Everywhere in the document where it says CAT Scan, change it to CT Scan.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 16:15:36 EDT 2016

Committee Statement

Committee Statement: This change is editorial in nature.
Response Message:
2.4 References for Extracts in Mandatory Sections.


Submitter Information Verification

Submitter Full Name: Sonia Barbosa
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip:
Submittal Date: Thu Sep 22 15:44:47 EDT 2016

Committee Statement

Committee Statement: Updating extract references.
Response Message:
6.4.1 Category A medical conditions shall include the following:

(1)* Far visual acuity less worse than 20/40 binocular, corrected with contact lenses or spectacles, or far visual acuity less worse than 20/100 binocular for wearers of hard contacts or spectacles, uncorrected

(2)* Color perception — monochromatic vision resulting in inability to use imaging devices such as thermal imaging cameras

(3)* Monocular vision

(4) Any eye 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: Ken Holland
Organization: [Not Specified]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 13:03:56 EDT 2016

Committee Statement

Committee Statement: These changes were editorial in nature and provides further clarification.
Response Message:
6.5*  Ears and Hearing.

6.5.1
Category A medical conditions shall include the following:

(1) Chronic vertigo or impaired balance as demonstrated by the inability to tandem gait walk

(2) On audiometric testing, without the aid of a hearing assistance device, average hearing loss in the unaided better ear greater than 40 decibels (dB) at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz when the audiometric device is calibrated to ANSI Z24.5, *Audiometric Device Testing*

(3) Any ear condition (or hearing impairment) that results in the candidate not being able to safely perform one or more of the essential job tasks

   Hearing aid or cochlear implant

6.5.2
Category B medical conditions shall include the following:

(1)* Unequal hearing loss

(2)* Average uncorrected hearing deficit at the test frequencies 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz greater than 40 dB in either ear

(3) Atresia, stenosis, or tumor of the auditory canal

(4)* External otitis, recurrent

(5)* Agenesis or traumatic deformity of the auricle

(6)* Mastoiditis or surgical deformity of the mastoid

(7)* Ménière's syndrome disease, labyrinthitis, or tinnitus

(8)* Otitis media, recurrent

(9) Surgical procedures to correct or improve hearing or other conditions of the ear

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Mon Jul 25 14:08:53 EDT 2016

Committee Statement

Committee Statement: The committee has made these changes in order to provide the evaluating physician with some further clarification relative to hearing tests and hearing aids/cochlear implants. Delete the annex material for the existing section A.6.5.1(4) as it was deleted from the main body of the document.
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 (i.e., less than 0.80) (see references in Section 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 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, or for sleep study with an oral appliance, or of sleep study after surgery
   (c) No excessive daytime sleepiness with treatment

Submitter Information Verification
Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 13:06:04 EDT 2016

Committee Statement
Committee Statement: These changes were editorial in nature and provides further clarification.
Response Message:
A candidate who has been diagnosed with asthma or has in the past required bronchodilator, corticosteroid, or anti-inflammatory therapy (e.g., a leukotriene receptor antagonists antagonist, such as montelukast) 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. 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 (PC20 greater than 8 is considered normal because response at dose greater than 8 mg/ml might not be clinically significant), histamine, mannitol, or hypertonic saline] or negative response to exercise challenge.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [Not Specified]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 13:07:24 EDT 2016

Committee Statement

Committee Statement: These changes were editorial in nature and provides further clarification.
Response Message:
**Second Revision No. 5-NFPA 1582-2016 [ Section No. 6.10.1.1 ]**

**6.10.1.1**

Category A medical conditions shall include the following:

1. History of **clinically significant coronary artery disease**, including 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. **Any** medical condition requiring an automatic implantable cardiac defibrillator, unless the condition has completely resolved, no longer requires an automatic implantable cardiac defibrillator, or a medical 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**

**Submitter Full Name:** Ken Holland  
**Organization:** [ Not Specified ]  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Jul 13 13:09:44 EDT 2016

**Committee Statement**

**Committee Statement:** These changes were editorial in nature and provides further clarification.

**Response Message:**
Second Revision No. 6-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

   History of spinal surgery with rods that are still in place

(2) Any spinal or skeletal condition producing sensory or motor deficit(s) or pain due to radiculopathy or nerve root compression

(3) Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication

(4) Cervical vertebral fractures with multiple vertebral body compression greater than 25 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (i.e., partial, moderate, severe), abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery

(5) Thoracic vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (e.g., 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

(6) Lumbosacral vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (i.e., partial, moderate, severe), fragmentation, abnormal exam, ligament instability, symptomatic, and/or less than 6 months post injury or less than 1 year since surgery

(7) History of spine fusion that results in instability; reduced mobility, strength, or range of motion; or persistent pain surgery or injury that results in the candidate not being able to safely perform one or more of the essential job tasks

   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: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 13:12:01 EDT 2016

Committee Statement

Committee Statement: These changes were editorial in nature and provides further clarification.
Category A medical conditions shall include the following:

1. All single unprovoked seizures and epileptic conditions, including simple partial, complex partial, generalized, and psychomotor seizure disorders other than the seizure disorders meeting all of the following conditions:
   a. No seizures for the most recent consecutive 5 years after single unprovoked seizure
   b. No seizures for the most recent consecutive 10 years if the applicant was diagnosed with epilepsy
   c. Currently on a stable regimen of antiepileptic drugs for the most recent 5 years, or on no antiepileptic drugs for the most recent 5 years
   d. Normal neurological examination results
   e. Normal brain MRI results
   f. Normal awake and asleep photic stimulation and hyperventilation EEG study results
   g. A definitive statement from a qualified neurological specialist that the candidate meets the criteria specified in Section 6.17.1(1) and is neurologically cleared for fire-fighting training and the performance of a fire fighter’s essential job task

2. Ataxias of heredo-degenerative type
3. Cerebral arteriosclerosis as evidenced by a history of transient ischemic attack, reversible ischemic neurological deficit, or ischemic stroke
4. Hemiparesis or paralysis of a limb
5. Multiple sclerosis with activity or evidence of progression within the previous 3 years
6. Myasthenia gravis with activity or evidence of progression within the previous 3 years
7. Progressive muscular dystrophy or atrophy
8. Uncorrected cerebral aneurysm
   All single unprovoked seizures and epileptic conditions, including simple partial, complex partial, generalized, and psychomotor seizure disorders other than as allowed in Section 6.17.1.1
9. Dementia (e.g., 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. Amyotrophic lateral sclerosis (ALS)
14. Any neurological condition that results in the candidate not being able to safely perform one or more of the essential job tasks
### Committee Statement

<table>
<thead>
<tr>
<th>Committee</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>These changes editorial in nature and also provided further clarification. The committee moved ALS to a category A medical condition as it is a debilitating disease and can impact the candidates ability to safely perform the essential job tasks.</td>
</tr>
</tbody>
</table>

### Response Message:

N

National Fire Protection Association Report

http://submittals.nfpa.org/TerraViewWeb/ContentFetcher?commentPara...
6.17.1.1
To be medically qualified a candidate shall meet all of the following:

No seizures for the most recent consecutive 5 years after a single unprovoked seizure

No seizures for the most recent consecutive 10 years if the applicant was diagnosed with epilepsy

Currently on anti-seizure medications or not on anti-seizure medications for the most recent 5 consecutive years

Neurologic examination is normal

Brain MRI is normal

Awake and asleep EEG studies with photic stimulation and hyperventilation are normal

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: Ken Holland
Organization: [ Not Specified ]
Street Address:
City: 
State: 
Zip: 

Committee Statement

Committee Statement: The committee has deleted this as it was moved to 6.17.1
Response Message:
Section No. 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

Amyotrophic lateral sclerosis

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 13:28:51 EDT 2016

Committee Statement

Committee Statement: This change was made as it was moved to a category A medical condition.
Response Message:
6.24.2*
Category B medical conditions shall include the use of the following:

1. Cardiovascular agents
2. Stimulants
3. Psychiatric medications
4. Other than high-dose systemic corticosteroids
5. Antihistamines
6. Muscle relaxants
7. Leukotriene receptor antagonists (e.g., Montelukast) used for allergies that do not affect the lower respiratory system

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 13:32:17 EDT 2016

Committee Statement

Committee Statement: This change was editorial in nature.

Response Message:
7.7.3*  Audiology.

Hearing thresholds shall be assessed annually in each ear at each of the following frequencies:

1. 500 Hz
2. 1000 Hz
3. 2000 Hz
4. 3000 Hz
5. 4000 Hz
6. 6000 Hz
7. 8000 Hz

7.7.3.1  The fire department physician or other qualified medical evaluator shall compare audiogram results obtained during yearly evaluations with baseline and subsequent test results.

7.7.3.2  Standard threshold shifts shall be corrected for age as permitted by OSHA.
Baseline and annual audiometry is performed on each fire fighter. This should be done in accordance with 29 CFR 1910.95, “Occupational noise exposure.” The basics of this standard include the following:

1. The first audiogram done (for members this will probably be done during their pre-placement exam) becomes the baseline audiogram.

2. If subsequent audiograms are better than the baseline, then the best one becomes the baseline. All audiograms should be done with no exposure to industrial noise for 14 hours.

3. Each subsequent audiogram is compared to the baseline audiogram (not to the previous year’s) to determine if there is a threshold shift, which is an average loss of 10 dB or more at 2000 Hz, 3000 Hz, and 4000 Hz in either ear. This number should be corrected for presbycusis by age tables [see Table A.7.7.3(a) and Table A.7.7.3(b)]. Thus, for each of the three frequencies the baseline reading is subtracted from the current reading, and the presbycusis correction is subtracted from this result. The results from the three frequencies are averaged, and if this number is 10 or greater, then there is a threshold shift.

4. If there is a threshold shift the AHJ must be notified. AHJs are responsible for initiating evaluation of personal protective equipment (PPE) and engineering controls.

5. If there is a threshold shift, the member should be advised in writing and referral to an audiologist and/or an otolaryngologist should be made.

6. If the threshold shift is determined to be permanent, then this audiogram becomes the “revised baseline.”

Table A.7.7.3(a) Age Correction Values in Decibels for Males

<table>
<thead>
<tr>
<th>Years</th>
<th>1000</th>
<th>2000</th>
<th>3000</th>
<th>4000</th>
<th>6000</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 20</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>21</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>22</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>23</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>24</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>25</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>26</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>27</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>28</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>29</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>30</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>31</td>
<td>6</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>32</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>33</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>34</td>
<td>6</td>
<td>5</td>
<td>8</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>35</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Years</td>
<td>1000</td>
<td>2000</td>
<td>3000</td>
<td>4000</td>
<td>6000</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>36</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>37</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>38</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>39</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>40</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>41</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>42</td>
<td>8</td>
<td>7</td>
<td>11</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>43</td>
<td>8</td>
<td>7</td>
<td>12</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>44</td>
<td>8</td>
<td>7</td>
<td>12</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>45</td>
<td>8</td>
<td>7</td>
<td>13</td>
<td>18</td>
<td>23</td>
</tr>
<tr>
<td>46</td>
<td>8</td>
<td>8</td>
<td>13</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>47</td>
<td>8</td>
<td>8</td>
<td>14</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>48</td>
<td>9</td>
<td>8</td>
<td>14</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>49</td>
<td>9</td>
<td>9</td>
<td>15</td>
<td>21</td>
<td>26</td>
</tr>
<tr>
<td>50</td>
<td>9</td>
<td>9</td>
<td>16</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>51</td>
<td>9</td>
<td>9</td>
<td>16</td>
<td>23</td>
<td>28</td>
</tr>
<tr>
<td>52</td>
<td>9</td>
<td>10</td>
<td>17</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>53</td>
<td>9</td>
<td>10</td>
<td>18</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>54</td>
<td>10</td>
<td>10</td>
<td>18</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>55</td>
<td>10</td>
<td>11</td>
<td>19</td>
<td>27</td>
<td>32</td>
</tr>
<tr>
<td>56</td>
<td>10</td>
<td>11</td>
<td>20</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td>57</td>
<td>10</td>
<td>11</td>
<td>21</td>
<td>29</td>
<td>35</td>
</tr>
<tr>
<td>58</td>
<td>10</td>
<td>12</td>
<td>22</td>
<td>31</td>
<td>36</td>
</tr>
<tr>
<td>59</td>
<td>11</td>
<td>12</td>
<td>22</td>
<td>32</td>
<td>37</td>
</tr>
<tr>
<td>≥ 60</td>
<td>11</td>
<td>13</td>
<td>23</td>
<td>33</td>
<td>38</td>
</tr>
</tbody>
</table>

Source: [29 CFR 1910.95].

Table A.7.7.3(b) Age Correction Values in Decibels for Females
<table>
<thead>
<tr>
<th>Years</th>
<th>1000</th>
<th>2000</th>
<th>3000</th>
<th>4000</th>
<th>6000</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>31</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>32</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>33</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>34</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>35</td>
<td>9</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>36</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>37</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>38</td>
<td>10</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>39</td>
<td>10</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>40</td>
<td>10</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>41</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>42</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>43</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>44</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>45</td>
<td>11</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>46</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>47</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>48</td>
<td>12</td>
<td>9</td>
<td>11</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>49</td>
<td>12</td>
<td>9</td>
<td>11</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>50</td>
<td>12</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>51</td>
<td>12</td>
<td>10</td>
<td>12</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>52</td>
<td>12</td>
<td>10</td>
<td>12</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>53</td>
<td>13</td>
<td>10</td>
<td>13</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>54</td>
<td>13</td>
<td>11</td>
<td>13</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>55</td>
<td>13</td>
<td>11</td>
<td>14</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>56</td>
<td>13</td>
<td>11</td>
<td>14</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>57</td>
<td>13</td>
<td>11</td>
<td>15</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>58</td>
<td>14</td>
<td>12</td>
<td>15</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>59</td>
<td>14</td>
<td>12</td>
<td>16</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>≥60</td>
<td>14</td>
<td>12</td>
<td>16</td>
<td>17</td>
<td>22</td>
</tr>
</tbody>
</table>

*Source: [29 CFR 1910.95]*.
Second Revision No. 12-NFPA 1582-2016 [Section No. 7.7.7.1]

7.7.7.1
Asymptomatic fire fighters ≥ 40 years of age or older 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
Asymptomatic fire fighters younger than 40 years of age known to be at high risk for ASCVD shall be assessed for coronary artery disease.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [Not Specified]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 13:33:50 EDT 2016

Committee Statement
Committee Statement: This was added because fire fighters under the age of 40 were not being addressed in previous language.
Response Message:
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.
7.7.22 Cancer and Cardiovascular Disease Risk Reduction.

7.7.22.1 The fire department physician shall annually inform members of the heightened risks of cardiovascular disease and various types of cancer associated with fire fighting.

7.7.22.2 In addition to medical screening for these entities as outlined in this standard, the member shall be apprised of occupational routes of hazardous exposures related to fire fighting, as well as common signs, symptoms, and preventive measures for both cardiovascular disease and cancers.

7.7.23 Occupational Stress Awareness Consultation.

7.7.23.1 The fire department physician shall, during the annual physical, inform the member of, and assess for the heightened risks of, stress associated with occupational exposures related to fire fighting.

7.7.23.2 The fire department physician shall make the member aware of common adverse signs and symptoms of occupational stress, inform the member of practices that might limit the damaging effects of occupational stress, and provide the member with referral to licensed behavioral health specialists trained to recognize and treat stress-related disorders in first responders as indicated.

Supplemental Information

<table>
<thead>
<tr>
<th>File Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A_7_7_22_text.docx</td>
<td>Annex text for 7.7.22</td>
</tr>
</tbody>
</table>

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Mon Jul 25 12:15:49 EDT 2016

Committee Statement

Committee Statement: The committee agrees with the submitter that FD Physician shall incorporate cancer and stress awareness into consultation during annual evaluation to raise awareness to these hazards for fire fighters. They have made some modifications to the submission with the assistance of the submitter as Kurt is a TC member.

Response Message: Public Comment No. 12-NFPA 1582-2016 [New Section after 7.7.21.2]
A.7.7.22 Cancer and Cardiovascular Disease Risk Reduction

1. The following information should be included in an annual program designed to educate fire fighters regarding reduction of risk for occupational cancer and cardiovascular disease:
   - evidence of increased occupational risk
   - lifestyle and occupational risk factors for cancer and cardiovascular disease
   - strategies to reduce both occupational and lifestyle risk factors for cancer and cardiovascular disease, including but not limited to equipment cleaning, hygiene and lifestyle modifications
   - evidence-based medical screening for cancer and cardiovascular disease.

2. Research has supported an increased risk for cardiovascular events and for many types of cancer in fire fighters. Risk reduction methods for prevention of both cardiovascular disease and cancer are similar, and include:
   - reduction of occupational exposure to carcinogens and particulates through hygiene methods
   - proper use and maintenance of personal protective equipment
   - elimination of non-occupational exposure to carcinogens including but not limited to tobacco use
   - optimization of health through lifestyle modification including but not limited to use of sunscreen, maintenance of optimal physical fitness and body weight
   Awareness of the appropriate use of evidence-based screening tests for early detection of cardiovascular disease and cancer is equally important.

3. The fire department physician should ensure the quality, accuracy, currency, and content of educational materials. This information may be disseminated using a variety of teaching methods including but not limited to: in-person didactic classroom sessions, discussions, videotaped materials or web-based modules. This should be supplemented with “take home” written and/or web based resources to ensure effective communication.

4. Examples of available resources for this information include but are not limited to: the IAFF Cancer Awareness, Prevention, and Education Module which was, developed in conjunction with the Fire Fighter Cancer Support Network; the American Cancer Society website; the American Heart Association; the American Lung Association and the IAFF/IAFC Wellness-Fitness Initiative.
8.2.2.1.3
At levels below 10 METs, participation in a prescribed aerobic fitness program shall be required.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 13:38:49 EDT 2016

Committee Statement

Committee Statement: This change is editorial in nature.
Response Message:
Second Revision No. 41-NFPA 1582-2016 [Section No. 9.1.3]

9.1.3

Essential job tasks referenced throughout this chapter by number only shall correspond to the following model list:

1. Wearing personal protective ensemble and SCBA, performing fire-fighting tasks (e.g., hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry, etc.), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods.

2. Wearing an SCBA, which includes a demand valve–type positive-pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.

3. Exposure to toxic fumes, irritants, particulates, biological (i.e., infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.

4. Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg).

5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).

6. Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility.

7. Wearing personal protective ensemble and SCBA, advancing water-filled hoselines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.

8. Wearing personal protective ensemble and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.

9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.

10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.

11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.

12. Ability to communicate (i.e., give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (e.g., sprinklers).

13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

14. Working in shifts, including during nighttime, that can extend beyond 12 hours.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [Not Specified]
Street Address:
Committee Statement

Committee Statement: This change was made for document consistency as it was added to chapter 5 and needed to be added to chapter 9.
9.3 Fire Department Physician Roles.

After individually evaluating the member and the member’s medical records, including job-related medical rehabilitation records, the fire department physician shall recommend restricting members from performing only those specific job tasks that cannot be safely performed by the member given his/her medical condition.

9.3.1 If an illness, injury, or other debilitating condition has altered a member’s ability to safely perform an essential job task, the fire department physician shall notify the member that the member is restricted from performing that task while on duty.

9.3.2 The fire department shall determine possible accommodations for members restricted from certain job tasks, on a case-by-case basis, provide the AHJ a statement that documents the specific essential job task(s) the member shall be restricted from performing.

9.3.3 For incumbent fire department members, conditions listed in Chapter 9 shall not indicate a blanket prohibition for such incumbent members from continuing to perform the essential job tasks, nor shall they require automatic retirement or separation from the fire department. The fire department physician shall not comment on whether or not the member can continue employment in the fire department.

9.3.4 After an individualized medical assessment 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. There shall be no blanket exclusions.

9.3.5 The AHJ shall determine if the individual can remain in his/her current position or be moved to another position that the individual can perform, whether or not the restrictions put forth by the fire department physician can or cannot be accommodated.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Thu Jul 28 10:48:09 EDT 2016

Committee Statement

Committee Statement: The committee has made these changes in order to further clarify the relationship between the fire department physician, the AHJ and the fire department member as it relates to the medical evaluation and the results of said evaluation.

Response Message:
9.4.3.1* Physician Evaluation.

The following clinical conditions referable to coronary artery disease, including a 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 unless all of the following are present:

1. **Current Absence of** angina pectoris, even if relieved by medication
2. **Persistent Absence of** significant stenosis in any coronary artery (i.e., greater than 70 percent lumen diameter narrowing) following treatment
3. **Lower than normal Normal** left ventricular ejection fraction as measured by radionuclide scan, contrast ventriculography, or echocardiography
4. Maximal exercise tolerance of **less than at least** 12 METs
5. **Exercise Absence of** exercise-induced ischemia, 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** Control of modifiable risk factor(s) for acute coronary plaque rupture (e.g., tobacco use, hypertension despite treatment, 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 8 percent despite exercise and/or weight reduction)
7. **Myocardial At least 6 months since most recent myocardial** infarction within the last 3 months
8. **Coronary At least 6 months since coronary artery bypass surgery** within the last 3 months
9. **Coronary At least 3 months since most recent** angioplasty — with or without stent placement within the last month
10. Completion of cardiac rehab, if indicated

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 15:16:47 EDT 2016

Committee Statement

Committee Statement: These changes were made for further clarification and based on published evidence.
Response Message:
9.4.7 Chronic Pericarditis, Endocarditis, or Myocarditis.

9.4.7.1 Physician Evaluation.
Chronic pericarditis, endocarditis, or myocarditis when resulting in heart failure or significant valvular incompetence or arrhythmias compromises the member's ability to safely perform essential job tasks 1, 4, 5, 6, 7, and 13, and the physician shall report the applicable job limitations to the fire department.

9.4.7.2 Physician Guidance.
Members with pericarditis, endocarditis, or myocarditis shall be carefully assessed for cardiac function, rhythm, and valvular competence at least annually by cardiac echo or other noninvasive or invasive monitoring in consultation with a cardiologist.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 15:43:48 EDT 2016

Committee Statement

Committee Statement: This change was made for document consistency.
Response Message:
9.4.10.1* Physician Evaluation.

A medical condition requiring a pacemaker or automatic implantable defibrillator (unless the member is not pacemaker-dependent) or the condition no longer requires an automatic implantable cardiac defibrillator — 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.
WPW 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 as demonstrated by electrophysiology testing.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 15:45:12 EDT 2016

Committee Statement

Committee Statement: These changes were made for clarification purposes.
Response Message:
Second Revision No. 18-NFPA 1582-2016 [Section No. 9.4.18.2]

9.4.18.2 Physician Guidance.

The physician shall consider the following when evaluating the member:

1. A history of ventricular arrhythmias, including ventricular tachycardia or ventricular fibrillation, poses significant risk for life-threatening sudden incapacitation in the presence of structural abnormalities, functional abnormalities, or ectopy that occurs during exercise.

2. A history of ventricular ectopy might pose a significant risk for life-threatening sudden incapacitation if structural or ischemic heart disease is present or if ventricular ectopy increases during exercise.

3. Holter monitoring (i.e., 24-hour ECG recording) might show ventricular ectopy but should show no evidence of ventricular arrhythmias.

4. Echocardiograph must show normal function and no evidence of structural abnormalities.

5. Stress testing off cardiac medications must show no evidence for ischemia, ventricular tachycardia, or ventricular fibrillation.

6. Premature ventricular contractions (PVCs) should resolve with increasing levels of exercise up to 12 METs.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [Not Specified]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 15:46:51 EDT 2016

Committee Statement

Committee Statement: This change was made to provide further clarification.
Response Message:
9.4.21.1*

Members with metabolic syndrome are at increased risk for cardiovascular ischemic disease, diabetes, and accelerated hypertension and shall undergo a stress test with imaging; if the results are abnormal or the member is unable to achieve an aerobic capacity of 12 METs, a symptom limiting cardiac exercise test to 12 METs every 1 to 3 years, the member’s ability to safely perform essential job tasks 1, 2, 4, 5, 6, 7, 8, 9, 10, and 13 will be compromised.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 15:52:17 EDT 2016

Committee Statement

Committee Statement: This change was made for document consistency.

Response Message:
9.4.23 Cardiac Hypertrophy.

9.4.23.1 Physician Evaluation.
Cardiac hypertrophy 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.

9.4.23.2* Physician Guidance.
The physician shall consider that this condition can result in the potential for sudden incapacitation. In addition to hypertension.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 15:54:37 EDT 2016

Committee Statement

Committee Statement: This change was made to provide the physician with further clarification.
Response Message:
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 has no bronchospasm during exertion, temperature/humidity extremes, irritant exposures, fire activities, or hazmat activities.

2. The member denies the does not 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 (e.g., training, operations, rehabilitation, and medical) verifies that no asthmatic episodes have occurred during fire suppression or hazardous materials operations or training.

4. The member's asthma has not required systemic corticosteroids, emergency room treatment, or hospital admission in the last past 2 years.

5. The member shows adequate reserve in pulmonary function (i.e., 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 (of less than 20 percent decline in FEV₁) from baseline for provocative challenge testing or less than 13 percent decline in FEV₁ from baseline for exercise 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 Failure to wear an SCBA during all phases of fire suppression (i.e., ingress, suppression, overhaul, and egress), places an asthmatic firefighter at risk for sudden incapacitation.

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 the member meets the criteria specified in 9.7.6.1(1) through 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: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 15:57:41 EDT 2016

Committee Statement

Committee Statement: These changes were made for document consistency.
Response Message:
9.7.6.2 Physician Guidance.

The physician shall consider the following when evaluating the member’s asthmatic condition:

(1) Exposures to exertion, temperature extremes, cold dry air from SCBA, combustion by-products, irritants, and particulate matter are all potent provokers of asthma attacks.

(2) Bronchodilator medications are not adequate maintenance therapy to control symptoms in the irritant environment of the fireground or hazardous materials incident scene because their use has not been approved by the FDA for use on the fireground or hazardous materials incident scene and because several studies have implicated the frequent use of beta-agonists (i.e., short- and long-acting bronchodilators) as an independent predictor or risk for sudden death and myocardial infarction in the United States, Canada, Britain, New Zealand, and Australia.

(3) There is a high probability that acute hyperreactivity in this environment can induce immediate or progressive clinical asthma (i.e., bronchospasm and wheeze) that can lead to sudden incapacitation from status asthmaticus and/or cardiac ischemia. There are no studies that support or deny that asthma in this environment can be prevented or adequately controlled by anti-inflammatory medications (e.g., inhaled corticosteroids, cromolyn, leukotriene modifiers). It is not acceptable to use or rely on bronchodilator medications for this purpose because in a hazardous environment, SCBA cannot be removed to use a rescue inhaler, and there are no studies that support or deny that their use is preventive or effective in a fire/smoke environment.

(4) The member’s work history, as well as clinical findings on annual evaluation, should be used as an assessment of the member’s practical ability to safely perform the essential job tasks.
Second Revision No. 24-NFPA 1582-2016 [Section No. 9.7.8.1]

9.7.8.1 Physician Evaluation.

Chronic obstructive airways diseases (e.g., chronic bronchitis, emphysema), if moderate to severe (i.e., absolute \( \text{FEV}_1/FVC \) ratio less than or equal to 0.70 and an \( \text{FEV}_1 \) less than 70 percent predicted), 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 \( \text{FEV}_1 \) is 50 percent or greater.
2. The member has no bronchospasm during exertion, temperature/humidity extremes, SCBA use, irritant exposures, fire activities, or hazmat activities.
3. The member does not require daily bronchodilator therapy.
4. The member has experienced continuous tobacco cessation for more than 3 months.
5. The member has not required systemic corticosteroids, emergency room treatment, or hospital admission for pulmonary disease, including chronic bronchitis or pneumonia, in the past 2 years.
6. The member can perform an exercise test to 12 METs without exercise-induced evidence for the following:
   a. Bronchospasm (i.e., a decline \( \text{FEV}_1 \) of more than 13 percent from baseline)
   b. Oxygen desaturation (i.e., a fall in oxygen saturation on room air by 4 percent from baseline or to 94 percent or less)
   c. Cardiac ischemia or clinically significant arrhythmias
7. There is no evidence of pulmonary hypertension on echocardiography.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [Not Specified]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 16:02:12 EDT 2016

Committee Statement

Committee Statement: These changes were made for document consistency.
Response Message:
## Second Revision No. 25-NFPA 1582-2016 [Sections 9.7.9.1, 9.7.9.2]

### 9.7.9.1 Physician Evaluation.

Hypoxemic disorders, when moderate to severe (i.e., oxygen saturation less than or equal to 90 percent or a \( \text{Po}_2 \) less than or equal to 65 mm Hg, measured at rest and corrected to sea level on room air), or the presence of significant exercise desaturation (i.e., a fall in oxygen saturation by 4 percent from baseline or to less than 90 percent or less) compromises the member's ability to safely perform essential job tasks 1, 2, 3, 4, 7, and 13, and the physician shall report the applicable job limitations to the fire department.

### 9.7.9.2 Physician Guidance.

The physician shall recognize the following situations when evaluating the member:

1. A resting oxygen saturation of 91–90 percent corrected to sea level requires measurement at exercise to 12 METs to determine if desaturation (i.e., decrease in oxygen saturation by greater than or equal to 4 percent from baseline or to less than or equal to 90 percent) occurs.

2. Hypoxia can be the result of central regulatory disturbances, obstructive sleep apnea, asthma, chronic obstructive airways diseases, interstitial lung disease, pulmonary hypertension, chronic pulmonary embolism, and so forth.

3. In this environment, gas exchange abnormalities and respiratory insufficiency no matter the cause have the potential for life-threatening sudden incapacitation from cardiopulmonary insufficiency.

### Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [Not Specified]
Street Address:  
City:  
State:  
Zip:  
Submittal Date: Wed Jul 13 16:10:46 EDT 2016

### Committee Statement

Committee Statement: These changes were made for document consistency.
Response Message:
9.7.13.2 Physician Guidance.

The physician shall consider the following when evaluating the member:

1. Pulmonary function tests should be performed after adequate healing and pain resolution and clearance by the thoracic surgeon; generally, this is 4 weeks after thorascopic surgery and 6 to 8 weeks after open-chest surgery.

2. Pulmonary function tests should be either normal or show only a minimal restrictive disorder without evidence for interstitial disease or gas exchange abnormalities.

3. Moderate to severe restriction (i.e., FVC less than 60 percent of predicted with an absolute FEV$_1$/FVC ratio greater than or equal to 0.90) or hypoxia compromises the member's ability to safely perform essential job tasks unless a more complete evaluation of gas exchange and exercise capacity shows the ability to exercise at a workload of 12 METs without evidence of exercise hemoglobin oxygen desaturation.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [Not Specified]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 16:14:02 EDT 2016

Committee Statement

Committee Statement: This change was made for further clarification.
Response Message:
Second Revision No. 28-NFPA 1582-2016 [ Section No. 9.7.19.2 ]

9.7.19.2 Physician Guidance.

The physician shall consider the following when evaluating a member with sarcoidosis:

(1) Most patients with sarcoidosis are asymptomatic with abnormal chest imaging studies but normal function.

(2) If functional assessment by individual examination, pulmonary function tests, ECG, Holter ECG, and echocardiogram are normal, the member is capable of safely performing essential job tasks.

(3) Moderate to severe restriction (i.e., FVC less than 60 percent of predicted with an absolute FEV$_1$/FVC ratio greater than or equal to 0.90) compromises the member's ability to safely perform essential job tasks unless a more complete evaluation of gas exchange and exercise capacity shows the ability to exercise at a workload of 12 METs without evidence of exercise hemoglobin oxygen desaturation.

(4) Cardiac function should be formally assessed with echocardiography, Holter ECG, and ECG.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 16:17:17 EDT 2016

Committee Statement

Committee Statement: This change was made for document consistency.
Response Message:
9.9.4.1 Physician Evaluation.

Spinal fusion that results in instability or reduced mobility, strength, range of motion, or persistent pain the member not being able to safely perform essential job tasks compromises the member’s ability to safely perform essential job tasks 1, 2, 4, 5, 6, 7, 8, and 13, and the physician shall report the applicable job limitations shall be reported to the fire department by the physician.

Submitter Information Verification

Submitter Full Name: Ken Holland  
Organization: [ Not Specified ]  
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 16:19:21 EDT 2016

Committee Statement

Committee Statement: This change was made for document consistency.  
Response Message:
Disorders of the eyes or vision, including the following might compromise the member’s ability to safely perform essential job tasks 6, 8, 10, 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 20/20 binocular in each eye, corrected or uncorrected, — compromises a member’s ability to safely perform essential job tasks 6, 8, 10, and 11

(2)* Monocular vision, stereopsis without fusional capacity, night blindness, or loss of peripheral vision (i.e., horizontal field of vision less than 120 110 degrees in each eye) — compromises the member’s ability to safely perform job task 10.

(3) 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.

(4) 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.

(5) 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.

Committee Statement

Committee Statement: These changes were made for document consistency and current accepted practices.

Response Message:
9.12.4.2 Minimum Hearing Standard.
The use of hearing aids or other hearing assistive devices shall be used by members who, on audiometric testing, have an average hearing loss in the unaided better ear better than 40 decibels (dB) at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz when the audiometric device is calibrated to ANSI Z24.5, Audiometric Device Testing.

9.12.4.3 Physician Guidance.

9.12.4.3.1 Hearing assistive devices shall not be used during audiometric testing.

9.12.4.3.2 Hearing assistive devices shall be used by someone who meets 9.12.4.2.

9.12.4.3.3 If the device fails, the member shall still have sufficient hearing acuity to meet 9.12.4.2, the minimum hearing standard.

Supplemental Information

<table>
<thead>
<tr>
<th>File Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW_A.9.12.4.2.docx</td>
<td>New Annex text that is pieced out of the existing A.9.12.4.1</td>
</tr>
</tbody>
</table>

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Mon Jul 25 14:16:36 EDT 2016

Committee Statement

Committee Statement: The committee has added this text in order to provide the evaluating physician with further guidance and clarification as it relates to the hearing tests.
A.9.12.4.2 There are several reasons that the use of hearing assistive devices may not be appropriate for the hearing impaired member:

1. Hearing assistive devices do not restore normal hearing.

2. Hearing assistive devices may not compensate for asymmetrical hearing loss, and thus will not totally resolve the difficulty in sound localization if those with asymmetric hearing loss.

3. Hearing assistive devices will improve hearing in noise (fire scene, rescue scene, traffic), but this will always be the most challenging environment for a hearing impaired member.

4. It is unknown if hearing assistive devices will continue to function normally when exposed to the heat, moisture and smoke of the fire scene.

Understanding the above limitations, hearing assistive devices will improve a hearing impaired member’s hearing functioning. Thus, it is the consensus of TC that members should be allowed to use hearing assistive devices if their unaided average hearing loss in the unaided better ear is better than 40 decibels (dB) at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz. If the device fails, the member will still have sufficient hearing acuity to meet 9.12.4.2, the minimum hearing standard.
### Second Revision No. 36-NFPA 1582-2016 [ Section No. 9.12.4.1 ]

**9.12.4.1** Physician Evaluation.

Abnormal hearing requiring a hearing aid, cochlear implant, or impairing that impairs a member’s ability to hear and understand the spoken voice under conditions of high background noise, or hear, recognize, and directionally locate cries or audible alarms, compromises the member’s ability to safely perform essential job tasks 2, 6, 8, 10, 12, and 13, and the physician shall report the applicable job limitations to the fire department.

### Supplemental Information

<table>
<thead>
<tr>
<th>File Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW_A.9.12.4.1.docx</td>
<td>NEW ANNEX</td>
</tr>
</tbody>
</table>

### Submitter Information Verification

- **Submitter Full Name:** Ken Holland
- **Organization:** [ Not Specified ]
- **Submittal Date:** Mon Jul 25 15:15:09 EDT 2016

### Committee Statement

- **Committee Statement:**
  
  The committee has made this change for clarification purposes and document consistency.

  Annex: The committee has made these changes for document consistency and in order to provide the evaluating physician

  with further clarification to the requirements.
A.9.12.4.1 Audiometric pure tone threshold testing includes frequencies 500 Hz, 1000 Hz, 2000 Hz, 3000 Hz, 4000 Hz, and 6000 Hz. Tests are performed using audiometric instrumentation calibrated to ANSI S3.6, Specification for Audiometers.

Fire fighters should have adequate hearing in order to hear a victim cry for help, to hear a PASS alarm, to hear noises associated with imminent collapse, or to hear noise associated with changes in the fire pattern. Hearing and the ability to localize sounds is crucial in a fire-fighting environment where smoke often minimizes visual cues and there is a high degree of background noise and stress-related distractions. Fire fighters should be able to hear fire department portable and vehicle radio communications. They should be able to hear, discriminate, and localize safety-related acoustic cues such as air horns, sirens, screams, collapsing walls, beams, timbers, or gas leaks to safely perform their critical job tasks during fire suppression and fire rescue.

These critical job tasks need to be safely performed under conditions of extreme background noise and SCBA noise as typically found at the incident scene. The inability to hear sounds of low intensity or to distinguish voice from background noise can lead to failure to respond to imminent hazardous situations and thus lead to life-threatening sudden incapacitation to the member or others depending on the member.

A.9.12.4.1—
Baseline and annual audiometry is performed on each fire fighter. This should be done in accordance with 29 CFR 1910.95, “Occupational noise exposure.” The basics of this standard include the following:

1. The first audiogram done (for members this will probably be done during their pre-placement exam) becomes the baseline audiogram.
2. If subsequent audiograms are better than the baseline, then the best one becomes the baseline. All audiograms should be done with no exposure to industrial noise for 14 hours.
3. Each subsequent audiogram is compared to the baseline audiogram (not to the previous year’s) to determine if there is a threshold shift, which is an average loss of 10 dB or more at 2000 Hz, 3000 Hz, and 4000 Hz in either ear. This number should be corrected for presbycusis by age tables [see Table A.9.12.4.1(a) and Table A.9.12.4.1(b)]. Thus, for each of the three frequencies the baseline reading is subtracted from the current reading, and the presbycusis correction is subtracted from this result. The results from the three frequencies are averaged, and if this number is 10 or greater, then there is a threshold shift.

<table>
<thead>
<tr>
<th>Year</th>
<th>1000</th>
<th>2000</th>
<th>3000</th>
<th>4000</th>
<th>6000</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 20</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>21</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>22</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>23</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>24</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Years</td>
<td>1000</td>
<td>2000</td>
<td>3000</td>
<td>4000</td>
<td>6000</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>25</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>26</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>27</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>28</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>29</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>30</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>31</td>
<td>6</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>32</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>33</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>34</td>
<td>6</td>
<td>5</td>
<td>8</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>35</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>36</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>37</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>38</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>39</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>40</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>41</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>42</td>
<td>8</td>
<td>7</td>
<td>11</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>43</td>
<td>8</td>
<td>7</td>
<td>12</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>44</td>
<td>8</td>
<td>7</td>
<td>12</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>45</td>
<td>8</td>
<td>7</td>
<td>13</td>
<td>18</td>
<td>23</td>
</tr>
<tr>
<td>46</td>
<td>8</td>
<td>8</td>
<td>13</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>47</td>
<td>8</td>
<td>8</td>
<td>14</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>48</td>
<td>9</td>
<td>8</td>
<td>14</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>49</td>
<td>9</td>
<td>9</td>
<td>15</td>
<td>21</td>
<td>26</td>
</tr>
<tr>
<td>50</td>
<td>9</td>
<td>9</td>
<td>16</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>51</td>
<td>9</td>
<td>9</td>
<td>16</td>
<td>23</td>
<td>28</td>
</tr>
<tr>
<td>52</td>
<td>9</td>
<td>10</td>
<td>17</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>53</td>
<td>9</td>
<td>10</td>
<td>18</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>54</td>
<td>10</td>
<td>10</td>
<td>18</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>55</td>
<td>10</td>
<td>11</td>
<td>19</td>
<td>27</td>
<td>32</td>
</tr>
<tr>
<td>56</td>
<td>10</td>
<td>11</td>
<td>20</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td>57</td>
<td>10</td>
<td>11</td>
<td>21</td>
<td>29</td>
<td>35</td>
</tr>
<tr>
<td>58</td>
<td>10</td>
<td>12</td>
<td>22</td>
<td>31</td>
<td>36</td>
</tr>
<tr>
<td>59</td>
<td>11</td>
<td>12</td>
<td>22</td>
<td>32</td>
<td>37</td>
</tr>
<tr>
<td>≥60</td>
<td>11</td>
<td>13</td>
<td>23</td>
<td>33</td>
<td>38</td>
</tr>
</tbody>
</table>

*Source:* [29 CFR 1910.95].

Table A.9.12.4.1(b) Age Correction Values in Decibels for Females.
<table>
<thead>
<tr>
<th>Years</th>
<th>1000</th>
<th>2000</th>
<th>3000</th>
<th>4000</th>
<th>6000</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤20</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>21</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>22</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>23</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>24</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>25</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>26</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>27</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>28</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>29</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>30</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>31</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>32</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>33</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>34</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>35</td>
<td>9</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>36</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>37</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>38</td>
<td>10</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>39</td>
<td>10</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>40</td>
<td>10</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>41</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>42</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>43</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>44</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>45</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>46</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>47</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>48</td>
<td>12</td>
<td>9</td>
<td>11</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>49</td>
<td>12</td>
<td>9</td>
<td>11</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>50</td>
<td>12</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>51</td>
<td>12</td>
<td>10</td>
<td>12</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>52</td>
<td>12</td>
<td>10</td>
<td>12</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>53</td>
<td>13</td>
<td>10</td>
<td>13</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>54</td>
<td>13</td>
<td>11</td>
<td>13</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>55</td>
<td>13</td>
<td>11</td>
<td>14</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>56</td>
<td>13</td>
<td>11</td>
<td>14</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>57</td>
<td>13</td>
<td>11</td>
<td>15</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>58</td>
<td>14</td>
<td>12</td>
<td>15</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>59</td>
<td>14</td>
<td>12</td>
<td>16</td>
<td>16</td>
<td>24</td>
</tr>
</tbody>
</table>
### Audiometric Test Frequency (Hz)

<table>
<thead>
<tr>
<th>Years</th>
<th>1000</th>
<th>2000</th>
<th>3000</th>
<th>4000</th>
<th>6000</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥60</td>
<td>14</td>
<td>12</td>
<td>16</td>
<td>17</td>
<td>22</td>
</tr>
</tbody>
</table>

Source: [29 CFR 1910.95].

Audiometric pure tone threshold testing includes frequencies 500 Hz, 1000 Hz, 2000 Hz, 3000 Hz, 4000 Hz, and 6000 Hz. Tests are performed using audiometric instrumentation calibrated to ANSI S3.6, *Specification for Audiometers*.

Firefighters should have adequate hearing in order to hear a victim cry for help, to hear a PASS alarm, to hear noises associated with imminent collapse, or to hear noise associated with changes in the fire pattern. Hearing and the ability to localize sounds is crucial in a fire-fighting environment where smoke often minimizes visual cues and there is a high degree of background noise and stress-related distractions. Firefighters should be able to hear fire department portable and vehicle radio communications. They should be able to hear, discriminate, and localize safety-related acoustic cues such as air horns, sirens, screams, collapsing walls, beams, timbers, or gas leaks to safely perform their critical job tasks during fire suppression and fire rescue. These critical job tasks need to be safely performed under conditions of extreme background noise and SCBA noise as typically found at the incident scene. The inability to hear sounds of low intensity or to distinguish voice from background noise can lead to failure to respond to imminent hazardous situations and thus lead to life-threatening sudden incapacitation to the member or others depending on the member.

Hearing aid use or cochlear implants are not considered a reasonable accommodation for the following reasons:

1. U.S. FDA regulations (21 CFR 801.420) require that all hearing aids be labeled with a statement that hearing aids or cochlear implants do not restore normal hearing.
2. Hearing aids are adjusted to restore one-third to one-fourth the measured loss in pure tone frequency range of 250 to 6000 Hz [National Acoustic Labs]. This allows for improved hearing of speech but will not restore ability to hear or discriminate acoustic cues (such as collapsing wall/timber, gas leaks, traffic sounds) or radio broadcasts that are essential safety requirements at a fire or rescue scene.
3. Hearing aids seriously compromise the ability to localize acoustic cues so that the source of impending danger is confused and safety is imperiled.
4. Hearing aids are not calibrated to function in areas of high background noise (fire scene, rescue scene, traffic) or during radio transmissions.
5. Hearing aids are not reliable after submersion or heavy exposure to water.
6. If there is a threshold shift the AHJ must be notified. AHJs are responsible for initiating evaluation of personal protective equipment (PPE) and engineering controls.
7. If there is a threshold shift, the member should be advised in writing and referral to an audiologist and/or an otolaryngologist should be made.
8. If the threshold shift is determined to be permanent, then this audiogram becomes the “revised baseline.”

Single unprovoked seizure and epileptic conditions, including simple, partial complex, generalized, and psychomotor seizure disorders, compromise the member’s ability to safely perform essential job tasks 8, 9, 10, 11, and 13, and the physician shall report the applicable job limitations to the fire department unless the member meets all of the following provisions:

(1) The member has had no No seizures for 1 year off all anti-epileptic medication or has been the most recent consecutive 5 years after single unprovoked seizure. free on a stable medical regimen.

(2) No seizures for the most recent consecutive 10 years if the applicant was diagnosed with epilepsy.

(3) Currently on a stable regimen of antiepileptic drugs for the most recent 5 years, or on no antiepileptic drugs for the most recent 5 years.

(4) Neurologic examination is normal.

(5) Imaging (CAT or Brain MRI scan) studies are normal.

(6) Awake and asleep EEG studies with photic stimulation and hyperventilation are normal.

(7) A definitive statement from a qualified neurological specialist verifies that the member candidate meets the criteria specified in 9.13.6.1(1) through 9.13.6.1(4) and that the member can safely perform the 6.17.1(1) and is neurologically cleared for fire-fighting training and the performance of the fire fighter’s essential job tasks of firefighting.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address: 
City: 
State: 
Zip: 
Submittal Date: Wed Jul 13 16:54:44 EDT 2016

Committee Statement

Committee Statement: These changes were made for document consistency.
Response Message: 

---

National Fire Protection Association Report
http://submittals.nfpa.org/TerraViewWeb/ContentFetcher?commentPara...
9.13.7 History of Cerebral Vascular Bleeding.


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 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 (e.g., imaging and EEG) are normal off anticonvulsants antiepileptic drugs.
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 interfere with essential job tasks.

Submitter Information Verification

Submitter Full Name: Ken Holland
Organization: [Not Specified]
Street Address:
City:
State:
Zip:
Submittal Date: Wed Jul 13 16:57:11 EDT 2016

Committee Statement

Committee Statement: These changes were editorial in nature.
Response Message:
F.1.1 NFPA Publications.
National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471.

Submitter Information Verification
Submitter Full Name: Ken Holland
Organization: [ Not Specified ]
Street Address:
City:
State:
Zip:
Submittal Date: Thu Jul 28 11:07:40 EDT 2016

Committee Statement
Committee Statement: These changes were editorial in nature.
Response Message: