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### I) PURPOSE, SCOPE, APPLICATION

- A) Belmont Fire Department acknowledges that firefighting and related activities are inherently dangerous and are often executed in hazardous environments under adverse conditions. Belmont Fire Department acknowledges that the health and safety of its members is of utmost concern. This medical evaluation program is designed to be proactive in dealing with the issues of member health, well-being, and occupational safety.
- B) Compliance with this program shall be mandatory for members of Belmont Fire Department meeting the following criteria:
  - 1) All Career members currently assigned firefighting duties.
- C) This General Order establishes the procedures for:
  - 1) Pre-employment medical evaluation
  - 2) Annual medical evaluation
  - 3) Return to duty medical evaluation
  - 4) Appeal process

### **II) REFERENCE DOCUMENTS**

- A) OSHA 29 CFR 1910.120 Hazardous Waste Operations and Emergency Response
- B) OSHA 29 CFR 1910.134 Respiratory Protection
- C) OSHA 29 CFR 1910.1030 Bloodborne Pathogens
- D) NFPA 1001, Firefighter Professional Qualifications
- E) NFPA 1500, Fire Department Occupational Safety and Health Program
- F) NFPA 1582, Standard on Medical Requirements for Firefighters

### **III) DEFINITIONS:**

- A) Decontamination
  - 1) The physical and/or chemical process of reducing and preventing the spread of contamination from persons and equipment used at hazardous materials incidents.
- B) Essential job functions
  - 1) Task or assigned duty that are critical to successful performance of the job.

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- C) Hazardous material
  - 1) A substance that poses an unreasonable risk to life, the environment, or property, when released from its container.
- D) Health hazard
  - 1) A chemical, mixture of chemicals or a pathogen for which there is statistically significant evidence that acute or chronic health effects may occur.
  - 2) This includes chemicals that are carcinogenic, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizes, heptaotoxins, nephrotoxins, neurotoxins, agents that act on the hematopoietic system and agents which damage the lungs, skin, eyes, or mucous membranes. This also includes stress due to temperature extremes.
- E) Immediately Dangerous to Life or Health (IDLH)
  - 1) An atmospheric concentration of any toxic, corrosive or asphyxiant substances that poses an immediate threat to life or would cause irreversible or delayed adverse health effects or would interfere with an individual's ability to escape from a dangerous atmosphere.
- F) Oxygen deficiency
  - 1) The concentration of oxygen by volume below which atmosphere supplying respiratory protection must be provided. It exists in atmospheres where the percentage of oxygen by volume is less than 19.5%.
- G) Permissible exposure limits
  - 1) An exposure limit established by OSHA regulatory authorities. It may be a timeweighted average (TWA) limit or a maximum concentration limit.
- H) Published Exposure Limits (PEL)
  - Exposure limits published in "NIOSH Recommendations for Occupational Health Standards 1986." If none is specified, the exposure limits published in the standards specified by the American Conference of Governmental Industrial Hygienists (ACGIH) in "Threshold Limit Values and Biological Exposure Indices for 1987-88".
- I) <u>Time-Weighted Average (TWA)</u>

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- Threshold limit value (TLV); a term used by ACGIH to express the airborne concentration of a material to which nearly all persons can be exposed day after day, without adverse effects. ACGIH expresses TLV's in two (2) ways:
  - (a) TLV-TWA the allowable Time Weighted Average concentration for a normal eight (8) hour workday or forty (40)-hour work week.
  - (b) TLV-STEL the Short Term Exposure Limit, or maximum concentration for a continuous 15-minute exposure period (maximum of four (4) such periods per day, with at least 60 minutes between exposure periods), and provided that the TLV-TWA is not exceeded.

### **IV) ROLES AND RESPONSIBILITIES**

- A) Chief of the Department
  - 1) The ultimate responsibility for the health and welfare of all members remains that of the Chief of the Department.
  - 2) Administrative Assistant

(a) It shall be the responsibility of the Administrative Assistant to:

- (1) Schedule all medical evaluations with the designated medical evaluation provider in accordance with this General Order.
- (2) Maintained all pertinent medical and health records in a confidential manner in the member's confidential medical file
- 3) Chief Officers and Company Officers
  - (a) It shall be the responsibility of Chief Officers and Company Officers to:
    - (1) Support and enforce compliance with the Medical Evaluation Program.
    - (2) Promptly investigate each accident and illness to determine the cause and make any necessary changes to Department General Orders, Standard Operating Guidelines, and/or safety procedures.
    - (3) Report any exposures or medical conditions that may interfere with the ability of a member to perform the essential job functions of a fire fighter to the Deputy Chief within twenty-four (24) hours of receiving the report. These conditions and/or exposures may include but are not limited to:
      - (a) Exposure to hazardous materials or toxic substances.
      - (b) Exposure to infectious or communicable diseases as outlined in Belmont Fire Department GO 12-017 Infection Control policy.
      - (c) Illness or injury.

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- (d) Use of prescription or nonprescription medications.
- (4) Company Officers will not allow any member to assume emergency response duties until:
  - (a) A pre-employment or return to duty medical evaluation has been completed.
  - (b) Education and training in compliance with all education and training requirements as required by job summary, General Orders, and Standard Operating Guidelines has been completed.

#### 4) Members

- (a) It shall be the responsibility of all members to:
  - (1) Cooperate, participate and comply with the medical evaluation processes and shall provide complete and accurate information to the designated medical evaluation physician.
  - (2) Report any exposures or medical conditions that may interfere with your ability to perform the essential job functions of a fire fighter to the Officer in Charge as soon as possible. These conditions and/or exposures may include but are not limited to:
    - (a) Exposure to hazardous materials or toxic substances.
    - (b) Exposure to infectious or communicable diseases as outlined in Belmont Fire Department GO 12-017 Infection Control Policy.
    - (c) Illness or injury.
    - (d) Use of prescription or nonprescription medications.
    - (e) Any other physical or mental condition which might affect job performance.

### V) SAFETY

- A) Belmont Fire Department recognizes the potential for hazardous substance exposure of members in the performance of their assigned duties.
- B) Belmont Fire Department also recognizes that the health, well-being and safety of its members is of utmost importance and the provision of this medical evaluation program is a portion of the process for providing for the continued health and safety of all its members.

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### VI) ENFORCEMENT

- D) Failure to understand and follow this Standard Operating guideline may result in disciplinary action.
- E) Any deviation from this guideline shall require a written report to the Officer in Charge and the Deputy Chief.
- F) This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a compliant by this department for non-judicial administrative action in accordance with the laws governing employee discipline.

## VII) GENERAL ORDER

- A) All medical evaluations shall be completed by the designated medical evaluation physician and shall include a "Fit for Duty" status report provided to:
  - 1) Belmont Fire Department, which shall be maintained in the member's confidential medical file.
  - 2) The member
- B) Duty Status
  - Upon the completion of the appropriate medical evaluation procedure, the designated medical evaluation physician shall provide a fit for duty status report. This fit for duty status report shall specify one (1) of two (2) options:
    - (a) Fit for Duty
    - (b) Unfit for Duty
  - 2) In making the determination regarding fitness for duty, the designated medical evaluation physician shall be guided by information regarding the members' job summary and responsibilities, working conditions, work hours and NFPA 1582, Standard on Medical Requirement for Firefighters Category A.
  - 3) Fit for Duty

(a) Indicates that a member is fit to wear a Self Contained Breathing Apparatus and perform all the essential job functions of their job summary

- 4) Unfit for duty
  - (a) If a member is categorized as unfit for duty, the Chief of the Department or his/her designee upon consultation with Town Administrator or his/her designee the, may immediately remove the member from active duty.

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- (b) The member may utilize leave and/or other benefits as per applicable Union contracts.
- (c) Removal from active duty shall be for a period not to exceed the recommendations of the designated medical evaluation physician or the time required to complete the appeal process as outlined in Section VII, subsection 4), (f)
- (d) If a member is categorized as unfit for duty, the Chief of the Department, the Deputy Chief, or his/her designee, the designated medical evaluation physician, and the member involved shall review the situation to determine the potential recoverability of the unfit status.
- (e) Conditions from which a complete recovery shall deem the member fit for duty.
  - (1) The member may utilize leave and/or other benefits as per applicable Union contracts
- (f) For conditions from which recovery from the acute phase will continue to render the member unfit for duty:
  - (1) The member may request a second medical evaluation utilizing the annual medical evaluation standard and diagnostic tests, performed by an occupational health physician selected by the member, all costs incurred will be the responsibility of the member.
    - (a) If the test results are in conflict, a third medical evaluation utilizing the annual medical evaluation standard and diagnostic tests performed by an occupational health physician selected by mutual agreement between the member and the Chief of the Department shall be administered. All cost incurred shall be the responsibility of Belmont Fire Department.
    - (b) The recommendation of the two concurring medical evaluation opinions shall be considered conclusive and final.
- (g) The recommendation of the two (2) concurring medical evaluations indicating that the member is unfit for duty, the following options are available:

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- (1) The member may request a consultation with the Town Administrator or his/her designee, the Fire Chief or his/her designee during which any current job vacancies within Belmont Fire Department and/or the Town of Belmont for which the member is qualified shall be considered.
- (2) In the event that no job vacancies exist, within the Belmont Fire Department and/or the Town of Belmont, for which the member is qualified, the member is encouraged to contact the Fire Chief or his/her designee to facilitate conversation with the New Hampshire Retirement System, and/or other applicable agencies.
- C) All medical evaluations, except the second opinion medical evaluation requested by the member, Section VII, 4), (f) (1), shall be provided to members covered under provisions of this General Order.
  - 1) At no cost to the member
  - 2) During assigned work hours of the member or prior to the initial assignment of or return to duty of a member
  - 3) Scheduled by the Administrative Assistant with the Department's designated medical evaluation provider
- D) Pre-employment Medical Evaluation
  - 1) The pre-employment medical evaluation shall consist of, but is not limited to the following.
    - (a) Medical history including:
      - (1) Family history
      - (2) Previous occupational exposure history
    - (b) Physical examination including:
      - (1) Height, weight, blood pressure, resting pulse rate, and respiration
      - (2) Spine/orthopedic assessment
      - (3) HEENT assessment
      - (4) Peripheral vascular assessment
      - (5) Genitourinary assessment
      - (6) Nervous system assessment
    - (c) Non-invasive testing including:
      - (1) Audiometry test
      - (2) Pulmonary function test

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- (3) 12 lead EKG (as determined by the designated medical evaluation physician)
- (4) Other diagnostic procedures as determined by the designated medical evaluation physician:
- (d) Invasive testing including:
  - (1) CBC
  - (2) Chem 25 panel
  - (3) Microscopic urinalysis
  - (4) Seven (7) drug screen panel
  - (5) Hepatitis B titer
  - (6) Mantoux test (optional at dept discretion)
- (e) Immunizations provided:
  - (1) Hepatitis B vaccination series and/or booster as required by history and/or Hepatitis B titer.
- E) Annual medical evaluation
  - 1) The annual medical evaluation shall consist of, but is not limited to the following:
    - (a) Medical history including:
      - (1) Family history
      - (2) Previous occupational exposure history
    - (b) Physical examination including:
      - (1) Height, weight, blood pressure, resting pulse rate, and respiration
      - (2) Spine/orthopedic assessment
      - (3) HEENT assessment
      - (4) Peripheral vascular assessment
      - (5) Genitourinary assessment
      - (6) Nervous system assessment
    - (c) Non-invasive testing including:
      - (1) Audiometry test
      - (2) Pulmonary function test
      - (3) 12 lead EKG (as determined by the designated medical evaluation physician)
      - (4) Other diagnostic procedures as determined by the designated medical evaluation physician:
    - (d) Invasive testing including:
      - (1) CBC

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- (2) Chem 25 panel
- (3) Microscopic urinalysis
- (4) Hepatitis B titer
- (5) Mantoux test (optional at dept discretion)
- (e) Immunizations provided:
  - (1) Hepatitis B vaccination series and/or booster as required by history and/or Hepatitis B titer.
- F) Post exposure medical evaluation
  - 1) The post exposure medical evaluation shall consist of, but is not limited to:
    - (a) Heavy metal assay and serum cholinesterase blood test
    - (b) Other diagnostic procedures as determined by the designated medical evaluation physician
- G) Return to duty medical evaluation
  - The designated medical evaluation physician shall evaluate a member that has been absent from duty for a medical condition of a nature and/or duration that could affect the performance of essential job functions of a fire fighter prior to returning to duty, as determined by the Chief and Deputy Chief.
  - 2) The return to duty medical evaluation shall include, but is not limited to:(a) All components of the annual medical evaluation
    - (b) Other diagnostic procedures as determined by the designated medical Evaluation Physician
- H) Medical Records
  - All member medical records shall be maintained in a separate medical file. These records will be available for the member to view by appointment with the Chief during the hours of 9:00am to 15:00pm Monday through Friday
  - 2) These records shall
    - (a) Be maintained in the office of the Fire Chief
    - (b) Be maintained for a period of at least thirty (30) years, commencing on the date of member separation from active duty
    - (c) Be utilized as part of a summary report and/or health database for the purposes of reporting occupational incidents without reference to any individual member

## VIII) RECORDS, REPORTS, CHARTS, FORMS

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A) N/A

