Annual Medical Evaluation Policy

**PURPOSE**

The purpose of this procedure is to outline parameters of a medical evaluation program for candidate and uniform members.

Our Fire and Rescue Department is committed to providing members with a safe and healthful working environment. Annual medical evaluations in accordance with NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, Current Edition, will be afforded to all members.

The purpose of this procedure is to outline a medical evaluation program that will reduce the risk and burden of fire and emergency medical service occupational morbidity and mortality while improving the health, and thus the safety and effectiveness of member operating to protect civilian life and property. The annual medical evaluation of members shall include, but not limited to, the following:

* Identifying conditions that interfere with a member’s ability to safely perform essential job tasks without undue risk to harm to self or others.
* Monitoring the effects of exposure to specific biological, physical, or chemical agents on individual members.
* Detecting changes in a member’s health that can be related to harmful working conditions.
* Detecting patterns of disease or injury occurrence in the workforce that could indicate underlying work-related problems.
* Providing members with information about their current health, promoting wellness, and referring them for appropriate further evaluation and treatment.
* Providing member with information and education about occupational hazards.
* Providing a cost-effective investment in work-related disease prevention, early detection, and promoting a healthy lifestyle for members.
* Complying with federal, state, provincial, local, and/or other jurisdictional requirements.

This standard shall specify safety requirements for those members involved in rescue, fire suppression, emergency medical services, hazardous materials operations, special operations, and other related activities. This shall be applicable to all organizations providing the above activities.

**POLICY**

* Authority: This policy is issued by the Fire and Rescue Chief. *[some language may need to be added here to reflect Code and Ordinances for local jurisdiction]*

**DEFINITIONS**

* **Annual** - For this policy, annual refers to January 1st to December 31st.
* **Candidate** - A person who has made an application to commence performance as a member of any fire and rescue system organization.
* **Emergency Operations** - Activities of the fire and rescue department relating to rescue, fire suppression, emergency medical care, and special operations, including response to the scene of the incident and all functions performed at the scene.
* **Essential Job Task** - Task or assigned duty that is critical to successful performance of the job. See (Attachment C) for comparison of NFPA essential tasks.
* **Fire Department Physician or Designee (referred to as Fire Department Physician)** - A licensed physician of medicine or osteopathy who has been designated by the fire rescue system to provide professional expertise in the areas of occupational safety and health as they relate to emergency services.
* **Medically** - A determination by the fire department physician that the candidate or current member meets the medical requirements of this standard.
* **Uniform Member** - A fire and rescue member can be a full-time or part-time employee or a paid or un-paid volunteer, can occupy any position or rank within the fire department, and can engage in emergency operations.
* **Medical Evaluation** - The analysis of information for the purpose of making a determination of medical certification. Medical evaluation includes a medical examination and any tests deemed appropriate and necessary by the physician for a complete evaluation.
* **Supervisor** - A member that has been promoted to the rank of Lieutenant or higher.
* **TB Evaluation** - Interferon-Gamma Release Assays (IGRAs) blood test (e.g. QuantiFERON Gold) or chest x-ray as indicated.

**PROCEDURE**

All uniform members and candidates should follow the Annual Medical Evaluation Policy and maintain a current medical evaluation.

*TB Evaluations*

All candidates shall obtain an initial TB evaluation (if not contraindicated by previous positive TB evaluation) in accordance with OSHA 29 CFR 1910.134. Candidates are required to have a TB evaluation prior to starting training other than CPR, Infectious Control and HIPAA.

*OSHA Respirator Medical Evaluation Questionnaire*

All uniform members and candidates shall complete an annual OSHA Respirator Medical Evaluation Questionnaire (Attachment A) or a medical evaluation that obtains the same information as the medical questionnaire in accordance with OSHA 29 CFR 1910.134.

Annual OSHA Medical Evaluation Questionnaire for uniform members shall be completed in conjunction with the Annual Medical Evaluation.

The Fire Department Physician may require a medical evaluation for a uniform member or candidate who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C, or whose initial medical evaluation demonstrates the need for a follow-up medical examination.

Obtain a written recommendation regarding the member's ability to use the respirator from the health care provider (Attachment A). This is needed for the member to be medically qualified.

Any member not receiving an annual OSHA Medical Evaluation Questionnaire shall be deemed non-operational and shall not participate in emergency response and/or training activities.

*Immunizations*

All uniformed members shall be immunized against infectious diseases as required by the authority having jurisdiction and by 29 CFR 1910.1030. Hepatitis-B, polio, measles, mumps, rubella, tetanus/diphtheria, and chicken pox (Varicella) are examples of the required immunizations.

*Medical Evaluations*

Medical evaluations for all uniform members will meet the requirements outlined in NFPA 1582. Particular attention must be paid to the essential job tasks and functions of individual candidates or members when applying this standard.

EMS only providers will receive the identical components of the NFPA 1582 examinations. However, the medical fitness determination will be by the Fire Department Physician as to whether an EMS only provider is fit for duty will be based on the essential job Functions for EMS only providers as identified in Appendix E. (NFPA 1582 chapters 6,8, and 9 will be guidelines for the Fire Department Physician, but not thoroughly applied).

The fire department physician shall use the validated list of essential job tasks and competencies in evaluating the ability of a member with specific medical conditions to perform specific job tasks and competencies.

This list may be altered for uniform members of specialized teams.

A medical evaluation of a candidate shall be conducted prior to the candidate's being placed in training programs involving any physical activity or fire rescue department operational activities.

Medical evaluations shall be conducted as a baseline for surveillance and annually thereafter. Annual medical evaluations shall be compared to baseline and subsequent evaluations to identify clinically relevant changes.

Annual medical evaluations for uniform members shall be conducted during each year. The Annual OSHA Medical Evaluation Questionnaire for uniform members shall be completed in conjunction with the Annual Medical Evaluation.

Each member shall have an annual medical evaluation every 12 months.

Any member not receiving an annual medical evaluation shall be deemed non-operational and shall not participate in emergency response and/or training activities.

An occupational medical evaluation shall be performed following a member’s occupational exposure, illness, injury, or protracted absence from the job that has the potential to affect his/her performance or the safety of other members.

The medical evaluation of a uniform member or candidate shall include a medical history, examination, and any laboratory tests required to detect physical or medical condition(s) that could adversely affect his/her ability to safely perform the essential job tasks.

If something is found or revealed during the occupational medical evaluation that requires follow-up with the member's personal physician before clearance is received, that information must be shared with the Fire Department Physician. Any examinations or tests performed by the member's personal physician or other health care provider will be at the member's expense.

**RESPONSIBILITIES**

**Fire and Rescue Chief**

Monitor compliance and enforce requirements.

### **Health and Safety Officer**

Act as the Program Administrator for the Organization. Update the medical evaluation program procedure as required. Conduct compliance audits and report findings to the Fire and Rescue Chief. Oversee records management for the medical evaluation program.

### **Fire Department Physician**

Evaluate candidates and uniform members to identify medical conditions that could affect his/her ability to safely respond to and participate in emergency operations.

Inform the Health and Safety officer or his/her designee whether or not the candidate or uniform member is medically certified to safely perform the essential job tasks.

Report the results of the medical evaluation to the candidate or uniform member, including any medical condition(s) identified during the medical evaluation and the recommendation as to whether the candidate or uniform member is medically certified to safely perform the essential job tasks.

Follow the guidance and recommendations from NFPA **1582,** Standard on Comprehensive Occupational Medical Program for Fire Departments, Current Edition, and this Standard Operating Procedure, Appendix E.

Ensure that all members are offered currently recommended immunizations.

### **Uniform Member/Candidate**

Provide complete and accurate information to the fire department physician and other authorized medical care provider(s).

Report to the fire department physician any medical condition that could interfere with the ability of the individual to safely perform essential job tasks, such as illness or injury, use of prescription or nonprescription drugs, mental health issues and pregnancy.

### **Volunteer Department Chief (Or Designee)**

Ensure members are compliant in annual medical evaluations and respirator questionnaires.

Identifies the type of physical needed (Annual, Pre-employment/membership, junior, EMS provider) and completes the physical authorization form to be turned into the Health and Safety (Or Designee) for approval.

Communicate with membership the responsibilities and obligations of the medical physical policy and procedures.

*Attachment A*

**OSHA Respirator Medical Evaluation Questionnaire**

Name:

Fire and Rescue Department:

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

**To the member’s department:** Answers to questions in Section 1 and Question 9 in Section 2 of Part A do not require a medical examination.

# To the member:

Can you read (circle one)? Yes / No

Your department must allow you to answer this questionnaire during normal working hours or at a time and place that is convenient to you. To maintain your confidentiality, your department or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it

**OSHA Respirator Medical Evaluation Questionnaire**

**Appendix C to Sec. 1910.134 (Mandatory)**

To the employer:

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

**Part A. Section 1.** (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date:
2. Your name:
3. Your age (to nearest year):
4. Sex (circle one): Male/Female
5. Your height: ft. in.
6. Your weight: lbs.
7. Your job title:
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):
9. The best time to phone you at this number:
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
	1. N, R, or P disposable respirator (filter-mask, non-cartridge type only).
	2. Other type (for example, half- or full-facepiece type, powered-air purifying, supplied- air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s):

**Part A**. **Section 2.** (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you *ever had* any of the following conditions?
	1. Seizures: Yes/No
	2. Diabetes (sugar disease): Yes/No
	3. Allergic reactions that interfere with your breathing: Yes/No
	4. Claustrophobia (fear of closed-in places): Yes/No
	5. Trouble smelling odors: Yes/No
3. Have you *ever had* any of the following pulmonary or lung problems?
	1. Asbestosis: Yes/No
	2. Asthma: Yes/No
	3. Chronic bronchitis: Yes/No
	4. Emphysema: Yes/No
	5. Pneumonia: Yes/No
	6. Tuberculosis: Yes/No
	7. Silicosis: Yes/No
	8. Pneumothorax (collapsed lung): Yes/No
	9. Lung cancer: Yes/No
	10. Broken ribs: Yes/No
	11. Any chest injuries or surgeries: Yes/No
	12. Any other lung problem that you've been told about: Yes/No
4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
	1. Shortness of breath: Yes/No
	2. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:

Yes/No

* 1. Shortness of breath when walking with other people at an ordinary pace on level ground:

Yes/No

* 1. Have to stop for breath when walking at your own pace on level ground: Yes/No
	2. Shortness of breath when washing or dressing yourself: Yes/No
	3. Shortness of breath that interferes with your job: Yes/No
	4. Coughing that produces phlegm (thick sputum): Yes/No
	5. Coughing that wakes you early in the morning: Yes/No
	6. Coughing that occurs mostly when you are lying down: Yes/No
	7. Coughing up blood in the last month: Yes/No
	8. Wheezing: Yes/No
	9. Wheezing that interferes with your job: Yes/No
	10. Chest pain when you breathe deeply: Yes/No
	11. Any other symptoms that you think may be related to lung problems: Yes/No
1. Have you *ever had* any of the following cardiovascular or heart problems?
	1. Heart attack: Yes/No
	2. Stroke: Yes/No
	3. Angina: Yes/No
	4. Heart failure: Yes/No
	5. Swelling in your legs or feet (not caused by walking): Yes/No
	6. Heart arrhythmia (heart beating irregularly): Yes/No
	7. High blood pressure: Yes/No
	8. Any other heart problem that you've been told about: Yes/No
2. Have you *ever had* any of the following cardiovascular or heart symptoms?
	1. Frequent pain or tightness in your chest: Yes/No
	2. Pain or tightness in your chest during physical activity: Yes/No
	3. Pain or tightness in your chest that interferes with your job: Yes/No
	4. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
	5. Heartburn or indigestion that is not related to eating: Yes/No
	6. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
3. Do you *currently* take medication for any of the following problems?
	1. Breathing or lung problems: Yes/No
	2. Heart trouble: Yes/No
	3. Blood pressure: Yes/No
	4. Seizures: Yes/No
4. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
	1. Eye irritation: Yes/No
	2. Skin allergies or rashes: Yes/No
	3. Anxiety: Yes/No
	4. General weakness or fatigue: Yes/No
	5. Any other problem that interferes with your use of a respirator: Yes/No
5. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full- facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

1. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No
2. Do you *currently* have any of the following vision problems?
	1. Wear contact lenses: Yes/No
	2. Wear glasses: Yes/No
	3. Color blind: Yes/No
	4. Any other eye or vision problem: Yes/No
3. Have you *ever had* an injury to your ears, including a broken ear drum: Yes/No
4. Do you *currently* have any of the following hearing problems?
	1. Difficulty hearing: Yes/No
	2. Wear a hearing aid: Yes/No
	3. Any other hearing or ear problem: Yes/No
5. Have you *ever had* a back injury: Yes/No
6. Do you *currently* have any of the following musculoskeletal problems?
	1. Weakness in any of your arms, hands, legs, or feet: Yes/No
	2. Back pain: Yes/No
	3. Difficulty fully moving your arms and legs: Yes/No
	4. Pain or stiffness when you lean forward or backward at the waist: Yes/No
	5. Difficulty fully moving your head up or down: Yes/No
	6. Difficulty fully moving your head side to side: Yes/No
	7. Difficulty bending at your knees: Yes/No
	8. Difficulty squatting to the ground: Yes/No
	9. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
	10. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

**Part B** Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

1. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them:

1. Have you ever worked with any of the materials, or under any of the conditions, listed below:
	1. Asbestos: Yes/No
	2. Silica (*e.g.*, in sandblasting): Yes/No
	3. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
	4. Beryllium: Yes/No
	5. Aluminum: Yes/No
	6. Coal (for example, mining): Yes/No
	7. Iron: Yes/No
	8. Tin: Yes/No
	9. Dusty environments: Yes/No
	10. Any other hazardous exposures: Yes/No

If "yes," describe these exposures:

1. List any second jobs or side businesses you have:
2. List your previous occupations:
3. List your current and previous hobbies:
4. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

1. Have you ever worked on a HAZMAT team? Yes/No
2. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them:

1. Will you be using any of the following items with your respirator(s)?
	1. HEPA Filters: Yes/No
	2. Canisters (for example, gas masks): Yes/No
	3. Cartridges: Yes/No
2. How often are you expected to use the respirator(s)? (circle "yes" or "no" for all answers that apply to you):
	1. Escape only (no rescue): Yes/No
	2. Emergency rescue only: Yes/No
	3. Less than 5 hours *per week:* Yes/No
	4. Less than 2 hours *per day:* Yes/No
	5. 2 to 4 hours per day: Yes/No
	6. Over 4 hours per day: Yes/No
3. During the period you are using the respirator(s), is your work effort:
	1. *Light* (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: hrs. mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

* 1. *Moderate* (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: hrs. mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

* 1. *Heavy* (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: hrs. mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling; standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

1. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or

equipment:

1. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No
2. Will you be working under humid conditions: Yes/No
3. Describe the work you'll be doing while you're using your respirator(s):
4. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):
5. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):
	1. Name of the first toxic substance: Estimated maximum exposure level per

shift:

Duration of exposure per shift:

* 1. Name of the second toxic substance: Estimated maximum exposure level per

shift:

Duration of exposure per shift:

* 1. Name of the third toxic substance: Estimated maximum exposure level per

shift:

Duration of exposure per shift:

* 1. The name of any other toxic substances that you'll be exposed to while using your respirator:
		1.
		2.
		3.
1. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

Upon completion of this questionnaire please have the Fire Department Physician review and complete Attachment B of this Procedure.

***Attachment B***

**Medical Clearance Form**

**Name:**

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by physician:**

Date of exam:

I have reviewed the accompanying “Physicians Guide Regarding Medical Clearance,” which includes a summary of the essential job functions as outlined by current National Fire Protection Standard (NFPA) *1582: Standard on Comprehensive Occupational Medical Program for Fire Departments*. I understand that I am being asked to provide this medical clearance in order to assure the Fire and Rescue Department that, to a reasonable degree of medical certainty and based upon the information that I have, the person examined by me is medically capable of participating in all/some/none of the essential job functions listed herein. I have examined the above-named individual, reviewed his/her medical history, and make the following recommendations for his/her participation as a fire and rescue member.

**Full Participation Interim Status- (follow up information required) \* No Participation**

**\*Follow up Requirements:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Interim Status Expires:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name (print): Address:

City: State: Zip:

Telephone:

**Physician’s Signature: Date:**

**OSHA Respirator Questionnaire Medical Clearance**

**(Based on responses and evaluations from OSHA Questionnaire (Attachment A)**

This person can wear a respirator without restrictions. This person cannot use a respirator.

A follow-up medical evaluation is required (fill in requirements above.)

 **Physician’s Initials:**

# *Attachment C*

# PHYSICIANS’ GUIDANCE REGARDING

**MEDICAL CLEARANCE**

Firefighting and emergency medical response remain one of the most dangerous occupations in the United States. Research has repeatedly shown the need for high levels of fitness to perform safely in the fire rescue service. The individual’s long hours, shift work, sporadic high intensity work, strong emotional involvement, and exposure to human suffering places the job among the most stressful occupations in the world. High levels of stress, intense physical demands, and long-term exposure to chemicals and infectious disease contribute to heart disease, lung disease, and cancer – the three leading causes of death and occupational disease disability.

The department will be happy to provide a complete copy of the Standard if requested.

**Essential Job Functions**

**NPFPA 1582- 5.1.1** The fire department shall evaluate the following 14 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. While wearing personal protective ensembles and self-contained breathing apparatus (SCBA), 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 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 mask, which requires the ability to tolerate increased respiratory workloads
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and no biological 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. While wearing personal protective ensembles and SCBA, 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. While wearing personal protective ensembles and SCBA, advancing water-filled hoselines up to 21Ш2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
8. While wearing personal protective ensembles and SCBA, 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 medication(s), 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
12. Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers)
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members
14. Working in shifts, including during nighttime, that can extend beyond 12 hours