

How's your physical? Results from the IAFC's survey on annual physicals

By David H. Fischler

Recently, the International Association of Fire Chiefs conducted a membership survey about fire department physical exams. The purpose was to determine the status of these exams in the fire service, to identify areas that need improvement and to consider new initiatives.

When considering the question "How valuable is a firefighter's life?" we acknowledge that the most valuable resource any fire department has is its firefighters. We know that we need a certain number of firefighters on scene to perform various functions; yet, what are we doing to assure that our firefighters are physically capable of performing these functions? How many more firefighters will die in the line of duty because they had an underlying medical problem that could have been identified with a required annual physical?

Approximately half of firefighter deaths occur from cardio/cerebral vascular disease—heart attacks and strokes. Many of these deaths may have been prevented by annual physicals that could have identified underlying medical conditions. Two years ago, a young firefighter from a major city died in the line of duty from a heart attack. He was obese and had medical problems of which the department was unaware. This firefighter was able to avoid the annual department physical for more than four years! Would these medical conditions have been found if he took the annual physical? Absolutely! Would his firefighting career have been limited? Probably! Would he have been able to continue to enjoy his family—a wife and two young boys? Definitely!

The survey shockingly found that 32 percent of career, combination and volunteer fire departments do not require physical examinations for their members (see Table 1). As chiefs, we know that these exams are required under OSHA 1910.120 for use of respiratory apparatus and adopted in NFPA 1500 and NFPA 1582. It is interesting and exciting to note that 61 percent of the departments reported that they require physical exams for all firefighters who respond. They care about *all* of their members. It is no longer acceptable for these exams to be limited to interior firefighters or drivers. *Any* firefighter who responds to an incident must have an annual physical evaluation. We need to protect all our members and assure that we all go home. Don't we care about *all* our

firefighters and not just a select group?

In looking at Table 2, we see that no single standard is being applied to these physical exams; however, NFPA physical standards are being applied in the majority of all departments. Departments that use locally established standards should ensure that they meet or exceed those of national organizations and state agencies.

Mental health is just as important as a firefighter's physical condition, and can just as easily impact job performance. We have created critical incident stress management programs to address issues after a major call, and hotlines have been established for firefighters in need of mental health assistance. Yet 91 percent of the reporting fire departments do not include a mental health component in their annual physical. We are not looking for a four-hour test with interpretation of ink spots (see Table 3). What we need is a simple, written assessment tool that could be completed as part of the annual physical. The fire service may be able to provide interventional support which would improve firefighter productivity and retention. As chief officers, we can no longer ignore mental health issues and their effects on job performance. Our next challenge is to incorporate a mental health assessment in our annual physicals.

Table 4 indicates that the majority of physical examinations are performed by qualified medical professionals with an understanding of both the firefighter's job and the appropriate medical criteria according to recognized standards. A nurse or paramedic may be useful for initial screenings, but a physician knowledgeable in the appropriate firefighter medical standards must make the final evaluation and determination of a firefighter's medical status.

The challenge that we have as chief officers is to ensure that *all* firefighters—interior, exterior and drivers—receive annual medical physicals. We must implement the use of generally accepted firefighter medical standards. Physicals need to be performed by qualified physicians knowledgeable about the firefighter's job and the appropriate standards. Finally, we must begin the process to include a required mental health evaluation in the annual firefighter physical.

This brief survey has shown that major improvements have occurred in the implementation of the annual firefighter physical. The survey also indicates that we still have a long way to go to achieve 100 percent compliance. The initial premise

Table 1: Does your fire department require annual physicals for:

	Total	Fully Career	Primarily Career with Volunteers	Primarily Volunteer with Career	Fully Volunteer
Total	1824	805 100%	391 100%	375 100%	251 100%
All firefighters	1116	69.2%	65%	49.9%	46.6%
Firefighters who use breathing apparatus only	95	3.5%	5.4%	8%	6.4%
Interior firefighters and drivers only	27	.1%	1.3%	2.4%	4.8%
Does not require physicals	586	27.2%	28.4%	39.7%	42.2%

Table 2: What standards do the medical professionals performing the physicals use? Please select all that apply.

	Total	Fully Career	Primarily Career with Volunteers	Primarily Volunteer with Career	Fully Volunteer
Total	1227	580	278	224	144
OSHA	799	40.7%	40.3%	35.3%	50%
NFPA	785	65.7%	66.9%	62.9%	52.8%
IAFF	101	12.6%	7.2%	2.2%	2.1%
State	149	12.4%	15.5%	8.9%	9.7%
Locally established	385	32.6%	32.4%	30.4%	26.4%

Table 3: Does your physical include a mental health component that would identify post traumatic stress or other significant mental health issues?

	Total	Fully Career	Primarily Career with Volunteers	Primarily Volunteer with Career	Fully Volunteer
Total	1227	581	278	223	144
Yes	116	12%	9.4%	8.1%	1.4%
No	1111	88%	90.6%	91.9%	98.6%

Table 4: Who performs your physicals? Please select all that apply.

	Total	Fully Career	Primarily Career with Volunteers	Primarily Volunteer with Career	Fully Volunteer
Total	1233	584	279	224	145
Local physician	372	31.7%	26.2%	29.9%	32.4%
Nurse/physical assistant/paramedical professional	86	7.5%	5.7%	7.6%	6.2%
Occupational health services	599	45.2%	54.1%	51.3%	46.9%
Physician with knowledge and experience of firefighter health and safety	486	41.8%	40.9%	33.9%	35.9%

of this brief review is that our firefighters are the most important component to the success of the fire service. As chief officers, we are obligated to assure the health and welfare of our personnel. Line-of-duty deaths are not acceptable, especially when they may have been prevented with an annual physical. *All* of us must ensure that "EVERYONE GOES HOME." ❖

Commissioner David H. Fischler is retired from the Suffolk

County (NY) Department of Fire Rescue and Emergency Services with 28 years in the career fire service. He is a former chief of the St. James Fire Department and still an active member with 39 years in the volunteer fire service. Commissioner Fischler serves the IAFC on the board of the Safety, Health and Survival Section and as a member of the Terrorism/Homeland Security Committee.