



MEDICAL EVALUATIONS & FITNESS FOR DUTY FOR FIREFIGHTER

There is no debate that firefighters must be physically able to perform the demanding tasks of ventilation, rescue, and fire suppression. Determining whether a firefighter is physically able to perform those tasks is more complicated.

There are two basic options but many permutations for fire service leaders. The first option is to follow the minimum regulatory requirements of the State of New Jersey. The second option is to adopt the industry standards for the fire service, the National Fire Protection Association (NFPA). This bulletin will discuss the two options and some of their considerations so leaders can make an informed decision for the health and well-being of their firefighters.

New Jersey Regulations

New Jersey Public Employees Occupational Safety and Health (NJ PEOSH) [NJAC 12:100-10.4](#) is the law in New Jersey for the occupational safety of firefighters and provides the minimum physical fitness standard for structural firefighters. It reads:

The employer shall assure that employees who are expected to do interior structural firefighting are physically capable (underlined for clarity) of performing duties which may be assigned to them during emergencies.

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

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

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

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

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

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

(e)(7) At a minimum, the employer shall provide additional medical evaluations that comply with the requirements of this section if:

- i. an employee reports medical signs or symptoms that are related to the ability to use a respirator;*
- ii. the PLHCP, supervisor, or respirator program administrator informs the employer that an employee needs to be reevaluated;*

- iii. *Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or*
- iv. *a change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.*

To summarize, OSHA requires firefighters only to complete the questionnaire provided in Appendix C one time when they first become a firefighter. A medical evaluation by a physician is only required for affirmative responses to specific questions in Sections 1 and 2 of the questionnaire or if the PLHCP determines a physical exam or additional testing is warranted. There is not a provision in the OSHA Respiratory Protection Standard requiring periodic medical reevaluations. Once the initial questionnaire/medical evaluation is completed, it is incumbent upon the firefighter, fire officer, or medical professional to disclose if a condition develops and initiate a medical re-examination.

Fire service leaders may want to consider distributing the questionnaire as part of their NJ PEOSH-required annual respirator fit test. This can be used to remind firefighters of the need to disclose medical conditions on the questionnaire that may need to be evaluated by a PLHCP. **The fire agency may also decide to require a PLHCP to review the annual questionnaires.** Completed questionnaires should be considered confidential medical records. Only a PLHCP should review the questionnaire, and the PLHCP should discuss the information only with the firefighter. The PLHCP will only alert the fire department if a restriction is warranted, not the condition at the cause of the restriction.

OSHA promulgates minimum safety standards for industrial settings. The physiological stresses upon a firefighter at their station or home and minutes later wearing an SCBA fighting a fire are significantly greater than the stresses experienced by an industrial worker wearing a respirator. Heart attacks and strokes are the most common cause of line-of-duty deaths of firefighters. OSHA's respiratory fitness standards may not be sufficient for the fitness level required for firefighting.

National Fire Protection Association (NFPA)

While New Jersey is not an NFPA state, NFPA Standard 1582: Comprehensive Occupations Medical Program for Fire Departments is the national consensus industry standard and should be considered when developing an occupational medical evaluation program. The NFPA guidance for fire agencies and physicians conducting the examination recognizes the physical and physiological stresses of fire suppression and rescue work. **A best practice is for all fire agencies to review the NFPA Standard and consider if all or part of the industry standard can be used to better ensure firefighters are physically capable of performing the tasks associated with being a structural firefighter.**

Both NFPA and NJ PEOSH require the fire department to ensure the healthcare professional understands the physiological stresses placed upon the firefighter during fire and rescue operations. The OSHA Respiratory Standard says they must be told of the type and weight of the respirator, expected physical effort, protective clothing that will also be worn, and environmental conditions when the respirator will be worn." Chapter 5 of NFPA 1582, however, describes 15 essential job tasks of a firefighter, beyond that of wearing a respirator, that must shared with the physician or healthcare professional conducting the evaluation.

NFPA 1582, Chapter 7 lists the examinations and tests that should be part of a comprehensive medical examination. This includes evaluations for firefighter candidates, annual evaluations of incumbent firefighters, and post-injury or return-to-work exams. The list is extensive and requires the physician to take a complete medical history, conduct a head-to-toe examination, and perform a litany of tests on the firefighter. **Agencies should review the lists of examinations and decide if all, some, or none can be added to the medical examinations of new and incumbent firefighters.**

Chapter 9 guides the physician in evaluating the results of the examinations and tests. It lists potential findings and suggests when restrictions to an essential job duty are needed. If the level of physical fitness is in question, Chapter 8 provides the best practice for conducting fitness testing using a treadmill or stationary bicycle.

To help fire agencies work through the decision-making process of PEOSH versus NFPA medical evaluations, The [MEL Safety Institute \(MSI\)](#) developed several documents at [MSI Fire & EMS](#):

- [Medical Evaluations NFP 1582: Firefighters Essential Job Tasks & Descriptions](#)
- [Medical Evaluations NFPA 1582: Model Template Policy](#)
- [Medical Evaluations NFPA 1582: Physician Guide for Firefighters](#)
- [Medical Evaluations NFPA 1582: Occupational Restrictions & Exceptions](#)
- [Medical Evaluations NFPA 1582: Physician's Report Form](#)
- [Medical Evaluations NJ PEOSH: Model Template Policy](#)

If you are looking for a starting point, consider [A Gift from Captain Buscio Program](#). The program offers confidential, comprehensive cardiovascular and pulmonary evaluations with no out-of-pocket cost to all firefighters and fire officers. Annual examinations are provided by board-certified cardiologists and pulmonologists. Individual firefighters, not the fire department, access the program, and results are only released to the firefighter. Examinations focus on cardiovascular disease, not the full range of conditions recommended under NFPA 1582. However, confidentiality and no cost are easily visible benefits of initiating annual medical evaluations.

Firefighters are an essential part of every community. Periodic physical examinations and early detection of treatable conditions are the best ways to ensure they are fit and ready to protect lives and property in the community.