Chairman Randy Krause called the meeting to order at 0805 hours on February 10, 2015 at the Hilton Garden Inn, Orlando, FL.

Chairman Krause welcomed members and guests to the meeting of the NFPA Fire Service Occupational Safety and Health Technical Committee.

Members and guests were introduced.

**Members Present:**  
Randy Krause, Chairman  
Murrey Loflin, Secretary  
David Bernzweig  
Dr. Sandy Bogucki  
Brett Bowman  
Jim Brinkley  
Dennis Childress  
Tom Cuff  
Scott Kerwood  
Tamara DiAnda Lopes  
Paul J. Napoli  
Bob Neamy  
Ryan N. Pietzsch  
Dr. David Prezant  
Dr. Daniel Samo  
Andrew G. Schwartz  
Denise Smith  
Dr. Donald Stewart  
Phil Stittleburg  
Fred Terryn

**Alternates and Non-Voting Members Present:**  
Hayley Fudge  
Dr. Tom Hales  
Greg Reynar

**Guests:**  
Jeff Bailes Selden, NY Fire Department  
Frank Califano Occupational & Environmental Medicine of Long Island, NY  
Dr. Fabrice Czarnecki Department of Homeland Security  
Dr. Ed Galaid Occupational Medicine, Charleston, SC
The chairman asked for a motion to accept the meeting minutes from the March 10 – 11, 2014 FSOSH Technical Committee in Tempe, AZ. David Bernzweig made a motion to accept the minutes as read, Phil Stittleburg made the second, and the motion passed.

Chairman Krause discussed the 2017 Annual Revision Cycle for NFPA 1500, *Standard for a Fire Department Occupational Safety and Health Program* and NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*.

**NFPA 1582 Revision Process**
**Dr. Fabrice Czarnecki, Task Group Chair**

Dr. Czarnecki presented an overview of issues to address and discussion points for this revision cycle of NFPA 1582.

**Discussion Points**
- **Main issues to discuss**
  - Inconsistencies with the document (typically between Chapter 6 and Chapter 9)
  - Clarification (e.g. vision)
  - Missing information/new topics to add
  - Medical content to update (e.g. seizure)

- **Principles**
  - NFPA 1582 reflects “minimal requirements” (Paragraph 1, 2, & 3)/best practices belong in the appendix, especially when consensus-based
  - NFPA 1582 should be evidence based as much as possible, especially for costly procedures
  - NFPA 1528 should be a user-friendly document

- **Issues to Consider**
  - Merge Chapters 6 & 9/Is there a valid reason to have different “medical” criteria for members and candidates
  - Remove the word “structural” (as in structural fire-fighting)
  - State 1% annual risk of sudden incapacitation as threshold
  - Replace “essential job tasks” with essential job functions”;

The technical committee discussed the ease of use of the standard for physicians and how to make the standard and the document is more “user-friendly” for physicians.
A motion was made by Dan Samo to have Chapter 6 & Chapter 9 listed sequentially in the standard. Jim Brinkley made the second and the motion passed. The issue that the standard is for more than just structural fire-fighting was discussed. A motion was made by Jim Brinkley and a second by Dan Samo to remove the word “structural” from NFPA 1582 (6.16.1 (4)(b); 9.10.5.2 (3)(b); and A.4.1.7 “interior structural”). The motion passed.

Jim Brinkley and David Prezant discussed the changes to the IAFF/IAFC Wellness Fitness Initiative (WFI) which have occurred in this revision cycle of the document. The focus of the presentation focused on Chapter 2 – Medical.

Jim Brinkley presented suggested changes to NFPA 1582 based upon the revisions to the Wellness Fitness Initiative (WFI). The technical committee worked on revisions to NFPA 1582 which will appear on the technical committee’s webpage and will be addressed as public proposals during the 1st Draft Meeting.

Dr. Czarnecki discussed specific topics which need to be addressed and completed by the beginning of June 2015.

- Beta blockers          Paragraph 9.16.9.1
- Asthma
  - Needs clarification
  - Differences between Chapter 6 and Chapter 9, which is probably not in compliance with SCBA challenge test for applicant
  - Scientific basis?
- Coronary artery disease  Paragraph 9.4.3
  - Timeframe before return to work
- Coronary artery disease risk factor evaluation
  - New tests: CRP, calcium scoring
  - Maximal vs. submaximal stress test/stress test protocols
  - Indications for stress testing and echo
- Hearing Aids
  - Dr. Samo has submitted a research project through the NFPA Research Foundation to study if hearing aids function during interior structural fire-fighting;
- Hernia
- Hypertension
  - Echo for Stage 2 hypertension in Annex
- Metabolic Syndrome
  - Imaging stress test of applicants
  - Frequency of imaging test for incumbents
  - Scientific basis
- Pacemaker
  - Pacer-dependent
  - Risk of failure (review article)
- Psychiatric disorders
  - PTSD
  - Substance Abuse
Screening

- Seizure
  - Currently 1 year off medications/5 years on medications
  - FMSCA: 5 years after single seizure/10 years after epilepsy (use FMSCA requirements)
  - New data: 10 years/14 years (to reach annual risk of 1% year)

- Sleep disorders
  - Narcolepsy
  - Obstructive sleep apnea
  - Shift work disorder
  - Statement on indication of sleep studies (Annex)
  - Screening as part of wellness program (Annex)
  - 511EJT on shift work (Add to 5.1.1 (9))

- Stroke
  - Needs clarification
  - Use FMSCA recommendations

- Vision
  - 9.12.3.1 and 6.4.1 (and Annex Material)
  - Needs clarification
  - Visual activity in worse eye/Monocular vision
  - Color vision
  - Visual field
  - Adding/deleting tests included in annual evaluations and candidates
    - See WFI recommendations
    - New cardiac testing (calcium scoring)
    - Maximal vs. submaximal stress test/stress test protocols
    - Indications for stress testing and echo-cardiogram
    - Frequency of stress testing
    - Side effects of cancer testing in Annex
    - CV risk calculator

- TB Screening
  - Discussion of material in Annex

- Check all web links and references
- Two fitness protocols
  - Add FDNY protocol

**NFPA 1500 Revision Process**
David Bernzweig, Task Group Chair

The technical committee discussed air management issues based upon language between NFPA 1500; NFPA 1404, Standard for Fire Service Respiratory Protection Training; and NFPA 1981, Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) For Emergency Services. The issue is created by language in these three standards that aim to address the need for a reserve air supply. The Technical Committee for Fire Service Training raised a correlation issue between the 2013 editions of NFPA 1500, NFPA 1981, and NFPA 1404. The issue is created by language in these three standards that
aim to address the need for a reserve air supply. Specifically, the requirement in NFPA 1404 states that the user of SCBA exit the IDLH before the consumption of the reserve air supply, as indicted by End-of-Service Time Indicator (EOSTI) activation, language in NFPA 1500 that states an “exit strategy will be practiced when the SCBA cylinder reaches a level of 600L or more”, and language in NFPA 1981 that states that the “EOSTI alarm shall activate at 33%, +5/-0 % of full cylinder pressure”. The technical committee will develop language since this is a “use” issue.

Other issues related to respiratory protection to be addressed during the revision cycle of NFPA 1500, include respiratory protection for salvage and overhaul, plus respiratory protection for fire investigators.

The technical committee had a discussion regarding the issue of exposure control on the fireground including carcinogens, toxicants, and ultrafine particles. There is correlation between job-related exposures and cancer as well as other illnesses. Currently, there is no standard that currently addresses the control of exposure to carcinogens, toxins, and ultrafine particles. The technical committee is submitting a New Project Initiation Form to the Standards Council on this issue. The scope of this new document/project is to define the minimum requirements for fire departments to control workplace exposure to products of combustion, carcinogens, toxicants, and ultra-fine particles have the potential to result in harm immediately or over a long period of time.

The technical committee worked on revisions to NFPA 1500 which will appear on the technical committee’s webpage and will be addressed during the 1st Draft Meeting. The revisions to NFPA 1500 will be submitted as proposals from the technical committee.

The technical committee discussed the dates and location of the 1st Draft Meeting. The technical committee has to meet between July 6, 2015 and December 14, 2015. Suggested locations are Portland, OR; Austin, TX; San Francisco, CA; and San Diego, CA. Meeting dates discussed were October 13 – 16, 2015 and November 16 – 18, 2015. Chairman Krause and Staff Liaison Ken Holland will work on the dates and meeting location.

A motion was made by Dr. Prezant with a second by David Bernzweig to adjourn the meeting at 1500 hours on Thursday, February 12, 2015.