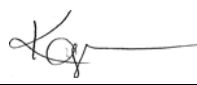
	LOUISIANA COUNTY DEPARTMENT OF FIRE-EMS STANDARD DEPARTMENT PROCEDURES		
	Policy:	Medical Evaluations – Volunteer Personnel	SDP # 602
	Scope:	Health and Safety	Personnel
	Authority:	Keith Greene - Fire-EMS Chief 	Effective Date: 3/22/2019

Purpose:

The purpose of this policy is to ensure all volunteer members of the Department are physically fit to perform and/or participate in required operational Fire/EMS duties. Fire-EMS personnel shall be in a state of physical readiness when responding to emergency and non-emergency calls for service and performing the required duties. National statistics indicate the fire-EMS service in general is prone to high levels of stress and in some cases unhealthy lifestyles, which can lead to cardiovascular disease as well as other health issues.

This policy shall apply to all operational volunteer personnel of the Department in an effort to promote personnel safety, a state of fitness and healthy life styles.

Policy:

Volunteer EMS Only:

1. All operational volunteer EMS providers are required to complete an annual physical.
2. Annual Physicals shall be completed and the physician’s evaluation (attached) submitted to the Fire-EMS office not later than June 30th of each fiscal year.
3. Operational volunteer personnel may choose to utilize the County contracted vendor that provides the annual physicals at no cost to the individual or that person may choose to utilize their primary care physician (PCP), of which the cost to the individual will be reimbursed up to \$500.
4. Once the operational volunteer EMS provider completes the annual physical, if the physician indicates that their current physical condition is not favorable to perform required EMS duties, the individual shall be deemed unfit to participate in emergency and/or training activities that could place the individual’s well-being at risk, until such time the issue has been indicated as controlled by the physician.
5. Once the operational volunteer EMS provider completes the annual physical, the physician conducting the physical shall complete “Attachment A”, which shall be provided to the Fire/EMS office for the master file and maintained in the volunteer’s respective station.
6. Members qualified via another jurisdiction/agency using a similar medical evaluation or by their Personal Healthcare Provider (PHP) must fill out the applicable attachment and forward to the Fire-EMS Office. (*Attachment A*)

Firefighter and Firefighter/EMS Personnel:

1. All operational volunteer firefighters or firefighter/EMS providers are required to complete an annual physical.
2. Annual Physicals shall be completed and the physician's evaluation (attached), and the respiratory evaluation (attached) submitted to the Fire-EMS office not later than June 30th of each fiscal year.
3. Operational volunteer personnel may choose to utilize the County contracted vendor that provides the annual physicals at no cost to the individual or the individual may choose to utilize their primary care physician (PCP), of which the cost to the individual will be reimbursed up to \$500.
4. Once the operational volunteer firefighter completes the annual physical, if the physician indicates that their current physical condition is not favorable to perform required Fire/EMS duties, the individual shall be deemed unfit to participate in emergency and/or training activities that could place the individual's well-being at risk, until such time the issue has been indicated as controlled by the physician.
5. Once the operational volunteer firefighter completes the annual physical, the physician conducting the physical shall complete "Attachment A" and "Attachment B" which will be provided to the Fire/EMS office for the master file and maintained in the volunteer's respective station file.
6. A baseline ("pre-entry") physical shall be completed for all personnel covered by this section prior to running their first fire call. This may be done by a physician of your choosing. Costs associated with this shall be covered by the County as long as it does not exceed \$500. The physician conducting the physical shall complete "Attachment A" and "Attachment B" which will be provided to the Fire/EMS office for the master file and maintained in the volunteer's respective station file.
7. All qualified operational members designated as "entry" shall complete an annual OSHA Respirator Evaluation questionnaire (attached). (*Attachment C*)
 - a. Each member qualified to wear a respirator (SCBA) must forward the completed questionnaire to the Fire-EMS office. A copy of the questionnaire shall also be presented to the physician upon the annual physical examination.
 - b. Any member not completing the questionnaire shall be deemed unfit to participate in emergency and/or training activities that may involve IDLH atmospheres until a completed questionnaire has been received.
8. Members qualified via another jurisdiction/agency using a similar medical evaluation or by their Personal Healthcare Provider (PHP) must fill out the applicable attachment and forward to the Fire-EMS Office. (*Attachments A & B*)



**LOUISA COUNTY VOLUNTEER FIRE/EMS
PHYSICIAN'S EVALUATION OF FITNESS FOR DUTY
ATTACHMENT A**

VOLUNTEER signs this statement: I hereby grant Dr. _____, who has examined me during my recent physical examination to supply the information requested here.

I have completed a similar screening and I am currently released by a qualified physician from another department, a CDL medical examination or the similar. The required documentation or Medical Examiner's Certificate is attached.

VOLUNTEER SIGNATURE

DATE

PHYSICIAN completes this part of the PHYSICIAN'S EVALUATION: (PLEASE PRINT)

TO THE PHYSICIAN: All Firefighting and EMS personnel are required, during emergencies, to participate physically in whatever duties are required to control fire and medical emergencies inside and outside of structures, to mitigate hazardous materials emergencies, conduct rescue work and undertake other emergency duties requiring significant physical exertion and judgment.

As you evaluate this firefighter/EMS provider in connection with his or her ability to perform the functions above, consider that the provider may be subjected to any of the following at any time during the workday:

- Lift weights up to 50 pounds up two flights of stairs
- Go extended amounts of time without sleep (up to 24 hours)
- Be roused in seconds from sleep by fire/EMS alarm tones
- Drive and operate emergency vehicles and equipment in emergency conditions
- Be exposed to hot fire gases, chilling, soaking and/or overheating
- Be exposed to emotional stress associated with fire and medical emergencies

1. This certifies that _____ has undergone a physical exam on (date) _____

2. In my opinion, this volunteer is:

- Sufficiently able to perform regular fire / EMS duties.
- Currently **NOT** able to perform regular fire / EMS duties.

Physician's Signature

Physician's Printed Name



**LOUISA COUNTY FIRE/EMS
PHYSICIAN'S EVALUATION OF FITNESS FOR DUTY**

Attachment B: Health Condition Screening for Firefighters

Cardiac Screen: Blood work (or another similar test) has been performed:

- No evidence of a cardiac issue is present.
- Adverse cardiac conditions were found and noted in the Comments Section.
- No cardiac testing required.

Pulmonary Screening: A spirometer (or another similar test) has been performed:

- No evidence of pulmonary issues are present.
- Adverse pulmonary conditions were found and noted in the Comments Section.
- No pulmonary testing required.

Hypertension Screening: A test has been performed to check for uncontrolled or non-treated hypertension:

- There is no evidence of uncontrolled or non-treated hypertension.
- Signs / Symptoms of hypertension are evident and noted in the Comments Section.
- No hypertension testing required.

COMMENT SECTION:



**LOUISA COUNTY FIRE/EMS
RESPIRATOR EVALUATION QUESTIONNAIRE
Attachment C:**

NOTE: All firefighters within Louisa County Fire-EMS must complete this attachment annually.

Your Name (PRINT): _____ Date: _____

1. Your job title (circle one): INTERIOR FIREFIGHTER / EXTERIOR ONLY FIREFIGHTER

2. Are you released to use a respirator (circle one): Yes / No
 - If yes, circle what types of respirator will you use:
 - a. MSA Firehawk 4500 PSI – Mask size: Small / Medium / Large
 - b. Other type(s): _____
 - If yes, attach the most recent copy of your Fit Test Card.

3. Have you ever worn a respirator (circle one): Yes / No
 - If yes, circle what type(s) of respirator you have used:
 - a. MSA Firehawk 4500 PSI
 - b. Survivair Panther
 - c. Other type(s): _____
 - If yes, circle if you had any issues while previously wearing a respirator and describe below: Yes / No
Previous Issues: _____

4. Have you ever had any of the following conditions?
 - Seizures (fits): Yes / No
 - Diabetes (sugar disease): Yes / No
 - Allergic reactions that interfere with your breathing: Yes /
 - No Claustrophobia (fear of closed-in places): Yes / No
 - Trouble smelling odors: Yes / No

5. Have you ever had any of the following pulmonary or lung problems?

Asbestosis: Yes / No

Asthma: Yes / No

Chronic bronchitis: Yes / No

Emphysema: Yes / No

Pneumonia: Yes / No

Tuberculosis: Yes / No

Silicosis: Yes / No

Pneumothorax (collapsed lung): Yes / No

Lung cancer: Yes / No

Broken ribs: Yes / No

Any chest injuries or surgeries: Yes / No

Any other lung problem that you've been told about: Yes / No

- If yes to any of the above problems, please provide details: _____

6. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of breath: Yes / No

Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes / No

Shortness of breath when walking with other people at an ordinary pace on level ground: Yes / No

Have to stop for breath when walking at your own pace on level ground: Yes / No

Shortness of breath when washing or dressing yourself: Yes / No

Shortness of breath that interferes with your job: Yes / No

Coughing that produces phlegm (thick sputum): Yes / No

Coughing that wakes you early in the morning: Yes / No

Coughing that occurs mostly when you are lying down: Yes / No

Coughing up blood in the last month: Yes / No

Wheezing: Yes / No

Wheezing that interferes with your job: Yes / No

Chest pain when you breathe deeply: Yes / No

Any other symptoms that you think may be related to lung problems: Yes / No

- If yes to any of the above problems, please provide details: _____

7. Have you ever had any of the following cardiovascular or heart problems?

Heart attack: Yes / No

Stroke: Yes / No

Angina: Yes / No

Heart failure: Yes / No

Swelling in your legs or feet (not caused by walking): Yes / No

Heart arrhythmia (heart beating irregularly): Yes / No

High blood pressure: Yes / No

Any other heart problem that you've been told about: Yes / No

- If yes to any of the above problems, please provide details: _____

8. Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest: Yes / No

Pain or tightness in your chest during physical activity: Yes / No

Pain or tightness in your chest that interferes with your job: Yes / No

In the past two years, have you noticed your heart skipping or missing a beat: Yes / No

Heartburn or indigestion that is not related to eating: Yes / No

Any other symptoms that you think may be related to heart or circulation problems: Yes / No

- If yes to any of the above problems, please provide details _____

9. Do you currently take medication for any of the following problems?

Breathing or lung problems Yes / No

Heart trouble Yes / No

Blood pressure Yes / No

Seizures (fits): Yes / No

- If yes to any of the above problems, please provide details: _____

10. Do you have any other medical conditions or limitations that could affect you performing your job function: Yes / No

- If yes, please provide details:

11. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes / No