NFPA® 1001-2013
Standard for Fire Fighter Professional Qualifications
TIA Log No. 1087
Reference: 4.1(3)
Comment Closing Date: February 13, 2013
Submitter: Matthew Tobia, Anne Arundel County Fire Department

1. Revise Section 4.1(3) General to read as follows:

(1) Minimum educational requirements established by the AHJ
(2) Age requirements established by the AHJ
(3)* Essential Job Tasks of NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, Chapter 5, Subsection 5.1.1, as determined by the medical authority of the AHJ.
(3)* Medical requirements of NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments.

Submitter’s Substantiation:
First: The adopted language in the 2013 edition of NFPA 1001 presents an impossible circumstance for medical authorities to comply with. By requiring medical authorities (presumably physicians or physician extenders (Physician’s Assistant or Certified Registered Nurse Practitioner) to certify an individual as being qualified to participate in a training program, they must actually assess a candidate’s ability to meet the 13 identified essential job functions as outlined in chapter 5 of NFPA 1582. Whether intentional or not, NFPA 1001 (2013) requires medical authorities to determine if a member can perform and meet all essential job tasks, not if they are medically and/or physically able to meet such tasks. Fire department physicians do not have the capability to do this evaluation. The essential job tasks and descriptions are provided herein for reference.

5.1 Essential Job Tasks and Descriptions.
5.1.1 The fire department shall evaluate the following 13 essential job tasks against the types and levels of emergency services provided to the local community by the fire department, the types of structures and occupancies comprising the community, and the configuration of the fire department to determine the essential job tasks of fire department members and candidates:
(1)* Performing fire-fighting tasks (e.g., hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
(2) Wearing an SCBA, which includes a demand valve–type positive-pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads
(3) Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA
(4) Depending on the local jurisdiction, climbing six or more flights of stairs while wearing 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) Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility
(7) Advancing water-filled hoselines up to 21/2 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) 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 hot or cold environments, 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.
The intent of Chapter 5 is to serve as a reference guideline, outlining the types of activities that a firefighter could be expected to perform. It was never intended to serve as a measurement tool for medical authorities. By referencing this section of NFPA 1582, to the exclusion of all other sections, the NFPA 1001 standard has created an untenable and unworkable condition for medical authorities.

Second: The language places firefighter candidates’ lives at risk. Without any science to back up this action by the NFPA 1001 Technical Committee, there now exists the genuine possibility of serious injury or death to firefighter candidates that have not received a physical examination meeting the requirements of NFPA 1582. A recent NIOSH report from July 2009 cites the potentially catastrophic consequences of failing to provide an NFPA 1582 physical prior to allowing the trainee to participate in a training program (http://www.cdc.gov/niosh/fire/reports/face200902.html).

The leading cause of death among firefighters is cardiac-related events and there is ample documented evidence of firefighter candidates dying during their initial training program, having never been assessed for their ability to successfully participate in, or complete, said training. There does not appear to be any rational justification explaining the weakening of the NFPA 1001 standard. In order to prevent similar tragedies from occurring in the future, it would appear counter-intuitive for the NFPA to allow an individual participating in an NFPA 1001 program to do so without having completed a NFPA 1582 compliant physical. The 13 Essential Job Tasks noted in NFPA 1582 is merely a fire department physician’s list to educate them regarding the functions carried out by a firefighter. These tasks are not intended to be used (contrary to the NFPA 1001 (2013) edition) as any type of medical certification or clearance for duty document.

While it could be postulated that NFPA 1582 remains in force, there are training agencies across the Country who are providing NFPA compliant 1001 training. Candidates entering these training programs often arrive to the training program without the benefit of an NFPA 1582 physical. Maintaining the requirement of an NFPA 1582 physical in NFPA 1001 ensures that firefighter candidates participating in such training are physically capable to do so. Agencies including the Maryland Fire Rescue Institute (the nation’s largest provider of NBPQ compliant training based upon NFPA standards) require candidates to demonstrate proof of an NFPA 1582 physical in order to participate in applicable training programs. Weakening the NFPA 1001 standard exposes training agencies to a higher level of risk associated with the potential for a training death.

Emergency Nature: The request for a TIA is predicated on the simple idea that more firefighters will die as a result of a training-related death due to the lack of an NFPA 1582 physical unless immediate action is taken. If even a single firefighter’s life is saved by this action, the benefits will have eclipsed any risks or costs associated with ordering a change to the standard immediately. Between now and 2018, it is expected that 400 firefighters will lose their lives in the line of duty. 50%, or 200, will die of a cardiac related event. NFPA statistics indicate that approximately 10% of firefighter fatalities will occur during training activities. As such, the immediate relief sought in this TIA has the genuine potential to save a firefighter’s life.

Anyone may submit a comment by the closing date indicated above. To submit a comment, please identify the number of the TIA and forward to the Secretary, Standards Council, I Batterymarch Park, Quincy, MA 02169-7471.