U.S. AIR FORCE

Technical Implementation Guide 1582-22

For

NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments, 2022 Edition*

Date Published: 11 April 2022

Preface

In accordance with DoDI 6055.06, Section 6.1 and AFI 32-2001, para. 1.1.1, the HAF/A4C is designated as the Authority Having Jurisdiction (AHJ) for Air Force Fire & Emergency Services policy and guidance. AFCEC/CXF conducted a comprehensive line item review of National Fire Protection Association (NFPA) 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments* (2022 Edition). This Technical Implementation Guide (TIG) provides clarification and deviation approvals authorized by the AHJ, The Air Force Civil Engineer. Line items not addressed in this TIG are implemented as written. This TIG does not apply for use during contingency, humanitarian relief, or wartime operations. Consult War Mobilizations Plan 1, Annex S, for staffing and vehicle requirements.

The left hand column lists the NFPA line items which correspond to a clarification or deviation onthe right hand column.

All Air Force Installation and Mission Support Center Detachment Fire and Emergency Services representatives have coordinated on this TIG. Correspondence in this regard is on file at AFCEC/CXF, Tyndall AFB FL.

This TIG includes three attachments:

1. NFPA 1582 TIG Correlation Document
2. Firefighter Health History
3. Air Force Physical Examination Schedule for Firefighters

4/4/2022

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NFPA 1582, 2022 Edition	Air Force Implementation Matrix
PFAS/PFOA Blood Testing	The National Defense Authorization Act for Fiscal Year 2020 (NDAA FY 2020), Section 707 issued a requirement that beginning on October 1, 2020, the Secretary of Defense shall provide blood testing to determine and document potential exposure to perfluoroalkyl and polyfluoroalkyl substances (commonly known as "PFAS") for each firefighter of the Department of Defense (DoD). While these tests are important to discovering exposure to these emerging chemicals of concern, they remain voluntary **and the results will in no way determine the firefighter's ability to perform their job duties**. Exact toxicology of the chemicals continues to be researched and all health effects will be relayed to the firefighters as they are determined by researchers and physicians. At this time, there are no set health effects associated with measured levels of these chemicals.
Chapter 1 - Administration	**Adopt as written with the following clarifications.**
1.1 Scope.	This TIG provides Air Force clarifications or deviations to NFPA Standard 1582.
1.1.1 and A.1.1.1	**Clarification:** This standard applies to individuals involved in emergency response operations as defined in DoDI 6055.06, DoD Fire and Emergency Services (F&ES) program.
1.3 and 1.3.1	**Clarification:** The AHJ for deviations is HAF/A4C and the AHJ for equivalency & interpretations is AFCEC/CXF
1.3.3 and A.1.3.3	**Clarification:** AFI 90-802 also provides guidance on Risk Management.
Chapter 3 - Definitions	**Adopt as written with the following clarification.**
3.2.2* and A.3.2.2	**Clarification:** In the Air Force the AHJ for waivers is HAF/A4C. The AHJ for determinations, clarifications, equivalencies, and interpretations is AFCEC/CXF. The authority for medical determinations at the installation level is the Installation Fire Chief in coordination with the Installation Occupational and Environmental Medicine Consultant (IOEMC).
3.3.8 Fire Department Physician (FDP)	**Clarification:** In the Air Force, the IOEMC serves this role. All references to the FDP mean IOEMC.
Chapter 4 - Roles and Responsibilities	**Adopt as written with the following clarification.**
4.1.2	**Clarification:** 5 CFR 339.304 defines this for DoD.
4.1.3*, A4.1.3, 4.1.4* and A.4.1.4	**Clarification:** The IOEMC serves these functions and will approve alternate FDP that is a doctor of medicine or doctor of osteopathic medicine (MD/DO) with occupational medicine training, if needed. The IOEMC is the POC for these matters. All exams may not necessarily be accomplished by this person.

4.1.13.1* and A.4.1.13.1	**Clarification:** Intent is met by following AF medical record policies/procedures IAW 41-210 "Tricare Operations and Patient Administration". Remember: The Genetic Information Non-disclosure Act Prohibits gathering family history information not directly related to the ability to an employee for preforming Occupational Health duties. Additional health promotion screenings are not covered services
4.2.6* and A.4.2.6	**Clarification**: The Installation Fire Chief shall oversee the development of a Standard Operating Procedure in coordination with the Installation, Medical Group commanders and the IOEMC. IAW DoD 6055.06 "DoD Fire and Emergency Services (F&ES) Program", AFI 32-2001 "Fire and Emergency Services (F&ES) Program", and AFMAN 44-102 "Tricare Operations & Patient Administration".
Chapter 5 – Essential Job Tasks	**Adopt as written with the following clarifications.**
5.1	**Clarification:** The Installation Fire Chief must use the standard core position description to develop the essential job tasks.
Chapter 6 – Medical Evaluations of Candidates	**General Clarification for this Chapter:** Candidate must understand that providing evidence of meeting requirements, further evaluation, or testing is their responsibility IAW 5 CFR 339, DAFMAN 48-123 "Medical Examination and Standards", & Air Force Enlisted Classification Directory, and in conjunction with their own provider.
6.1	**Clarification**: AF military firefighters receive a candidate physical evaluation prior to attending the Apprentice Firefighter Course at the DoD Fire Academy and must receive a full NFPA 1582 physical when they arrive at their first permanent duty location. Civilian firefighters must pass a physical examination prior to receiving a firm offer and will receive a full NFPA 1582 annually after being hired.
6.1.1* and A.6.1.1	**Clarification**: This paragraph addresses history and not specific tests as related to job tasks. See Attachment 2 and 3 for minimally required history and exam components.
6.11.1.1	**Clarification:** The AF requires that a candidate be tobacco free upon appointment and throughout their length of service to the department. **Rationale:** Over a firefighter's career—decreased lung function and increased risk of heart attack "could" result in a significant risk to the safety of the person or others during training and emergency operational environments. Refer to AFI 48-104 "Tobacco Free Living" and NFPA 1500 "Standard on Fire Department Occupational Safety, Health, and Wellness Program".
Chapter 7 – Occupational Medical Evaluation of Members	**General Clarification for this Chapter:** Member must understand that unless the condition is accepted as occupational by the IOEMC, responsibility of meeting requirements is the member's in conjunction with their own provider.
7.1.2	**Clarification**: As determined by the IOEMC and the Occupational and Environmental Health Working Group (OEHWG).

7.3, 7.3.1 and 7.3.2	**Clarification**: The pre-placement exam typically will serve as the baseline medical evaluation.
7.4, 7.4.1 and 7.4.3	**Clarification:** Refer to Attachment 3 for AF annual evaluation requirements
7.4.2	**Clarification:** As determined by the IOEMC and the OEHWG.
7.5.1*, A.7.5.1, 7.5.2 and 7.5.3	**Clarification**: See Attachment 2 for the minimally required medical history form.
7.6	**Clarification:** see Attachment 3 for minimally required exam elements.
7.7, 7.7.1*, A.7.7.1 and 7.7.2	**Clarification**: Refer to Attachment 3 for requirements.
7.7.6.1	**Clarification:** Refer to Attachment 3 for requirements
7.7.7, 7.7.7.1, 7.7.7.2, 7.7.7.3, 7.7.8 and 7.7.13 – 7.7.20	**Clarification:** The IOEMC may order tests not listed in Attachment 3 if the condition is accepted as occupational.
7.7.9 and 7.7.9.1	**Clarification**: Refer to Attachment 3 for requirements
7.7.10 and 7.7.10.1	**Clarification**: Refer to AFI 44-108 "Infection Prevention and Control Program"
7.7.11, 7.7.11.1 and 7.7.11.2	**Clarification**: Refer to AFI 44-178 "Human Immunodeficiency Virus Program"
Chapter 8 – Annual Occupational Fitness Evaluation of Members	**Clarification:** This program will be managed by the Fire Department and is not a responsibility of the Medical Treatment Facility.
Chapter 9 – Essential Job Tasks – Specific Evaluation of Medical Conditions in Members	**General Clarification for this Chapter:** Member must understand that unless the condition is accepted as occupational by the IOEMC, responsibility of meeting requirements is the member's in conjunction with their own provider.

Attachment 2

FIREFIGHTER HEALTH HISTORY

Job Position:

Name: Age:

Sex (circle one): M F Date:

Physician:

1. Do you have any skull or facial deformities that may prevent the following:		
a. Proper wear of a helmet?	Yes	No
b. Proper respirator mask fit or seal?	Yes	No
2. Any neck condition(s) that may result in the inability to perform essential job tasks due to pain or limited range of motion?	Yes	No
3. Any vision problems that may result in the inability to perform essential job tasks?	Yes	No
4. Do you wear contact lenses and/or glasses?	Yes	No
5. Have you had any eye surgeries or procedures in the past year?	Yes	No
6. Do you have any conditions that may result in difficulty with hearing or balance?	Yes	No
7. Do you have any facial or jaw conditions that may result in a difficulty with proper fitting of protective equipment like a respirator face mask?	Yes	No
8. Do you have any nose, throat, tracheal, esophageal or laryngeal conditions that may result in not being able to perform the essential job tasks?	Yes	No
9. Do you have difficulty with smelling?	Yes	No
10. Do you have difficulty with speech or speaking?	Yes	No
11. Do you have any illnesses or diseases of the respiratory system such as, but not limited to: COPD, Asthma, Cystic Fibrosis, Pneumonia or Pulmonary Embolisms?	Yes	No
12. Do you have any other lung condition that may prevent you from being able to safely perform as a firefighter?	Yes	No
13. Do you have episodes of fainting?	Yes	No
14. Do you have any conditions requiring the use of an implantable cardiac defibrillator or pacemaker?	Yes	No
15. Do you have any heart conditions that limit your ability to safely exercise, run, climb stairs, walk distances, or stand for prolonged periods?	Yes	No
16. Do you have, or are you being treated for high blood pressure?	Yes	No
17. Have you ever experienced chest pains, or have had a heart attack?	Yes	No
18. Do you have any gastrointestinal conditions that may result in you not being able to perform the essential job tasks (example: Symptomatic hernia, Irritable bowel syndrome, pancreatitis, chronic active hepatitis)?	Yes	No
19. Do you have any gynecological conditions that may prevent you from performing the essential job tasks (example: pregnancy)?	Yes	No
20. Do you have any kidney diseases, renal failure, or insufficiency requiring peritoneal dialysis or hemodialysis?	Yes	No
21. Do you have any diseases of the ureter, bladder, prostate, or other conditions that may result in your inability to perform the essential job tasks?	Yes	No
22. Have you ever had surgery for a spine condition, joint condition, or total replacement of a joint or body part?	Yes	No
23. Do you have any spinal or skeletal conditions that may result in the inability to perform essential job tasks? (Example: Scoliosis or vertebrae fractures)	Yes	No

24. Do you have any history of extremity problems that may result in the inability to perform the essential job tasks? (Example: Amputations or congenital absence of any extremity)	Yes	No
25. Do you have any problems with weakness, numbness or paralysis that may result in the inability to perform essential job tasks?	Yes	No
26. Do you have a history of stroke or seizures?	Yes	No
27. Do you have any neurological condition that may result in the inability to perform essential job task?	Yes	No
28. Do you have any dermatologic condition that may result in the inability to perform the essential job tasks?	Yes	No
29. Do you have Sickle Cell Disease or a clotting disorder?	Yes	No
30. Do you have any other hematological conditions that may result in the inability to perform the essential job tasks?	Yes	No
31. Have you been diagnosed as having a tumor or cancer condition that may result in the inability to perform essential job tasks?	Yes	No
32. Do you have a history of psychological, psychiatric condition or substance abuse disorder? (Example: depression, anxiety, bipolar disorder or suicide attempt)	Yes	No
33. Are you taking medications that are required for a psychiatric condition?	Yes	No
34. Do you take:		
a. Narcotics, including Methadone	Yes	No
b. Sedatives-Hypnotics	Yes	No
c. Stimulants, Steroids	Yes	No
d. Heart medication(s) to include (HTN) high blood pressure	Yes	No
e. Antihistamines, or muscle relaxants	Yes	No
35. Do you have a history of or currently being treated for Diabetes?	Yes	No
36. Any endocrine or metabolic condition that may result in the inability to perform the essential job tasks? (Diabetes I or II)	Yes	No

37. Please list any other medical condition you are currently being treated for not listed above and all medications that you are currently taking:

38. Please list any other jobs you have:

39. Please list any chemicals you use in those jobs:

40. Please list your hobbies that involve loud noises or chemicals:

41. Has your health changed since your last examination?	Yes	No
42. Did you have any unusual or unexpected exposures at work, at another job, or with your hobbies since your last examination?	Yes	No

43. If you responded **YES** to any of the above questions please explain in more in detail:

Patient's Signature Date

Attachment 3

AIR FORCE PHYSICAL EXAMINATION SCHEDULE FOR FIREFIGHTERS

EXAMINATION	PURPOSE	FREQUENCY			RATIONALE
Health history: Specifically evaluate: • Disorder, condition, diagnosis, or symptom: - Of sudden or subtle incapacitation. - That may impact the ability to perform position specific essential functions. - Impacting night vision, visual acuity, visual fields, and depth perception, including the use of contacts other than for refractive errors; assess for current or recurrent diplopia. • Prescription and over-the-counter medication use, including vitamins and supplements. • Difficulty distinguishing basic colors, (e.g., no history of difficulty distinguishing between reds, greens, browns, and oranges, blue and purple, blue and yellow, violet and red, or blue and green). • Level of physical activity. Participation in sports activities may be a good indicator of cardiovascular and pulmonary fitness. • Cardiovascular, peripheral vascular, pulmonary, or metabolic disorder diagnosis, medical condition or symptom. **Risk Stratification:** • Asymptomatic firefighters 40 years of age or older with no known atherosclerotic cardiovascular disease (ASCVD) shall be assessed annually for their 10-year risks of ASCVD. • Firefighters younger than 40 years of age that are symptomatic or known to be at high risk for ASCVD - Suggest using the ACC online 10 yr risk calculator. Web address may change, at the time of publishing: https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/	B	Baseline	Annually	Termination	Key Qualification Tool

• Those members assessed as being at an ASCVD risk of ≥ 5 percent over the next 10 years shall be counseled on risk factor reduction and referred to their PCP for risk factor reduction options. • Those members assessed as being at 10 to <20 percent (Intermediate risk) and > 20% (High risk) of ASCVD over the next 10 years shall be further evaluated by their PCP using methodology of choice to show that firefighter can reach at least 12 METs safely. • Psychiatric or psychological diagnosis, condition, or symptom; medical diagnosis or condition that adversely impacts behavior.					
Workplace exposure summary	S	Baseline	Annually	Termination	Main Surveillance Tool
Vital signs: • Temperature, blood pressure, pulse. • Repeat the blood pressure on a subsequent day if result falls outside of normal or expected range. A repeat result found outside normal or expected range that would lead to disqualification should prompt a discussion to inform the examinee that they may provide additional information.	Q	Baseline	Annually	Termination	Harvard Evidence Based Recommendation
Head and general body appearance and form: • Evaluate for body configuration, deformity, contractions, or spasms that could interfere with or prevent satisfactory performance of job functions, including the inability to wear PPE, such as body armor, as required by the position	Q	Baseline	Annually	Termination	DoD 6055.05-M
Ears, nose, throat, oral cavity, including teeth and gums.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Neck: • Specifically evaluate range of motion (deficit could adversely impact targeting use of weapon), thyroid, presence of carotid bruits.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Heart, lungs, thorax, abdomen: See DoDM 6055.05 for further discussion. • Thorax: Heart sounds, lung auscultation. • Abdomen: Liver size and tenderness, ventral hernia, inguinal hernia.	B	Baseline	Annually	Termination	DoD 6055.05-M

Skin: • Specifically note peripheral vascular skin perfusion.	S	Baseline	Annually	Termination	DoD 6055.05-M
Extremities and back: • Range of motion and general strength, muscle mass/tone, pulses at wrist and feet.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Eyes and surrounding tissues: • Specifically examine eyelids, conjunctiva, cornea, and surrounding tissues. Evaluate for condition affecting function sufficient to interfere with vision or impair protection of the eye from exposures. • Visual field testing by confrontation. • Visual acuity testing with and without corrective lenses, if used. • Ability to distinguish basic colors tested using pseudo isochromatic plates or other accepted objective tool. • Fundoscopic evaluation to visualize blood vessels and assess peripheral vasculature for changes or abnormalities.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Neuromuscular: • Evaluate deep tendon reflexes, balance, and motor steadiness and strength of upper and lower extremities, including hand and foot.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Ability to verbally communicate, to include the ability to articulate understandably. Observe interaction during office visit.	Q	Baseline	Annually	Termination	DoD 6055.05-M
Emotional and mental stability: • Observe behavior and interaction during office visit. Review mental health history and evaluate for signs of emotional or mental instability during the interview and the mini-mental status examination (e.g., the Teng Mini-Mental State Examination available at https://healthabc.nia.nih.gov/sites/default/files/mmse_0.pdf).[a]	Q	Baseline	Annually	Termination	DoD 6055.05-M
Hearing/audiogram[a].	B	Baseline	Annually	Termination	OSHA – Hearing Conservation Program
Screening 12 lead EKG: • Repeat the test on subsequent day if result falls outside of normal or expected range. A repeat result found outside normal or expected range should prompt a request for additional information.	S	Baseline	Shall be performed annually after age 40 or as clinically indicated		DoD 6055.05-M, C3.3. 2022 NFPA 1582 7.7.6.1

Fasting blood sugar: • CBC w/Diff, BMP, Renal panel, glucose, LFTs and cholesterol panel • May use CMP if all of the above are included in local definition of CMP	S	Blood tests shall be performed for firefighters, at minimum, every three years for those under the age of 40, and every year for those over the age of 40, and shall include the following			DoD 6055.05-M, C3.3.
HIV.	S	Baseline	Post exposure	Termination	2022 NFPA 1582 7.7.9
Respirator questionnaire[b].	B	Baseline	As needed		OSHA – Respiratory Protection Program
Occupational Spirometry.	B	Baseline	Annually	Termination	DoD 6055.05-M, C3.3.
Urinalysis: • Check pH, specific gravity, protein, glucose, ketones, blood, red blood cells, white blood cells,	B	Baseline	Annually	Termination	DoD 6055.05-M, C3.3.
Tetanus and diphtheria vaccines.	S	Check status at baseline		Verify status annually	DoD 6055.05-M, C3.3.
Hepatitis B vaccine/titers (based on position duties)[c].	S	Baseline	As needed		OSHA – Blood Borne Pathogen Program
Hepatitis A vaccine (based on position duties)d.	S	Baseline	As needed		DoD 6055.05-M, C3.3.
Chest X-ray.	S	Baseline	As needed		DoD 6055.05-M, C3.3.
PFOS/PFOA – offered to firefighters annually, not mandatory	O	Baseline	Annually		NDAA Requirement to offer surveillance of Exposures of Concern

* Purpose of exam: Q = medical qualification; dependent on an examinee's identified exposures an element may also be for surveillance, S = medical surveillance, B = both qualification and surveillance, O = option medical surveillance.

** Depending on an examinee's identified exposures and enrollment in medical surveillance, a focused termination examination may be required. .

***If medical history or testing results fall outside the normal range and at the discretion of the examining OM provider.

[a] Firefighters, police, security guards and EOD personnel should be enrolled in the HCP and audiometry must be performed in accordance with DoDI 6055.12.

[b] Firefighters should be enrolled in the Respiratory Protection (Respirator User) Program.

[c] Based on risk of exposure, firefighters should generally be enrolled in the Bloodborne Pathogens (Blood and Body Fluids) Program. Follow current Service-specific guidelines (or Centers for Disease Control and Prevention guidelines, if no Service-specific guidelines exist) for offering Hepatitis B immunization and follow-up titers.

[d] Hepatitis A vaccination may be indicated for firefighters, unless specifically designated as not available for search and rescue in the event of disaster. Current Service-specific or Centers for Disease Control and Prevention guidelines for Hepatitis A immunization should be followed.