such history is collected, the employee must sign a statement confirming that the information is being voluntarily disclosed. Additionally, the health care provider must maintain the individual's confidentiality and only report such information in aggregate terms so that it cannot be tracked back to individual employees.



First Revision No. 27-NFPA 1582-2016 [Section No. 7.6]

7.6 Physical Examination.

The annual physical examination shall include each of the following components:

- (1) Vital signs [temperature, pulse, and respiratory rate, and blood pressure (BP)]
 - (a) BP shall be measured according to the recommendations of the *Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)*
- (2) Head, eyes, ears, nose, and throat (HEENT)
- (3) Neck
- (4) Cardiovascular
- (5) Pulmonary
- (6) Breast
- (7) Gastrointestinal with digital rectal exam as clinically indicated
~~Genitourinary (includes pap smear, testicular exam, rectal exam for prostate mass)~~
- (8) Hernia
- (9) Lymph nodes
- (10) Neurological
- (11) Musculoskeletal
- (12) Skin (includes screening for cancers)
- (13) Vision

Supplemental Information

<u>File Name</u>	<u>Description</u>
A.7.6._15_.docx	This annex text should go with the skin in the parenthetical list, whichever that one gets renumbered to.

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
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Zip:
Submission Date: Mon Jan 25 12:58:37 EST 2016

Committee Statement

Committee Statement: These changes are being made following ACS authoritative recommendations. The committee is also adding annex text to the skin parenthetical section.

Response

Message:

[Public Input No. 134-NFPA 1582-2015 \[Section No. 7.6\]](#)

[Public Input No. 135-NFPA 1582-2015 \[New Section after A.7.7.1\]](#)

A.7.6 (15) Studies have found increased risk for both melanoma and non-melanoma skin cancers in fire fighters. Comprehensive inspection of the skin, especially in sun exposed areas, is recommended. Any suspicious lesions should be referred for dermatological assessment.

**First Revision No. 28-NFPA 1582-2016 [Section No. 7.7.1]****7.7.1* Blood Tests.**

Blood tests shall be performed ~~annually and~~ for fire fighters, at minimum, every three years for those under the age of 40, and every year for those over the age of 40, and shall include the following:

- (1) CBC with differential, RBC indices and morphology, and platelet count
- (2) Electrolytes (Na, K, Cl, HCO₃, or CO₂)
- (3) Renal function (BUN, creatinine)
- (4) Glucose
- (5) Liver function tests (ALT, AST, direct and indirect bilirubin, alkaline phosphatase)
- (6) Total cholesterol, HDL, LDL, clinically useful lipid ratios (e.g., percent LDL), and triglycerides

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
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Submittal Date: Mon Jan 25 12:59:37 EST 2016

Committee Statement

Committee Statement: Prior to age 40, annual blood testing is of limited value. However, this testing should be performed more frequently as a function of age, disease, risk factors and specific occupational exposures.

Response Message:

[Public Input No. 121-NFPA 1582-2015 \[Section No. 7.7.1\]](#)

**First Revision No. 29-NFPA 1582-2016 [Section No. 7.7.5.1]****7.7.5.1**

Chest x-rays shall include an initial baseline and shall be repeated ~~every 5 years or~~ as medically indicated.

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submittal Date: Mon Jan 25 13:00:02 EST 2016

Committee Statement

Committee Statement: The baseline is useful for individuals with a history of respiratory problems or symptoms and for subsequent comparison in healthy individuals in whom symptoms, changes in spirometry, or pulmonary disease later develops. Since the routine use of chest x-rays in surveillance activities in the absence of significant exposures, symptoms, or medical findings has not been found to reduce respiratory or other health problems, chest X-rays as part of regular medical surveillance examinations are not indicated. Repeat chest X-rays should be obtained as clinically indicated i.e. when evaluating a symptomatic fire fighter or when there are changes in pulmonary function testing (PFT), as a recent chest x-ray for comparison is useful. Among uniformed personnel, chest X- ray abnormality may indicate pneumonia, tuberculosis, lung cancer, or other occupational lung disease.

Response Message:

[Public Input No. 123-NFPA 1582-2015 \[Section No. 7.7.5.1\]](#)



First Revision No. 30-NFPA 1582-2016 [Section No. 7.7.6.1]

7.7.6.1

A resting 12-lead ECG shall be performed as part of the baseline medical evaluation and shall be performed annually ~~thereafter~~ after age 40 or as clinically indicated.

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
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Submittal Date: Mon Jan 25 13:00:23 EST 2016

Committee Statement

Committee Statement: Before the age of 40, annual resting ECG testing for coronary artery disease and other cardiovascular diseases is of limited value (AHA & USPSTF guidelines); however, when testing a symptomatic fire fighter, a recent ECG for comparison is useful.

Response Message:

[Public Input No. 124-NFPA 1582-2015 \[Section No. 7.7.6.1\]](#)



First Revision No. 56-NFPA 1582-2016 [New Section after 7.7.6.2]

7.7.7 Risk Stratification.

7.7.7.1

Asymptomatic fire fighters \geq 40 years of age with no known atherosclerotic cardiovascular disease (ASCVD) shall be assessed annually for their 2-year and 10-year risks of ASCVD, defined as coronary death, nonfatal myocardial infarction, or fatal or nonfatal stroke.

7.7.7.2

The 10-year Heart Risk Calculator created by the American College of Cardiology/American Heart Association (ACC/AHA) shall be used to generate a 10-year risk of ASCVD, taking into consideration the individual's age, sex, race, total cholesterol, high density lipoprotein (HDL) cholesterol, systolic blood pressure, blood pressure-lowering medication use, diabetes status, and smoking status.

7.7.7.2.1* Intermediate Risk.

7.7.7.2.1.1

Those assessed as being at intermediate risk (i.e., 10 to $<$ 20 percent risk of ASCVD over the next 10 years) shall be further evaluated using symptom-limiting exercise stress testing (EST) with or without imaging [e.g., echocardiography, technetium (99m Tc) sestamibi study] to at least 12 METs.

7.7.7.2.1.2

Negative ESTs shall be repeated at least every 2 to 5 years or as clinically indicated, and positive tests shall be referred to a cardiologist for further evaluation and treatment.

7.7.7.2.2 High Risk.

Those assessed as being at high risk (i.e., \geq 20 percent risk of ASCVD over the next 10 years) shall be referred to a cardiologist for further evaluation and treatment.

7.7.7.3

The 2-year ACC/AHA Heart Risk Calculator shall be used to generate a 2-year risk of ASCVD, taking into consideration all the factors described in [7.7.7.2](#) except race.

7.7.7.3.1 Intermediate Risk.

Those assessed as being at intermediate risk (i.e., 2 to 4 percent risk of ASCVD over the next 2 years) shall follow the same evaluation in [7.7.7.2.1](#) .

7.7.7.3.2 High Risk.

Those assessed as being at high risk (i.e., \geq 4 percent risk of ASCVD over the next 2 years) shall be referred to a cardiologist for further evaluation and treatment.

Supplemental Information

<u>File Name</u>	<u>Description</u>
FR-56_A.7.7.7.2_1_.docx	

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
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Zip:

Submittal Date: Mon Jan 25 14:59:05 EST 2016

Committee Statement

Committee Statement: The committee has added this new text to provide further clarification for the end user.

Response Message:

[Public Input No. 125-NFPA 1582-2015 \[Section No. 7.7.6.3\]](#)

[Public Input No. 126-NFPA 1582-2015 \[Section No. 7.7.6.4\]](#)

Appendix Material

A 7.7.7.2 (1) Exercise Stress Test [EST] provides valuable diagnostic, prognostic, and exercise tolerance (aerobic capacity) information. EST should be conducted according to the American College of Cardiology/American Heart Association (ACC/AHA) protocols. Although the EST is frequently ended when the patient reaches 90% of the target heart rate [e.g., 90% X (220 – age)], ACC/AHA recommends a symptom-limiting end point. The test must be completed to 12 METS to ensure this level of cardiac work will not precipitate a sudden cardiac event. Individuals with a negative (normal) EST should be retested every 2 to 5 years based on individual clinical assessment and ASCVD risk scores.

Imaging EST increases the sensitivity and specificity of the test, but also significantly increase their costs. Stress echocardiography the preferred imaging test for individuals with an abnormal resting ECG (e.g., left bundle branch block), left ventricular hypertrophy, or long standing hypertension. Stress myocardial perfusion imaging may be indicated for asymptomatic individuals with diabetes mellitus, or a strong family history of CHD.

There is increasing evidence that a coronary artery calcium (CAC) score can provide important clinical and prognostic information. CAC score provides a structural assessment of coronary artery obstruction. When negative, the screening test provides a high level of assurance that no obstructing lesions in the coronary arteries are present (>90% predictive value negative). A positive prompts referral to a cardiologist for further evaluation and treatment. That further evaluation typically includes an EST imaging and/or cardiac catheterization. There is insufficient evidence to determine the frequency for repeat CAC, but not less than 5 years would appear reasonable.

**First Revision No. 55-NFPA 1582-2016 [Sections 7.7.6.3, 7.7.6.4]****7.7.6.3***

~~Stress tests with ECGs and with or without imaging (echocardiography or radionuclide scanning) shall be performed when clinically indicated by history or symptoms.~~

7.7.6.4

~~These tests shall be based on coronary artery disease risk factor stratification or symptoms or for screening of cardiovascular disease and the risk of sudden cardiovascular death.~~

Submitter Information Verification

Submitter Full Name: Kendall Holland

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Street Address:

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Submittal Date: Mon Jan 25 14:54:19 EST 2016

Committee Statement

Committee Statement: The committee is deleting this text as they believe it will be addressed in new text that is being developed. Also delete associated annex text.

Response Message:

**First Revision No. 32-NFPA 1582-2016 [Section No. 7.7.7.1]****7.7.8.1**

Mammography shall be performed ~~annually~~ on each female member bi-annually for those over the age of 40 and annually for those over the age 50 or as clinically indicated .

Submitter Information Verification

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State:
Zip:
Submittal Date: Mon Jan 25 13:04:46 EST 2016

Committee Statement

Committee Statement: Breast cancer is the most common type of cancer in women (excluding skin cancers) and the second leading cause of cancer death in women, after lung cancer. Breast cancer incidence and mortality rates increase with age. An annual clinical breast examination is required. Self-examination should be encouraged, and educational information should be made available to interested patients. Mammography screening shall be performed on all women uniformed personnel beginning at age 40 and continue every other year until age 50 at which point annual mammography is indicated. Annual mammography should be obtained before age 50 if clinically indicated. Women uniformed personnel with a family history of breast cancer or other personal risks shall be referred for appropriate individualized recommendations for breast cancer screening, such as genetic screening or breast MRI. Women uniformed personnel may wish to have an ongoing clinical association with a women's health provider.

Response Message:

[Public Input No. 127-NFPA 1582-2015 \[Section No. 7.7.7.1\]](#)



First Revision No. 33-NFPA 1582-2016 [Section No. 7.7.8 [Excluding any Sub-Sections]

]

The following infectious disease immunizations or infectious disease screenings shall be provided, as indicated:

- (1)* Tuberculosis (TB) screening — baseline, by either tuberculin skin testing using the tuberculin purified protein derivative (PPD) or the tuberculin blood test (interferon gamma release assay); shall be performed at baseline. Subsequent subsequent tuberculosis screening shall to be performed annually or at a frequency according to CDC guidelines unless the member has a history of positive tuberculin screening test, in which case CDC guidelines for management and subsequent chest radiographic surveillance shall be followed apply
- (2) Hepatitis C virus ~~screen~~ screening — baseline and following occupational exposure
- (3) Hepatitis B virus vaccinations and titers — as specified in CDC guidelines; laboratory confirmation of immunity to be tested 1–2 months after completion of the vaccination 3 dose series
- (4)* Tetanus/diphtheria vaccine /pertussis (Tdap) vaccine — can be given once to replace the Td booster every 10 years or the 5-year wound management Td dose
- (5)* Measles, mumps, rubella vaccine (MMR) — one dose of MMR vaccine to members born after 1957 without prior immunization and/or evidence of immunity as outlined in the *Morbidity and Mortality Weekly Report* article “Measles, Mumps, and Rubella — Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the Advisory Committee on Immunization Practices (ACIP) .” in absence of documented immunity, two doses of MMR to be administered according to current immunization guidelines
- (6) Polio vaccine — A a single booster of IPV for members traveling to endemic areas in the line of duty, or as outlined in the *Morbidity and Mortality Weekly Report* article, “Poliomyelitis Prevention in the United States: Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP).”
- (7) Hepatitis A vaccine
- (8) Varicella vaccine — offered to all non-immune personnel
- (9) Influenza vaccine (seasonal and novel) — offered to all personnel annually
- (10) HIV screening — available to all personnel

Supplemental Information

<u>File Name</u>	<u>Description</u>
A.7.7.8_4_.docx	

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submittal Date: Mon Jan 25 13:06:28 EST 2016

Committee Statement

A.7.7.8 (4) The Tdap vaccine should not be administered less than 2 years following a Td dose.

A.7.7.8 (5) Women who receive the MMR vaccine should not become pregnant for three months after the vaccination is administered.

Committee Statement: Remain consistent with current immunization practices. The committee is also adding annex text to provide further clarification for the end user. See attached document.

Response Message:

[Public Input No. 128-NFPA 1582-2015 \[Section No. 7.7.8 \[Excluding any Sub-Sections\]\]](#)

[Public Input No. 129-NFPA 1582-2015 \[New Section after A.7.7.8.2\]](#)

**First Revision No. 34-NFPA 1582-2016 [Section No. 7.7.8.2]****7.7.9.2***

All members shall be immunized ~~offered immunizations~~ against infectious diseases as required by the AHJ and by 29 CFR 1910.1030, "Bloodborne ~~pathogens~~ Pathogens."

Submitter Information Verification

Submitter Full Name: Kendall Holland

Organization: National Fire Protection Assoc

Street Address:

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Submittal Date: Mon Jan 25 13:07:00 EST 2016

Committee Statement

Committee Statement: 29 CFR 1910.1030 does not mandate immunizations.

Response Message:

[Public Input No. 74-NFPA 1582-2015 \[Section No. 7.7.8.2\]](#)

**First Revision No. 35-NFPA 1582-2016 [Section No. 7.7.12]**

7.7.13 Colon Cancer Screening.

7.7.13.1

Fecal occult blood testing risks and benefits shall be ~~provided annually~~ discussed with to all members above the age of 40, or earlier if clinically indicated.

7.7.13.2*

Colonoscopy services shall be recommended to all members above the age of 40 50, or earlier if clinically indicated and repeated at regular intervals.

Supplemental Information

<u>File Name</u>	<u>Description</u>
A.7.7.12.2.docx	

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submittal Date: Mon Jan 25 13:09:28 EST 2016

Committee Statement

Committee Statement: Uniformed personnel are exposed to a variety of particulate materials, chemicals and asbestos which can increase the risk for colon cancer. The committee has also added annex text for 7.7.12.2, see attached document for that text.

Response Message:

[Public Input No. 130-NFPA 1582-2015 \[Section No. 7.7.12\]](#)

[Public Input No. 131-NFPA 1582-2015 \[New Section after A.7.7.13\]](#)

A.7.7.12.2 Fire department members are exposed to a variety of particulate materials, chemicals and asbestos which can increase the risk for colon cancer. Current research suggests that fire fighters are at increased risk of colorectal cancer. Health care providers should discuss the possible increased risk of colorectal cancer resulting from occupational exposures along with the risks and benefits of initiating screening at age 40 in fire fighters. If the fire fighter decides to start screening at age 40, fecal occult blood testing (FOBT) is the method recommended for use as it has the lowest risk for adverse patient events and is the most cost effective.

The USPSTF recommended screening methods for colorectal cancer include fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 and continuing until age 75. The risks and benefits of these screening methods vary. The USPSTF concludes there is insufficient evidence to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer.

The USPSTF concluded that screening programs incorporating fecal occult blood testing, sigmoidoscopy, or colonoscopy will all be effective in reducing mortality using any of the following 3 regimens, assuming 100% adherence to the same regimen for that period:

- Annual screening with high-sensitivity fecal occult blood testing
- Sigmoidoscopy every 5 years, with high-sensitivity fecal occult blood testing every 3 years
- Screening colonoscopy every 10 years

Fecal occult blood testing uses stool specimens applied to guaiac cards by the patient at home that are sent to a laboratory for later analysis. Multiple different stool samples, usually three, from different days can increase the sensitivity of this colorectal cancer screening test. Diet restrictions apply to this test.

Colonoscopy is used to examine the full lining of the colon and rectum. During the colonoscopy, polyp removal or excising a small piece of tissue for biopsy may be performed if indicated. Colonoscopy should start at an earlier age (40 years) and/or be conducted more frequently if clinically indicated. A colonoscopy shall also be performed, regardless of age or schedule, when FOBT results are positive or when there is a consistent change in bowel habits.

**First Revision No. 65-NFPA 1582-2016 [New Section after 7.7.13]****7.7.15 Lung Cancer Screening.****7.7.15.1**

Low-dose computed tomography (LDCT) shall be performed annually on fire fighters over the age of 55 who have a history of smoking 30 packs of cigarettes per year and currently smoke or have quit within the past 15 years.

7.7.15.2

Screening shall be discontinued once a fire fighter has not smoked cigarettes for 15 years or is too ill to benefit.

7.7.16 Cervical Cancer Screening.**7.7.16.1**

Female fire fighters shall be screened for cervical cancer with cytology (Pap smear) every 3 years or screened for a combination of cytology and human papillomavirus (HPV) testing every 5 years.

7.7.17 Testicular Cancer Screening.**7.7.17.1**

A baseline examination shall be performed by a healthcare provider.

7.7.18 Bladder Cancer Screening.**7.7.18.1**

Urine shall be evaluated for blood (hematuria).

7.7.18.2

A positive dipstick for hematuria shall require a follow-up and referral which could involve upper tract imaging, cystoscopy, and/or urine cytology.

7.7.19 Oral Cancer Screening.**7.7.19.1**

The entire mouth shall be examined for signs of oral and oropharyngeal cancers.

7.7.20 Thyroid Cancer Screening.**7.7.20.1**

Physical exam for palpable nodules shall be part of the annual physical examination.

7.7.21 Sleep Disturbance Screening.**7.7.21.1**

Screening for sleep disorders using a validated questionnaire, such as the Berlin Questionnaire or Epworth Sleepiness Scale, shall be provided annually.

7.7.21.2*

For fire fighters with a high index of suspicion for a sleep disorder based on questionnaires or biometric data, the physician shall discuss the risks and benefits of testing and treatment.

Supplemental Information

File Name	Description
FR-65_A.7.7.20.2.docx	

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submittal Date: Tue Jan 26 10:06:30 EST 2016

Committee Statement

Committee Statement: The committee has added this text for the following reasons:

Lung cancer: added screening for our highest risk members

Cervical cancer: consistent with current screening guidelines

Testicular, bladder, oral and thyroid cancers: added screening highlighting risk

Sleep disturbance screening: Fire fighters at increased risk of sleep disorders. Highlights the importance to sleep health and hygiene.

Response Message:

[Public Input No. 133-NFPA 1582-2015 \[New Section after 7.7.13\]](#)

[Public Input No. 136-NFPA 1582-2015 \[New Section after A.7.7.13\]](#)

FR-65, New annex

A.7.7.20.2 Fire fighters with a high index of suspicion for sleep disorders should be referred to a specialist for diagnostic sleep studies. See section 9.12.6.2 for guidance regarding obstructive sleep apnea.



First Revision No. 36-NFPA 1582-2016 [Section No. 7.7.13]

7.7.14* Prostate Cancer.

Due to increased prostate cancer risk, the fire department shall provide all male fire fighters with prostate physician shall discuss the risks and benefits of prostate cancer screening, including prostate -specific antigen (PSA) testing, with all male fire fighters beginning at age 50 and annually thereafter. Those with a family history or African-American heritage, who are at a higher risk for prostate cancer, shall be provided with testing beginning at age 40 and annually thereafter.

7.7.14.1

For male fire fighters of African-American heritage who are at a higher risk for prostate cancer, the physician shall discuss the risks and benefits of prostate cancer screening, including PSA testing, beginning at age 40 and annually thereafter.

Submitter Information Verification

Submitter Full Name: Kendall Holland

Organization: National Fire Protection Assoc

Street Address:

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Submittal Date: Mon Jan 25 13:23:28 EST 2016

Committee Statement

Committee Statement: Prostate cancer is the second most common type of cancer in men, after skin cancer. In addition, some studies have observed an elevated risk of prostate cancer in fire fighters. The prostate-specific antigen (PSA) test is a blood test that has been used for prostate cancer screening. However, recommendations for its use have been recently changed to a recommendation that medical providers discuss the benefits and risks of PSA testing in order to allow patients to decide whether they want PSA testing.

Male fire department personnel shall be offered a discussion regarding PSA testing at age 50. Male fire department members who are considered to be at an increased risk for prostate cancer, such as those who have a family history of prostate cancer or are of African-American heritage shall be offered a discussion regarding PSA testing starting at age 40. After this discussion, those men who want to be screened should be tested with the PSA blood test. The digital rectal exam (DRE) may also be done as a part of the screening. Several non-cancerous conditions might result in elevated PSA levels including benign prostatic hypertrophy (BPH) and inflammation, or recent prostate gland stimulation resulting from a DRE or ejaculation. Current consensus also highlights the importance of measuring and comparing PSA results over time, known as PSA velocity. Where an increase over time would indicate higher risk for prostate cancer, the magnitude of this increased risk should be in accordance with current national urological association guidelines.

Family history removed to be compliant with GINA.

[Public Input No. 132-NFPA 1582-2015 \[Section No. 7.7.13\]](#)



First Revision No. 60-NFPA 1582-2016 [New Section after 8.2.2.1.2]

8.2.2.1.3

At levels below 10 METs, a prescribed aerobic fitness program shall be required.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Street Address:
City:
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Submittal Date: Tue Jan 26 09:29:42 EST 2016

Committee Statement

Committee Statement: The committee has added this new text to ensure that at lower levels of METS the firefighter is receiving the proper attention, as it relates to their physical fitness.
Response Message:



First Revision No. 54-NFPA 1582-2016 [Section No. 9.1.2]

9.1.2

The fire department physician shall use the ~~validated~~ list of essential job tasks in evaluating the ability of a member with specific medical conditions to perform specific job tasks.

Submitter Information Verification

Submitter Full Name: Kendall Holland

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Street Address:

City:

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Submittal Date: Mon Jan 25 14:41:24 EST 2016

Committee Statement

Committee Statement: The committee has chosen to make this change as the deleted term is not necessary.

Response Message:



First Revision No. 37-NFPA 1582-2016 [Section No. 9.3.4]

9.3.4

After an ~~individual~~ individualized medical assessment, ~~the physician~~ and on a case by case basis, the physician shall state whether the member, due to a specific condition, can or cannot safely perform his or her essential job tasks.

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
Zip:
Submittal Date: Mon Jan 25 13:37:27 EST 2016

Committee Statement

Committee Statement: These changes were made in order to provide further clarification to the end user.

Response Message:

[Public Input No. 82-NFPA 1582-2015 \[Section No. 9.3.3\]](#)

[Public Input No. 83-NFPA 1582-2015 \[Section No. 9.3.4\]](#)

**First Revision No. 38-NFPA 1582-2016 [Section No. 9.4.3.1]****9.4.3.1* Physician Evaluation.**

The following clinical conditions referable to coronary artery disease, including history of myocardial infarction, coronary artery bypass surgery, coronary angioplasty with or without stent placement, or similar procedures, compromise the member's ability to safely perform essential job tasks 1, 2, 4, 5, 6, 7, 9, and 13, and the physician shall report the applicable job limitations to the fire department if any one of the following are present:

- (1) Current angina pectoris, even if relieved by medication
- (2) Persistent significant stenosis in any coronary artery (greater than 70 percent lumen diameter narrowing) following treatment
- (3) Lower than normal left ventricular ejection fraction as measured by radionuclide scan, contrast ventriculography, or echocardiography
- (4) Maximal exercise tolerance of less than 12 METs
- (5) Exercise-induced ischemia, or ventricular arrhythmias, or conduction abnormalities observed by radionuclide stress test during an evaluation reaching a workload of at least 12 METs
- (6) History of myocardial infarction, angina, or coronary artery disease with persistence of modifiable risk factor(s) for acute coronary plaque rupture (e.g., tobacco use, hypertension despite treatment or hypercholesterolemia with cholesterol greater than or equal to 180 or low density lipoproteins greater than or equal to 100 despite treatment, or glycosylated hemoglobin greater than 7.8 percent despite exercise and/or weight reduction)
- (7) Myocardial infarction within the last 3 months
- (8) Coronary artery bypass surgery within the last 3 months
- (9) Coronary angioplasty with or without stent placement within the last month

Submitter Information Verification

Submitter Full Name: Kendall Holland
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City:
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Submittal Date: Mon Jan 25 13:53:34 EST 2016

Committee Statement

Committee Statement: The recovery time is missing from NFPA 1582. Suggested times are consistent with recommendations from ACOEM.
Response Message:

Public Input No. 85-NFPA 1582-2015 [Section No. 9.4.3.1]



First Revision No. 39-NFPA 1582-2016 [Sections 9.4.8.1, 9.4.8.2]

9.4.8.1 Physician Evaluation.

Hypertrophic obstructive cardiomyopathy (HCM) (~~including~~ idiopathic hypertrophic subaortic stenosis) ~~can compromise~~ compromise the member's ability to safely perform essential job tasks 1 and 13, and after further evaluation and a final medical determination of the member's condition, the physician shall report any applicable job limitations to the fire department.

9.4.8.2 Physician Guidance.

HCM is associated with life-threatening arrhythmias and sudden cardiac death without previous symptoms of heart failure. In specific populations of patients with cardiomyopathies under normal environmental conditions, the following risk factors for sudden cardiac death shall be considered by the physician:

~~Family history of a premature HCM-related sudden death (in a first-degree relative)~~

- (1) Unexplained syncope
- (2) History of cardiac arrest
- (3) Sustained ventricular tachycardia (VT)
- (4) Nonsustained VT (3 beats or more of at least 120 beats/minute documented on a Holter monitor)
- (5) Left ventricle thickness of 30 mm or more on echocardiogram

~~Abnormal blood pressures during the exercise stress test (EST) (peak systolic BP less than 110 mm Hg or a rise less than 30 mm Hg from baseline)~~

- (6)* Abnormal systolic blood pressures during the exercise stress test (EST), defined as either a failure to increase by at least 20 mm Hg or a drop of at least 20 mm Hg during effort

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submission Date: Mon Jan 25 13:55:12 EST 2016

Committee Statement

Committee Statement:

1. Consistency between 9.4.8.1 and 9.4.8.2: some types of HCM may be allowed.
2. Family history is not allowed under GINA.
3. The numbers given in (7) have been adjusted according to the 2011 ACCF/AHA Guideline for the Diagnosis and Treatment of Hypertrophic Cardiomyopathy

Response Message:

Public Input No. 86-NFPA 1582-2015 [Sections 9.4.8.1, 9.4.8.2]

**First Revision No. 40-NFPA 1582-2016 [Section No. 9.4.10.1]****9.4.10.1* Physician Evaluation.**

A medical condition requiring a pacemaker or automatic implantable defibrillator (unless the member is not pacemaker-dependent) compromises the member's ability to safely perform essential job task 13, and the physician shall report the applicable job limitations to the fire department.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Street Address:
City:
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Submittal Date: Mon Jan 25 13:56:01 EST 2016

Committee Statement

Committee Statement: The committee believes that not being pacemaker-dependent should not lead to restrictions.

Response Message:

[Public Input No. 87-NFPA 1582-2015 \[Section No. 9.4.10.1\]](#)

**First Revision No. 41-NFPA 1582-2016 [Section No. 9.4.16.1]**

9.4.16.1* Physician Evaluation.

9.4.16.1.1

Wolff-Parkinson-White (WPW) syndrome with a ~~history of supraventricular tachycardia (SVT)~~ structural heart disease compromises the member's ability to safely perform essential job task 13, and the physician shall report the applicable job limitations to the fire department ~~Wolff-Parkinson-White (WPW)~~.

9.4.16.1.2

WWPW syndrome with a history of supraventricular tachycardia (SVT) compromises the member's ability to safely perform essential job task 13, and the physician shall report the applicable job limitations to the fire department, unless the member has been treated with ablation and has no inducible arrhythmias ~~after ablation.~~

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
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Submittal Date: Mon Jan 25 13:57:07 EST 2016

Committee Statement

Committee Statement: Suggested criteria are consistent with ACOEM recommendations.

Response Message:

Public Input No. 88-NFPA 1582-2015 [Section No. 9.4.16.1]

**First Revision No. 66-NFPA 1582-2016 [Sections 9.4.20.1, 9.4.20.2]****9.4.20.1** Stage 1 Hypertension.**9.4.20.1.1*** Physician Evaluation.**9.4.20.1.1.1**

Members with stage 4 1 hypertension shall be referred to their primary care physician to ensure that their blood pressure is controlled and to ~~consider periodic screening for asymptomatic end-~~ screen for end-organ organ damage ~~based on the severity and duration of their hypertension~~ .

9.4.20.1.1.2

End-organ damage, or a 10 percent or greater risk of ASCVD over the next 10 years determined by using the ACC/AHA Heart Risk Calculator, compromises the member's ability to safely perform essential job tasks 1, 5, 7, 9, and 13, and the physician shall report the applicable job limitations to the fire department, unless a symptom-limiting cardiac exercise test to 12 METs is performed with normal results every 1 to 3 years.

9.4.20.2 Stage 2 Hypertension.**9.4.20.2.1** Physician Evaluation.**9.4.20.2.1.1**

~~Members with~~ Stage 2 hypertension (i.e., systolic pressure greater than or equal to 160 mm Hg or diastolic pressure greater than or equal to 100 mm Hg) ~~or any member with end-organ damage (retinopathy, nephropathy, or vascular or cardiac complications)~~ compromises the member's ability to safely perform essential job tasks 1, 5, 7, 9, and 13, and the physician shall report the applicable job limitations to the fire department.

9.4.20.2.1.2

Once the physician has acted in accordance with 9.4.20.2.1.1 , if the member's blood pressure is subsequently controlled, end-organ damage and risk of ASCVD over the next 10 years shall be assessed by using the ACC/AHA Heart Risk Calculator.

9.4.20.2.1.3

End-organ damage, or a 10 percent or greater risk of ASCVD over the next 10 years determined by using the ACC/AHA Heart Risk Calculator, compromises the member's ability to safely perform essential job tasks 1, 5, 7, 9, and 13, and the physician shall report the applicable job limitations to the fire department, unless a symptom-limiting cardiac exercise test to 12 METs is performed with normal results every 1 to 3 years.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Street Address:
City:
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Submission Date: Tue Jan 26 10:10:40 EST 2016

Committee Statement

Committee Statement: The goal is to decrease the risk of sudden cardiac deaths among members. Suggested changes are consistent with ACOEM recommendations.

Response

Message:

[Public Input No. 89-NFPA 1582-2015 \[Sections 9.4.20.1, 9.4.20.2\]](#)

**First Revision No. 42-NFPA 1582-2016 [Section No. 9.4.23.1]****9.4.23.1 Physician Evaluation.**

Cardiac hypertrophy ~~when not without~~ a normal response to exercise of the heart might compromise the member's ability to safely perform essential job task 13 and other job functions due to limitations of endurance, and after further evaluation and a final medical determination of the member's condition, the physician shall report any applicable job limitations to the fire department.

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
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Submittal Date: Mon Jan 25 13:58:07 EST 2016

Committee Statement

Committee Statement: This change was editorial in nature.

Response Message:

[Public Input No. 91-NFPA 1582-2015 \[Section No. 9.4.23.1\]](#)



First Revision No. 61-NFPA 1582-2016 [Section No. 9.7.6.1]

9.7.6.1 Physician Evaluation.

Asthma compromises the member's ability to safely perform essential job tasks 1, 2, 3, 4, 5, 7, 9, and 13, and the physician shall report the applicable job limitations to the fire department, unless the following provisions are met:

- (1) The member denies bronchospasm during exertion, temperature/humidity extremes, irritant exposures, fire activities, or hazmat activities.
- (2) The member denies the use of bronchodilator rescue medications during exertion, temperature/humidity extremes, irritant exposures, fire activities, or hazmat activities.
- (3) A review of the member's fire department records (training, operations, rehabilitation, and medical) verifies that no asthmatic episodes have occurred during fire suppression or hazardous materials operations or training.

~~As defined by the National Heart Lung and Blood Institute's *Guidelines for the Diagnosis and Management of Asthma*, "the member has mild asthma classified as either "Step One" (no control medications and requires inhaled bronchodilator rescue medications for attacks no more than two times per week) or "Step Two" (daily control medications consisting of low-dose inhaled corticosteroids or cromolyn or oral leukotriene receptor antagonists (e.g., Montelukast) and requires inhaled bronchodilator rescue medications for attacks no more than two times per week).~~

- (4) The member's asthma has not required systemic corticosteroids, emergency room treatment, or hospital admission in the last 2 years.
- (5) The member shows adequate reserve in pulmonary function (FVC and FEV₁ greater than or equal to 90 percent) and no bronchodilator response measured off all bronchodilators on the day of testing.
- (6)* The member has a normal or negative response (less than 20 percent decline in FEV₁) from baseline to provocative challenge testing using cold air, methacholine (PC₂₀ greater than 8 is considered normal, as response at dose greater than 8 mg might not be clinically significant), histamine, mannitol, or exercise. For exercise challenge testing, a normal response is a decline in FEV₁ less than 13 percent from baseline.
- (7) The fire department provides and the member agrees to wear SCBA during all phases of fire suppression (i.e., ingress, suppression, overhaul, and egress).
- (8) The member has a signed statement from a pulmonary or asthma specialist, knowledgeable in the essential job tasks and hazards of fire fighting, that he/she meets the criteria specified in [9.7.6.1\(1\)](#)~~9.7.6.1(1)~~[9.7.6.1\(1\)\[9.7.6.1\\(1\\) through \\[9.7.6.1\\\(5\\\)\\]\\(#\\)~~9.7.6.1\\(5\\)~~\\[9.7.6.1\\\(5\\\)\\\[9.7.6.1\\\\(5\\\\) and that the member can safely perform essential job tasks 1, 2, 3, 4, 5, 7, 9, and 13 without the use of bronchodilator "rescue" medications.\\\]\\\(#\\\)\\]\\(#\\)\]\(#\)](#)

Submitter Information Verification

Submitter Full Name: Kendall Holland
Organization: National Fire Protection Assoc
Street Address:
City:
State:
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Submittal Date: Tue Jan 26 09:44:55 EST 2016

Committee Statement

Committee Statement: The committee has chosen to remove this for document consistency.

Response Message:

**First Revision No. 43-NFPA 1582-2016 [Section No. 9.10.5.2]****9.10.5.2 Physician Guidance.****9.10.5.2.1**

When evaluating a member with an amputation of a leg (above or below the knee) or entire foot, the physician shall consider the following:

- (1) The amputation of these limbs or joints significantly impacts ambulation and other weight-bearing activities required to safely perform essential job tasks.
- (2) Prosthetic limbs might not provide adequate function to safely perform these essential job tasks in an immediately dangerous to life and health (IDLH) environment.

9.10.5.2.2

To safely perform the essential job tasks in Chapter 5, an incumbent with a below-the-knee (BKA) amputation and a state-of-the-art prosthesis shall meet all of the following requirements:

- (1) A stable, unilateral BKA with at least the proximal third of the tibia present for a strong and stable attachment point with the prosthesis
- (2) Fitted with a prosthesis that will tolerate the conditions present in fire fighting, when worn in conjunction with standard structural fire fire- fighting PPE
- (3) At least 6 months of prosthetic use in a variety of physically demanding activities with no functional difficulties
- (4) The amputee limb is healed with no significant inflammation, persistent pain, necrosis, or indications of instability at the amputee limb attachment point
- (5) Demonstrates no disabling psychosocial issues pertaining to the loss of limb and/or use of prosthesis
- (6) Evaluated by a prosthetist or orthopedic specialist with expertise in the fitting and function of prosthetic limbs who concurs that the candidate can complete all essential job tasks listed in Chapter 9, including wearing personal protective ensembles and SCBA while climbing ladders, operating from heights, and walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Street Address:
City:
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Submittal Date: Mon Jan 25 13:59:20 EST 2016

Committee Statement

Committee Statement: NFPA 1582 is not limited to structural firefighting as that is the only word that is being changed/removed in this section.

Response Message:

[Public Input No. 105-NFPA 1582-2015 \[Section No. 9.10.5.2\]](#)

**First Revision No. 44-NFPA 1582-2016 [Section No. 9.10.19]**

9.10.19 ~~Reflex-Sympathetic-Dystrophy~~ Complex Regional Pain Syndrome .

9.10.19.1 Physician Evaluation.

~~Reflex sympathetic dystrophy where pain~~ Complex regional pain syndrome, where pain is severe, narcotics or muscle relaxants are required, or strength/flexibility is limited, compromises the member's ability to safely perform essential job tasks 1, 4, 6, 7, and 8, and the physician shall report the applicable job limitations to the fire department.

Submitter Information Verification

Submitter Full Name: Kendall Holland

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Street Address:

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Submittal Date: Mon Jan 25 14:00:08 EST 2016

Committee Statement

Committee Statement: These changes were made to update terminology.

Response Message:

Public Input No. 154-NFPA 1582-2015 [Section No. 9.10.19]



First Revision No. 45-NFPA 1582-2016 [New Section after 9.11]

9.11.4 Renal Disease.

Chronic kidney disease of Stage 4 or greater [glomerular filtration rate (GFR) < 1 oz/min (30 ml/min)], hemodialysis or continuous ambulatory peritoneal dialysis compromises the member's ability to safely perform essential job task 13, and the physician shall report the applicable job limitations to the fire department.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Street Address:
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Submittal Date: Mon Jan 25 14:01:15 EST 2016

Committee Statement

Committee Statement: Risk of CAD increases with chronic kidney disease

See FMCSA MEP recommendations on chronic kidney failure (page 8)

Response Message:

Public Input No. 95-NFPA 1582-2015 [New Section after 9.11]



First Revision No. 46-NFPA 1582-2016 [Section No. 9.12.3.1]

9.12.3.1* Physician Evaluation.

Disorders of the eyes or vision including the following might compromise the member's ability to safely perform essential job tasks 6, 8, 10, and or 11, and after further evaluation and a final medical determination of the member's condition, the physician shall report any applicable job limitations to the fire department:

- (1)* Far visual acuity worse than 20/40 binocular corrected with contact lens or spectacles, and far visual acuity uncorrected worse than 20/100 binocular for wearers of hard contacts or spectacles — compromises a member's ability to safely perform essential job tasks 6, 8, 10, and 11—Successful soft contact lens wearers shall not be subject to the uncorrected standard.
- (2)* Monocular vision, stereopsis without fusional capacity, inadequate depth perception, night blindness, or loss of peripheral vision (greater horizontal field of vision less than 110 120 degrees on confrontation in each eye) — compromises the member's ability to safely perform essential job task 10
- (3) Far visual acuity worse than 20/20 binocular, corrected or uncorrected, — compromises the member's ability to safely perform essential job task 10
- (4) Far visual acuity worse than 20/100 in the worse eye corrected or uncorrected, — compromises the member's ability to safely perform essential job task 10
- (5) Peripheral vision in the horizontal meridian of less than 110 degrees in the better eye or any condition that significantly affects peripheral vision in both eyes — compromises the member's ability to safely perform essential job tasks 6, 8, 10, and 11
- (6) Color deficiency resulting in inability to recognize and distinguish the standard red, amber, and green colors of traffic signals — compromises the member's ability to safely perform essential job task 10
- (7) Near visual acuity less than 20/40 binocular, uncorrected or corrected, — compromises the member's ability to safely perform essential job tasks 1, 11, 12, and 13

9.12.3.1.1

Successful soft contact lens wearers shall not be subject to the uncorrected standard in 9.12.3.1(1) if the member has been wearing soft contact lenses for more than 6 months with good tolerance.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Street Address:
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Submission Date: Mon Jan 25 14:03:26 EST 2016

Committee Statement

Committee Statement: These changes are being made for the following reasons:

1. Far visual acuity: ACOEM consensus to require 20/20 visual acuity to drive under emergency conditions
2. Near visual acuity: needed in order to read policies, placards...

3. Far visual acuity in worse eye: needed to provide effective peripheral vision under low-light conditions when driving under emergency conditions

4. Color vision: Same criteria as FMCSA

Response

Message:

[Public Input No. 92-NFPA 1582-2015 \[Section No. 9.12.3.1\]](#)

**First Revision No. 47-NFPA 1582-2016 [Section No. 9.13.4]****9.13.4 Cerebral Arteriosclerosis. Cerebrovascular Disease.****9.13.4.1* Physician Evaluation.**

~~Cerebral arteriosclerosis~~ Cerebrovascular disease as evidenced by documented episodes of focal, reversible, or neurological impairment might interfere with the member's ability to safely perform essential job tasks 1 through 13, and after further evaluation and a final medical determination of the member's condition, the physician shall report any applicable job limitations to the fire department.

9.13.4.1.1

~~Cerebral arteriosclerosis~~ Cerebrovascular disease as evidenced by documented episodes of focal, reversible, or neurological impairment, if irreversible, compromises the member's ability to safely perform essential job tasks 1 through 13, and the physician shall report the applicable job limitations to the fire department, - unless all of the following criteria are met:

- (1) At least 12 months since last transient ischemic attack, if risk factors are controlled and member is treated with an antiplatelet agent
- (2) At least 12 months since last ischemic stroke (or longer, depending on estimated risk of seizure)
- (3) No decreased sensation or weakness that interferes with essential job tasks
- (4) No physical or cognitive limitations that interfere with essential job tasks

9.13.4.1.2

~~Cerebral arteriosclerosis~~ Cerebrovascular disease as evidenced by documented episodes of focal, reversible, or neurological impairment, if requiring anticoagulation treatment, compromises the member's ability to safely perform essential job task 8, and the physician shall report the applicable job limitations to the fire department.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submission Date: Mon Jan 25 14:04:32 EST 2016

Committee Statement

Committee Statement: Suggested changes are consistent with recommendations from FMCSA MEP

Response Message:

Public Input No. 157-NFPA 1582-2015 [Section No. 9.13.4]

**First Revision No. 48-NFPA 1582-2016 [Section No. 9.13.7]****9.13.7 Cerebral Vascular Bleeding.****9.13.7.1* Physician Evaluation.**

Cerebral vascular bleeding compromises the member's ability to safely perform essential job tasks 1, 4, 6, 7, 8, 9, 10, 11, 12, and 13, and the physician shall report the applicable job limitations to the fire department unless ~~the cause of bleeding is surgically corrected, exam (including blood pressure) is normal, and studies (imaging and EEG) are normal off anticonvulsants.~~ all of the following criteria are met:

- (1) The cause of bleeding is surgically corrected (when indicated)
- (2) Physical exam (including blood pressure) is normal
- (3) Studies (imaging and EEG) are normal off anticonvulsants
- (4) At least 12 months since last hemorrhagic stroke or subarachnoid hemorrhage (or longer, depending on the estimated risk of seizure)
- (5) No decreased sensation or weakness that interferes with essential job tasks
- (6) No physical or cognitive limitations that interferes with essential job tasks

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submission Date: Mon Jan 25 14:04:59 EST 2016

Committee Statement

Committee Statement: Suggested changes are consistent with FMCSA MEP recommendations

Response Message:

Public Input No. 158-NFPA 1582-2015 [Section No. 9.13.7]



First Revision No. 49-NFPA 1582-2016 [New Section after 9.13.11]

9.13.12 Narcolepsy.

Narcolepsy with cataplexy or narcolepsy with persistent excessive daytime sleepiness despite medical treatment compromises the member's ability to safely perform essential job task 13, and the physician shall report the applicable job limitations to the fire department.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submission Date: Mon Jan 25 14:05:33 EST 2016

Committee Statement

Committee Statement: These sleep disorders deserve to be mentioned in NFPA 1582. Suggested language is consistent with recommendation from ACOEM.

Response Message:

Public Input No. 156-NFPA 1582-2015 [New Section after 9.13.11]



First Revision No. 67-NFPA 1582-2016 [Section No. 9.14.2]

9.14.2 Specific Psychiatric Disorders.

9.14.2.1

An anxiety disorder might compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider, the physician shall report any applicable job limitations to the fire department unless all of the following conditions are met:

- (1) Compliance with treatment, if indicated
- (2) No disqualifying side effects from treatment
- (3) Treatment of comorbidities (including substance abuse and sleep disorders)
- (4) Evaluation that the member's condition does not interfere with the safe performance of his/her duties

9.14.2.2

Bipolar disorder might compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider before the member re-returns to work, the physician shall report any applicable job limitations to the fire department unless all of the following conditions are met:

- (1) Compliance with treatment, if indicated
- (2) No disqualifying side effects from treatment
- (3) Ongoing evaluation by a healthcare provider (after return to work)
- (4) Treatment of comorbidities (including substance abuse and sleep disorders)
- (5) No suicide attempts in the past 12 months
- (6) No manic episodes in the past 12 months
- (7) Evaluation that the member's condition does not interfere with the safe performance of his/her duties

9.14.2.3

A depressive disorder might compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider before the member returns to work, the physician shall report any applicable job limitations to the fire department unless all of the following conditions are met:

- (1) Compliance with treatment, if indicated
- (2) No disqualifying side effects from treatment
- (3) Ongoing evaluation by a healthcare provider (after return to work)
- (4) Treatment of comorbidities (including substance abuse and sleep disorders)
- (5) No suicide attempts in the past 12 months
- (6) Evaluation that the member's condition does not interfere with the safe performance of his/her duties

9.14.2.4

Post-traumatic stress disorder (PTSD) might compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider, the physician shall report any applicable job limitations to the fire department unless all of the following conditions are met:

- (1) Compliance with treatment, if indicated
- (2) No disqualifying side effects from treatment
- (3) Treatment of comorbidities (including substance abuse and sleep disorders)
- (4) Evaluation that the member's condition does not interfere with the safe performance of his/her duties

9.14.2.5

A delusional disorder might compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider before the member returns to work, the physician shall report any applicable job limitations to the fire department unless all of the following conditions are met

- (1) No psychotic symptoms in the past 6 months
- (2) Compliance with treatment, if indicated
- (3) No disqualifying side effects from treatment
- (4) Treatment of comorbidities (including substance abuse and sleep disorders)
- (5) No suicide attempts in the past 12 months
- (6) Evaluation that the member's condition does not interfere with the safe performance of his/her duties

9.14.2.6

Brief psychotic disorder might compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider before the member returns to work, the physician shall report any applicable job limitations to the fire department unless all of the following conditions are met:

- (1) No psychotic symptoms in the past 6 months
- (2) Compliance with treatment, if indicated
- (3) No disqualifying side effects from treatment
- (4) Treatment of comorbidities (including substance abuse and sleep disorders)
- (5) No suicide attempts in the past 12 months
- (6) 7) Evaluation that the member's condition does not interfere with the safe performance of his/her duties

9.14.2.7

Schizophreniform disorder might compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider before the member returns to work, the physician shall report any applicable job limitations to the fire department unless all of the following conditions are met:

- (1) 1) No psychotic symptoms in the past 6 months
- (2) Compliance with treatment, if indicated
- (3) No disqualifying side effects from treatment
- (4) No suicide attempts in the past 12 months
- (5) Evaluation that the member's condition does not interfere with the safe performance of his/her duties

9.14.2.8

Schizophrenia might compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a psychiatrist or a licensed doctoral-level psychologist be-fore the member returns to work, the physician shall report any applicable job limitations to the fire de-partment unless all following conditions are met:

- (1) No psychotic symptoms in the past 6 months
- (2) Compliance with treatment, if indicated
- (3) No disqualifying side effects from treatment
- (4) Treatment of comorbidities (including substance abuse and sleep disorders)
- (5) No suicide attempts in the past 12 months
- (6) Evaluation that the member's condition does not interfere with the safe performance of his/her duties

9.14.2.9

Schizoaffective disorder might compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider before the member returns to work, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- (1) No disqualifying side effects from treatment
- (2) No manic episodes in the past 12 months
- (3) No suicide attempts in the past 12 months
- (4) Evaluation that the member's condition does not interfere with the safe performance of his/her duties

Supplemental Information

<u>File Name</u>	<u>Description</u>
Specific_psychiatric_disorders.docx	New 9.14.2 text

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submission Date: Tue Jan 26 10:17:23 EST 2016

Committee Statement

Committee Statement: The committee has added this new text to address the various psychiatric disorders.

Response Message:

Public Input No. 100-NFPA 1582-2015 [New Section after 9.14.2]

9.14.2 Specific psychiatric disorders

A diagnosis of anxiety disorders may compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- Compliance with treatment, if indicated
- No disqualifying side effects from treatment
- Treatment of comorbidities (including substance abuse and sleep disorders)
- Evaluation that the member's condition does not interfere with the safe performance of his/her duties

A diagnosis of bipolar disorder may compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- Compliance with treatment, if indicated
- No disqualifying side effects from treatment
- Evaluation by a qualified mental health professional is required before return to work
- Ongoing evaluation by a healthcare provider (after return to work)

- Treatment of comorbidities (including substance abuse and sleep disorders)
- No suicide attempt in the past 12 months
- No manic episode in the past 12 months
- Evaluation that the member's condition does not interfere with the safe performance of his/her duties

A diagnosis of depressive disorders may compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- Compliance with treatment, if indicated
- No disqualifying side effects from treatment
- Evaluation by a qualified mental health professional is required before return to work
- Ongoing evaluation by a healthcare provider (after return to work)
- Treatment of comorbidities (including substance abuse and sleep disorders)
- No suicide attempt in the past 12 months
- Evaluation that the member's condition does not interfere with the safe performance of his/her duties

A diagnosis of Posttraumatic stress disorder may compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- Compliance with treatment, if indicated
- No disqualifying side effects from treatment
- Treatment of comorbidities (including substance abuse and sleep disorders)
- Evaluation that the member's condition does not interfere with the safe performance of his/her duties

A diagnosis of Delusional disorder may compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- No psychotic symptoms in the past 6 months
- Compliance with treatment, if indicated
- No disqualifying side effects from treatment
- Evaluation by a psychiatrist or by a licensed doctoral-level psychologist is required before return to work
- Treatment of comorbidities (including substance abuse and sleep disorders)
- No suicide attempt in the past 12 months
- Evaluation that the member's condition does not interfere with the safe performance of his/her duties

A diagnosis of brief psychotic episode may compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- No psychotic symptoms in the past 6 months
- Compliance with treatment, if indicated
- No disqualifying side effects from treatment
- Evaluation by a qualified mental health professional is required before return to work
- Treatment of comorbidities (including substance abuse and sleep disorders)
- No suicide attempt in the past 12 months
- Evaluation that the member's condition does not interfere with the safe performance of his/her duties

A diagnosis of Schizophreniform disorder may compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation by a qualified mental health provider, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- No psychotic symptoms in the past 6 months
- Compliance with treatment, if indicated
- No disqualifying side effects from treatment
- Evaluation by a qualified mental health professional is required before return to work
- No suicide attempt in the past 12 months
- Evaluation that the member's condition does not interfere with the safe performance of his/her duties

A diagnosis of Schizophrenia may compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- No psychotic symptoms in the past 6 months
- Compliance with treatment, if indicated
- No disqualifying side effects from treatment
- Evaluation by a psychiatrist or by a licensed doctoral-level psychologist is required before return to work
- Treatment of comorbidities (including substance abuse and sleep disorders)
- No suicide attempt in the past 12 months
- Evaluation that the member's condition does not interfere with the safe performance of his/her duties

A diagnosis of Schizoaffective disorder may compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 7, 8, 11, 12, and 13, and after further evaluation, the physician shall report any applicable job limitations to the fire department unless all following conditions are met:

- No disqualifying side effects from treatment
- Evaluation by a qualified mental health condition is required before return to work
- No manic episode in the past 12 months
- No suicide attempt in the past 12 months
- Evaluation that the member's condition does not interfere with the safe performance of his/her duties

**First Revision No. 50-NFPA 1582-2016 [Section No. 9.15.3]****9.15.3** DSM IV-5 Criteria.**9.15.3.1** Physician Evaluation.

~~Substance abuse disorder according to DSM IV-5 criteria for substance abuse of alcohol and controlled substances~~ compromises the member's ability to safely perform essential job tasks 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13, and the physician shall report the applicable job limitations to the fire department.

9.15.3.2 Physician Guidance.**9.15.3.2.1**

The physician shall use medical evaluations, supervisory evaluations, and/or performance evaluations coupled with urine ~~screen~~ screening and blood toxicology to form a basis for determining and documenting substance abuse.

9.15.3.2.2

Although there is a high recidivism rate with treatment, members shall be offered counseling/treatment, because ~~in most cases~~ substance abuse disorder is a medical treatable illness.

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submittal Date: Mon Jan 25 14:32:33 EST 2016

Committee Statement

Committee Statement: These changes are being made in order to remain consistent with new (DSM 5) terminology.
Response Message:

Public Input No. 101-NFPA 1582-2015 [Section No. 9.15.3]



First Revision No. 51-NFPA 1582-2016 [Section No. 9.16.7]

9.16.7 Sedatives and Hypnotics.

9.16.7.1 Physician Evaluation.

Sedatives and hypnotics (including benzodiazepines, dronabinol, and medical marijuana) compromise the member's ability to safely perform essential job tasks 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13 due to alterations in mental status, vigilance, judgment, and other neurologic functions, and the physician shall report the applicable job limitations to the fire department.

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Submittal Date: Mon Jan 25 14:33:31 EST 2016

Committee Statement

Committee Statement: These specific examples will help fire department physicians to evaluate members.

Response Message:

[Public Input No. 103-NFPA 1582-2015 \[Section No. 9.16.7\]](#)

**First Revision No. 52-NFPA 1582-2016 [Section No. 9.16.9.1]****9.16.9.1 Physician Evaluation.**

Certain classes of anti-hypertensive agents (e.g., beta-blockers, high-dose diuretics, and central agents such as clonidine) might compromise the member's ability to safely perform essential job tasks 5 and 8 due to risk for dehydration, electrolyte disorders, lethargy, and disequilibrium, and the physician shall report the applicable job limitations to the fire department.

Submitter Information Verification

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Submittal Date: Mon Jan 25 14:33:53 EST 2016

Committee Statement

Committee Statement: Beta-blockers should be banned. They are a class I recommendation after myocardial infarction. Banning beta-blockers would not allow firefighters to return to work after a myocardial infarction. A fire department I work for has over a hundred firefighters on beta-blockers, with no bad outcomes.

Response Message:

[Public Input No. 102-NFPA 1582-2015 \[Section No. 9.16.9.1\]](#)



First Revision No. 57-NFPA 1582-2016 [Section No. A.3.3.1]

A.3.3.1 Candidate.

~~Volunteer members are considered employees in some states or jurisdictions. Volunteer fire departments should seek legal counsel as to their legal responsibilities in these matters.~~

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Submittal Date: Mon Jan 25 15:03:35 EST 2016

Committee Statement

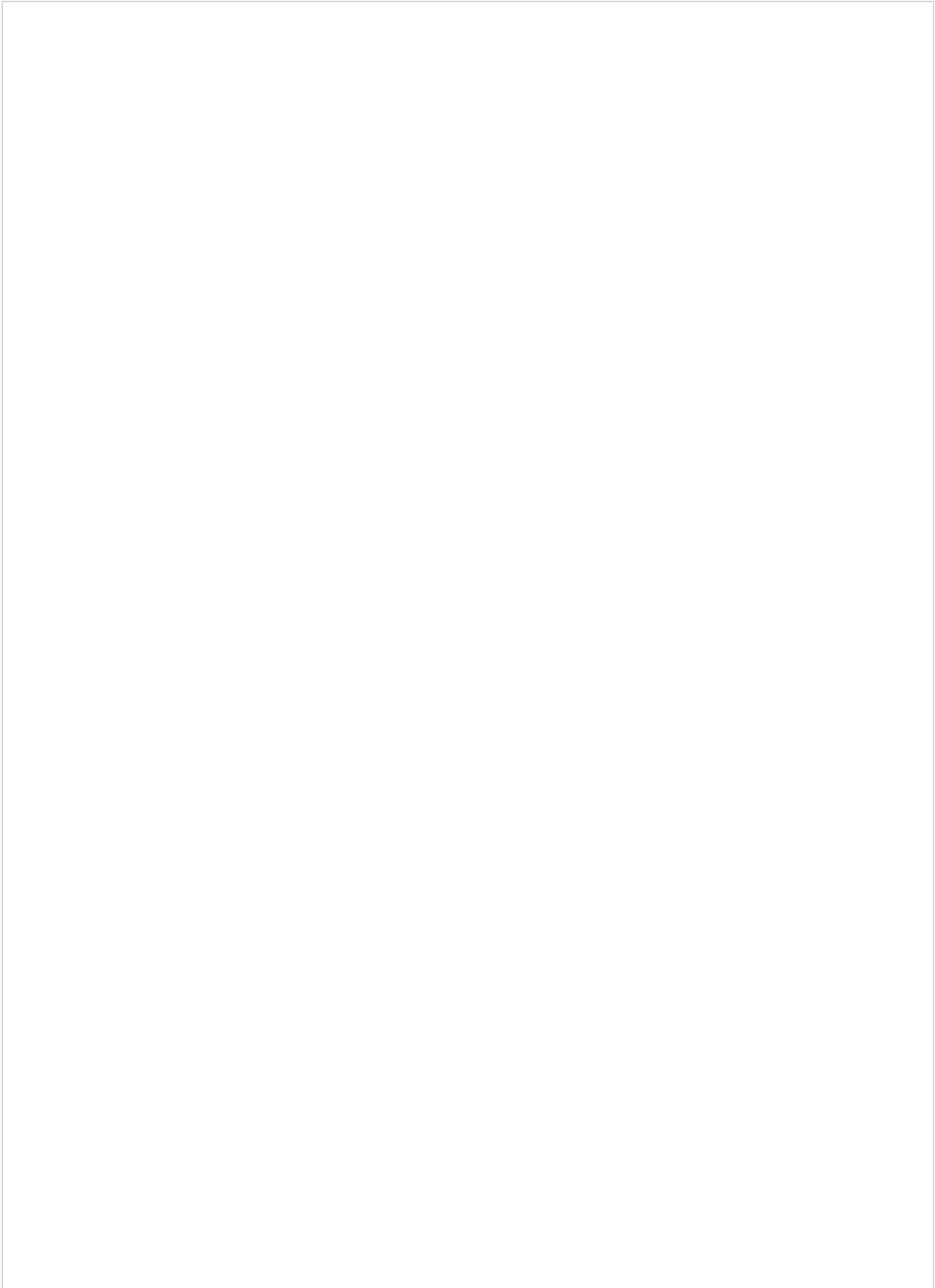
Committee Statement: This annex language does not refer to 3.3.1

Response Message:

Public Input No. 138-NFPA 1582-2015 [Section No. A.3.3.1]



First Revision No. 70-NFPA 1582-2016 [Section No. A.6.1.2]



A.6.1.2

Physical examination should include the following:

- (1) ~~Vital~~ Checking vital signs [temperature, pulse, respiratory rate, and blood pressure (BP)]
~~BP should be measured according to the seven recommendations of the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7). BP should be measured with a properly calibrated and validated instrument. Patients should be seated quietly for at least 5 minutes in a chair with their feet on the floor and the arm supported at heart level. An appropriate-sized cuff (cuff bladder encircling at least 80 percent of the arm) should be used to ensure accuracy. At least two measurements should be made. Systolic BP is the point at which the first of two or more sounds is heard (phase 1), and diastolic BP is the point before the disappearance of sounds (phase 5). [Chobanian et al. 2003]~~
- (2) Head, eyes, ears, nose, and throat exams
- (3) Neck exam
- (4) Cardiovascular exam
- (5) Pulmonary exam
- (6) Breast exam
- (7) Gastrointestinal exam (includes rectal exam for mass, occult blood)
- (8) Genitourinary exam (includes pap smear, testicular exam, rectal exam for prostate mass)
- (9) Checking for Hernia hernias
- (10) Lymph nodes exam
- (11) Neurological exam
- (12) Musculoskeletal exam
- (13) ~~Skin~~ Checking the skin (includes screening for cancers)
- (14) Vision testing

BP should be measured according to the seven recommendations of the *Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure* (JNC 7). BP should be measured with a properly calibrated and validated instrument. Patients should be seated quietly in a chair for at least 5 minutes in a chair, with their feet on the floor and the arm supported at heart level. ~~An appropriate-sized~~ appropriately sized cuff (cuff bladder encircling at least 80 percent of the arm) should be used to ensure accuracy. ~~At accuracy, and at~~ at least two measurements should be made. Systolic BP is the point at which the first of two or more sounds is heard (phase 1), and diastolic BP is the point before the disappearance of sounds (phase 5). ~~[Chobanian et al. 2003]~~

Laboratory tests on candidates should include the following:

- (1) Blood tests, including the following:
 - (a) CBC with differential, RBC indices and morphology, and platelet count
 - (b) Electrolytes (Na, K, Cl, HCO₃, or CO₂)
 - (c) Renal function (BUN, creatinine)
 - (d) Glucose
 - (e) Liver function tests (ALT, AST, direct and indirect bilirubin, alkaline phosphatase)
 - (f) Total cholesterol, HDL, LDL, clinically useful lipid ratios (e.g., percent LDL), and triglycerides
- (2) ~~Urinalysis. Dipstick~~ Urinalysis, with a dipstick test for glucose, ketones, leukocyte esterase, protein, blood, and bilirubin.
- (3) Audiology. Hearing assessed in each ear at each of the following frequencies: 500 Hz, 1000 Hz, 2000 Hz, 3000 Hz, 4000 Hz, 6000 Hz, and 8000 Hz. Results should be corrected for age as permitted by OSHA. Baseline audiometry is performed in accordance with 29 CFR 1910.95, "Occupational noise exposure." Noise Exposure. The basics of this standard include the following:
 - (a) The first audiogram (for members, this will probably be done during their pre-placement exam) is the baseline audiogram.

- (b) If ~~a subsequent audiograms~~ audiogram is ~~are~~ better than the baseline, then ~~the best one that~~ becomes the baseline. All audiograms should be done with no exposure to industrial noise for the preceding 14 hours.
- (4) Spirometry. Pulmonary function testing (spirometry) is conducted to measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV₁), and the absolute FEV₁/FVC ratio. FEV₁ and FVC results ~~shall~~ will be expressed as the absolute value (liters or milliliters) and as percent predicted adjusted for gender, age, height, and ethnicity using NHANES III normative equations, with the acceptable threshold being 80 percent predicted. FEV₁/FVC ratio results are expressed as the absolute FEV₁ value divided by the absolute FVC value, ~~with~~ with 0.71 as the acceptable threshold value being 0.71. However, because these norms are population-based, it is possible for individuals to be normal just below these thresholds or to have minimal but potentially significant abnormalities just above these thresholds. When percent predicted FEV₁ or FVC values are minimally below threshold (typically 74 percent to 79 percent of predicted), the lower limits of normal (LLN) for the appropriate population can, at the discretion of the physician, be used instead of the 80 percent predicted threshold value. For example, the LLN might be more appropriate for taller and older individuals. (See [F.2.5](#).)
- (5) ~~Chest radiography. Chest x-ray posterior-anterior and lateral views.~~ radiography (chest x-ray posterior-anterior and lateral views).
- (6) ~~Electrocardiograms~~ A resting 12-lead electrocardiogram (ECG). A resting 12-lead ECG.
- (7) Immunizations and infectious disease screening. The following infectious disease immunizations or infectious disease screenings are to be provided, as indicated:
- Tuberculosis screen, purified protein derivative (PPD) tuberculin skin test, or blood test.
 - Hepatitis C virus screen (baseline)
 - Hepatitis B virus vaccinations
 - Tetanus, diphtheria, pertussis (TDAP) vaccine (booster every 10 years)
 - Measles, mumps, rubella (MMR) vaccine
 - Polio vaccine given to uniformed personnel if vaccination or disease is not documented
 - Hepatitis A vaccine due to contaminated water exposures during normal firefighting activities, not just hazmat/rescue activities
 - Varicella vaccine, offered to all nonimmune personnel
 - Influenza vaccine, seasonal and novel, offered to all personnel

Submitter Information Verification

Submitter Full Name: Kendall Holland
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Submission Date: Tue Jan 26 10:30:30 EST 2016

Committee Statement

Committee Statement: These changes were made as the committee believes that cancer screening at baseline is not helpful in determining the fitness for duty of an candidate and for document consistency.

Response Message:

[Public Input No. 137-NFPA 1582-2015 \[Section No. A.6.1.2\]](#)

**First Revision No. 74-NFPA 1582-2016 [Sections A.9.8.11, A.9.8.12]****A.9.8.11**

Hepatitis, when not acute or when chronic but without symptoms and without significant liver dysfunction or other organ system dysfunction, does not prevent the successful and safe performance of essential job tasks during fire fighting or EMS work. Hepatitis A, when not acute, is no longer a public health risk. Hepatitis B, C, and so forth, are bloodborne pathogens and are not a public health risk, as universal standard precautions to prevent the spread of bloodborne infections are a mandatory part of all emergency operations. Treatment to prevent Hepatitis C from progressing to liver insufficiency or failure (cirrhosis) is now available and FDA approved. Members receiving this treatment need to be regularly evaluated to determine their ability to safely perform their essential job tasks. This combination drug therapy protocol can produce dehydration, fatigue, depression, anemia, thrombocytopenia (bleeding disorder), and so forth.

A.9.8.12

HIV without AIDS does not prevent the successful and safe performance of essential job tasks during fire fighting or EMS work. HIV is a bloodborne pathogen and is not a public health risk, as universal standard precautions to prevent the spread of bloodborne infections are a mandatory part of all emergency operations. The fire fighter with AIDS but without significant organ dysfunction is able to safely perform essential job tasks after careful evaluation. Treatment to prevent AIDS from occurring when HIV infection occurs or to control the progression of AIDS is available and FDA approved. Members receiving this treatment need to be regularly evaluated to determine their ability to safely perform the essential job tasks on the fire ground, during emergency operations, and when wearing protective clothing. This combination drug therapy protocol can produce dehydration, fatigue, depression, anemia, thrombocytopenia (bleeding disorder), and so forth.

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Committee Statement

Committee Statement: The committee has made these changes to update terminology.

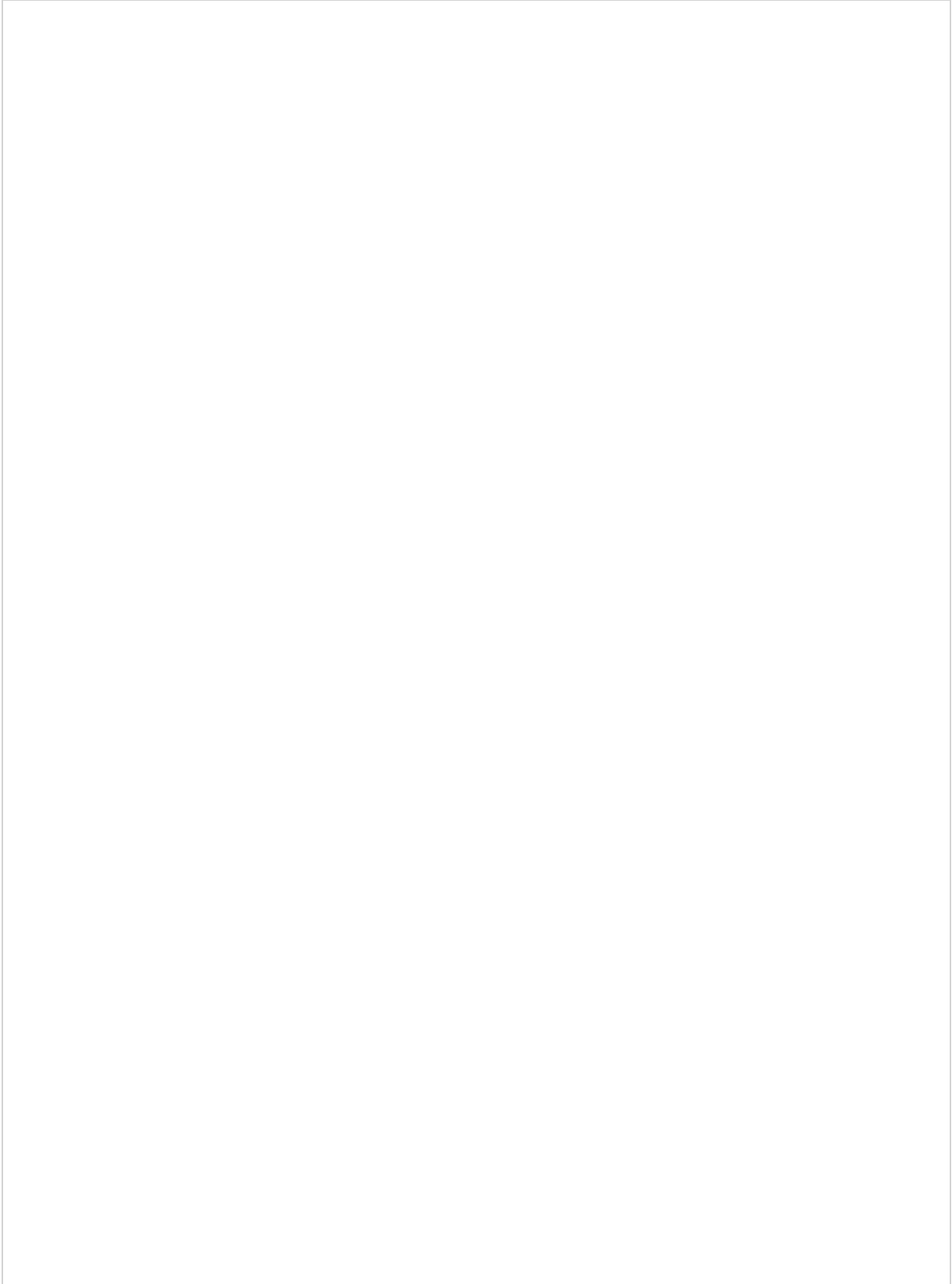
Response Message:

Public Input No. 13-NFPA 1582-2013 [Section No. A.9.8.11]



First Revision No. 75-NFPA 1582-2016 [Section No. C.2.1 [Excluding any Sub-Sections]

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The following mandatory fitness protocols ~~shall~~ should be used to determine the member's baseline level of fitness and to evaluate progress from year to year. Fitness evaluations ~~shall~~ should be under the auspices of the fire department physician. The actual evaluations are permitted to be conducted by the fire department's fitness personnel. All data collected by the evaluator is to be held confidential and maintained in the member's confidential medical file. The evaluator can provide exercise programs to encourage the members to maintain or improve their level of fitness.

There are many protocols currently available to measure the sub-maximal VO₂ levels of apparently healthy individuals. These protocols differ in evaluation equipment (i.e., treadmill, stepmill, ~~step~~, and stationary bike), rate of increasing work output, degree of increasing work output, and final result. To increase the consistency of VO₂ measurements, as well as the accuracy of the data collected between members within and between participating fire departments, one of the two following sub-maximal protocols is to be used to predict maximum aerobic capacity. ~~These are the~~ The WFI Treadmill Protocol and the WFI Stepmill Protocol. ~~Both protocols~~ were specifically developed and validated to evaluate the sub-maximal aerobic capacity of members.

After continued evaluation and research by the IAFF/IAFC Wellness-Fitness Initiative's technical experts, it was determined that significant errors were occurring when past protocols were applied to a population that has different characteristics from those for which the evaluation was developed. For this reason, the Bruce and Balke Treadmill Protocols were removed as evaluation protocols and as a means to collect data. ~~Both Bruce and Balke~~ were specifically tailored for less-fit populations to determine cardiovascular pathology and thus proved to be less accurate protocols for the general members population. The YMCA Stationary Bike Test Protocol was also removed since it consistently and grossly underestimated VO₂ for above average body size (i.e., most members). The Canadian Step Test was also removed since it relies on a single-stage exercise that was found to underestimate measurement of member's VO₂. ~~The Gerkin and FDNY protocols~~ protocol ~~were~~ was removed because ~~both of these protocols~~ it ~~were~~ was found to provide values that were somewhat variable and inconsistent with other proven measures of cardiovascular fitness.

A maximal cardiopulmonary evaluation with an electrocardiogram (ECG) ~~shal~~ should be permitted to be used to obtain VO₂ measurements. This medical evaluation ~~shall~~ should only be conducted in a medical facility with proper monitoring by a physician and available resuscitation equipment.

The muscular endurance evaluations were also modified. In order to improve the accuracy of the evaluation and the data collection, the sit-and-hold evaluation was eliminated. The sit-up and curl-up protocols were changed to the static plank evaluation in order to ensure the safety of the participant and to improve the specificity of the evaluation. The push-up evaluation was modified to now include the option of the alternate grip push-up evaluation, to ensure participant safety and uniformity in data collection. The alternate grip push-up was added for individuals with a history of hand, wrist or shoulder injuries.

The flexibility evaluation was modified to address the difference in limb length and/or differences in proportion between an individual's arm and legs.

The IAFF/IAFC Wellness-Fitness Initiative's technical experts have evaluated all equipment utilized in these fitness protocols. The technical experts found either accuracy, maintenance, or availability problems with some evaluation equipment. Manufacturer's information and product names are included in each protocol. Unless indicated, this equipment must not be substituted with other equipment. All equipment must be maintained and properly calibrated in accordance with the manufacturer's instructions.

Members must be fully recovered from the previous evaluation before proceeding to the next evaluation. The evaluation events can be sequenced to minimize the effects of previous evaluations on subsequent evaluation performance. If evaluations for body composition, aerobic capacity, muscular strength, muscle endurance, and flexibility are to be evaluated in one evaluation battery, the following sequence should be used after completing mandatory pre-evaluation procedures:

- (1) Body composition
- (2) Aerobic capacity
- (3) Muscular strength/power
- (4) Muscle endurance
- (5) Flexibility

The following is a mandatory pre-evaluation procedure. It ~~shall~~ should be conducted for all members prior to conducting the fitness evaluations:

- (1) Review and confirm individual's current medical status. It is required that all members are medically cleared through this standard's medical evaluation within 12 (\pm 3) months prior to any fitness evaluation.
- (2) Notify members in advance of the scheduled time and place of physical fitness evaluations. The individual should understand the protocol and what is expected before, during, and after the evaluation, including start and stop procedures. Individual The individual will be required to wear comfortable clothes and either sneakers or athletic shoes. All members must refrain from eating, drinking, smoking, and any physical activity prior to the evaluation to ensure accurate heart rate and blood pressure measurements.
- (3) Obtain a resting heart rate and blood pressure prior to aerobic capacity evaluation. If resting heart rate exceeds 110 beats per minute and/or resting blood pressure exceeds 160/100 mm Hg, ask the individual to relax in a quiet place for 5 minutes and re-test. If the heart rate and/or blood pressure remain at these levels, cancel the fitness evaluation and refer the individual to the fire department physician. If the retest indicates a reduction in heart rate and blood pressure, the evaluation can be given. The aerobic capacity protocols also require that age and weight in kilograms be obtained prior to the evaluation.
- (4) Review health status with the individual being evaluated. Contraindications for evaluations ~~shall~~ must be reviewed, addressing any changes in the individual's health status since their last medical evaluation that would warrant deferring the evaluation, including the following :
 - (a) Chest pain during or absence of physical activity
 - (b) Loss of consciousness
 - (c) Loss of balance due to dizziness (ataxia)
 - (d) Recent injury resulting in bone, joint, or muscle problem
 - (e) Current prescribed drug that inhibits physical activity
 - (f) Chronic infectious disease (e.g., hepatitis)
 - (g) Pregnancy
 - (h) Any recent disorders that can be exacerbated by exercise
 - (i) Any other reason why the individual believes that he or she should not be physically evaluated

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Committee Statement

Committee Statement: The committee has made these changes in order to reflect the changes in current practice.
Response Message: