

# PHOENIX FIRE DEPARTMENT

## VOLUME 1 – Operations Manual

### HEALTH CENTER

MP105.01 03/06 - R

To promote and maintain the highest possible level of health, fitness and productivity of Phoenix Fire Department members through a coordinated program consisting of:

1. Medical and fitness tracking annually
2. Stress management
3. Nutritional counseling
4. Alcohol and drug abuse counseling
5. Physical fitness
6. Tobacco cessation training
7. Diet and weight management
8. Health education
9. Family counseling
10. Evaluation and Treatment of Industrial Injuries
11. Industrial leave management
12. Alternate duty management

The Phoenix Fire Department Health Center will operate in a professional, safe manner to identify the onset of medical problems as early as possible.

The physician will confidentially discuss any medical problem **individually** with each member. In the event of injury or illness, the Health Center will offer rehabilitation and retraining.

### LOCATION AND OPERATIONS

The Phoenix Fire Department Health Center is located at 150 South 12<sup>th</sup> Street.

The clinic consists of three areas: medical health screening area, physical fitness area and administrative area. The medical health screening area conducts all annual physicals as listed in attachment "A."

A physician dedicated to the Fire Department, the Fire Department Physician, will administer the annual Fire Department physicals and oversee all medical testing.

The physician will be referred to in this procedure as the Fire Department Physician.

Reference to the City Physician will be to any physician who is under contract with the City of Phoenix. Permission to return to work from either sick leave or industrial leave will be determined by the Fire Department Physician at the Health Center, in accordance with Personnel Rule 15E, 1 through 5.

The physical fitness area will be equipped to perform physical fitness evaluations in a confidential setting in accordance with the IAFF/IAFC Wellness/Fitness Initiative, for maintaining regular aerobic conditioning, muscular strength and increasing flexibility. Hours of operation will be determined by need.

The administrative area of the Health Center will be responsible for maintaining communication between the Fire Department Physician and the member, tracking for annual physicals, maintaining equipment, assisting in special programs such as nutrition, weight training, health education, Industrial Leave, Alternate Duty, employee assistance programs and assistance in any other program to promote health/fitness for the Phoenix Fire Department.

## **PARTICIPATION**

In accordance with NFPA 1500 and OSHA Respirator Standards 29 CFR 1910:134 pertaining to wearing SCBA, all sworn employees of the Phoenix Fire Department shall have an annual physical.

The physical shall consist of procedures listed in attachment "A" of this M.P.

Physicals will be scheduled by the Health Center and Shift Commanders month by month. The following schedule will be followed:

Battalion 1	January & February
Battalion 8	March & April
Battalion 19	April & May
Battalion 2	May & June
Battalion 3	July
Battalion 4	August & September
Battalion 6	October
Battalion 5	November
Battalion 7	December

All 40-hour members will be scheduled throughout the year. Every effort must be made by the Shift Commander and employees to complete physicals for each member within the appropriate year.

At the completion of the physical examination the Fire Department Physician will discuss the examination results with each member and a copy of the physical results will be sent to the member.

The Health Center is committed to the Phoenix Fire Department to provide the highest level of health maintenance to its members. It is the member's responsibility to comply with receiving a yearly physical.

1. If a member misses his scheduled annual physical due to vacation, sick leave, Tobin Day, etc, the member will have 30 days from his originally scheduled appointment to reschedule his physical.
2. If the member fails to reschedule his physical within 30 days the Health Center will schedule the **second** appointment.
3. If the member misses the second rescheduled appointment, the member will be considered not medically cleared for duty, and directed to the Health Center for the first available appointment by their Shift Commander or Battalion Chief.

An employee may waive the annual physical only if he/she has the physical examination performed by a licensed physician. If the member chooses to see their private physician, an appointment **MUST** be made with their private physician within 30 days of their scheduled physical that was with the Health Center. The required results must be mailed or faxed to the Health Center to be reviewed by the Fire Department Physician. After the results have been reviewed and have met the required standards, the results will be inserted in the employee's medical file. The physical performed by private physicians must conform to Department standards and consist of all elements specified in Attachment "A."

In this case, the employee is responsible for the cost of such physical performed in lieu of the Fire Department physical.

## **CONFIDENTIALITY**

Medical information obtained through the Medical Health and Physical Fitness Evaluations will be maintained according to physician-patient confidentiality standards and HIPPA Guidelines.

If a medical problem is detected during the physical examination that would be deemed threatening for the member to remain on active duty, the Fire Department Physician will recommend an alternative duty status.

The Fire Department Physician will notify the Fire Chief or his designee of the duty status of the member, without disclosing confidential medical information.

## **MEDICAL ARBITRATION**

In the event the member disagrees with the opinion of the Fire Department Physician, the member can seek a second medical opinion by a physician of his/her choice. The member shall assume responsibility for payment of this examination.

The Fire Department Physician and the member's physician will confer to discuss the examination results. If there is no agreement, a third medical opinion will be obtained from a physician selected by the Fire Department's Physician and the member's physician. IME cost of this third medical opinion will be shared equally by the Fire Department and member. The three physicians will confer and the consensus medical opinion will be determined.

In the event the consensus medical opinion is that no life-threatening medical problem exists, the member will return to active duty status.

If the consensus medical opinion is, that in fact, the member's medical problem is life threatening, the consensus medical opinion will be submitted to an advisory panel.

The advisory panel shall consist of the Assistant Chief in charge of Personnel Services, the Fire Department Physician, IAFF Local 493 President and Business Manager or delegate.

The advisory panel will review the physicians' decisions and provide a recommendation concerning the member's duty status to the Fire Chief.

## **FITNESS EVALUATION**

At the same time a member is going through his/her physical examination, he/she will also have a fitness evaluation.

In years that a treadmill stress EKG is not performed aerobic capacity will be determined by another form of aerobic testing.

Strength testing will be determined by dynamic and static methods and flexibility will be evaluated.

Evaluation results will be provided to each member for comparison with accepted standards. Individual maintenance and improvement programs will be based on the member's previous results.

In any of the above listed events, standard reporting procedures shall be followed.

Industrial provisions in A.R. 2.32 shall be in effect for industrial claims.

### **THE TIER 4 HEALTH ASSESSMENT**

Since 1987, the Phoenix Fire Department Health Center has helped to restore the health of department members subjected to injury, illness or exposure. In addition, it was the intent of the Health Center to strengthen individuals so they could withstand both the physical and emotional insults of the job.

As our department increases in size and our members mature, it is necessary to become proactive in our approach to intervene early enough in a member's health to become effective. With early intervention, activities detrimental to the health of the member can be ceased, lifestyles can be altered, medications can be prescribed, and therapy or treatment can be initiated; with the member taking ownership of their overall health and actively participating in their wellness direction.

It has always been the policy of the Health Center Medical Director and his staff to recognize potentially health and life threatening maladies and initiate an alternative work assignment or complete work removal in order to preserve the health of the member and initiate proper treatment. With this in mind, the Fire Fighter Wellness Labor/Management Subcommittee created a guideline for this purpose entitled the **Tier 4 Health Assessment**.

The **Tier 4 Health Assessment** is designed to categorize a member's health and place ~~them~~ him in a Tier for assessment, monitoring and, if needed, removal from active duty field assignment.

### **BASIC MEDICAL GUIDELINES FOR PHOENIX FIREFIGHTERS**

Health Parameters for Firefighters with Tiers to Assess Need for Health/Wellness Intervention

#### **Health**

<b>Standards</b>	<b>Tier 4</b>	<b>Tier 3</b>	<b>Tier 2</b>	<b>Tier 1</b>
Body Fat %*	>30% Male >34% Female	25%-30% Male 30%-34% Female	20%-24% Male 24%-29% Female	<20% Male <24% Female
Blood Pressure	>160/110	>150/100	>140/90	<140/90
FEV <sub>1</sub> /FVC**	<59%	<65%	<75%	≥75%
Ratio				

METS***	<12.0	12.0-12.9	13.0-13.9	>14.0
Blood Sugar	>300	200-299	100-199	65-99
HbA1c <sup>+</sup>	8.0	>7.5	6.5-7.4	<6.5

**Tier 4:** Health issues sufficient to mandate removal from field and mandatory referral for wellness/fitness intervention

**Tier 3:** Health issues sufficient for mandatory referral for wellness/fitness intervention, but removal from field not yet required

**Tier 2:** Health issues noted where interventional support or change is recommended

**Tier 1:** Minimal health parameters fire members should maintain for field conditioning

\* Body Fat as measured by the *BOD/POD* (body composition tracking system). When considering for Tier 4, this measure should not be used independently, but considered along with other health risk factors.

\*\* Measured as part of Pulmonary Function Testing without use of bronchodilators

\*\*\* Measured as part of Cardiac Stress Testing, using Gerkin Protocol or other equivalent testing

+ Blood Sugar tested during fasting state. HbA1c performed for all Blood Glucose levels above 120 mg/dL.

### **CATEGORIZATION OF MEMBERS:**

Members found to be in Tier 1: Encouraged to maintain current health and fitness levels

Support is available

Members found to be in Tier 2: Encouraged to increase their current health and fitness levels

Support is available

Members found to be in Tier 3: Mandatory referral for health and fitness intervention

Support is initiated

Members found to be in Tier 4: Removal from active duty due to health and fitness levels

Support is mandatory

Member will be reassigned to an Alternative Duty position until that member meets Tier 3 status.

**FOLLOW UP:**

Members found to be in Tier 1: No follow up is needed unless requested by member.

Members found to be in Tier 2: No follow up is needed unless requested by member or doctor.

Members found to be in Tier 3: Follow ups are mandatory at the date scheduled by doctor.

Members found to be in Tier 4: Follow ups are mandatory at the date scheduled by doctor.

**REASSIGNMENT:**

The reassignment process for those members found to be in Tier 4 status is not intended to be punitive, but rather rehabilitative. The member will receive support in the areas in which he/she is in need including Peer Fitness Trainers, nutritionists and physical therapists. During the time the member is assigned to Alternative Duty, meetings with support staff and daily exercise routines are mandatory in order to expedite the return of that member to full active duty. It will be the discretion of the medical director as to when that member may return to full active duty.

**ATTACHMENT A**

Sworn Fire Personnel Medical Examinations

1. COMPLETE MEDICAL HISTORY

- a. Medical and surgical history
- b. Family history
- c. Allergy history
- e. Prior work/exposure history
- f. Prior history of toxic involvement
- g. Reproductive history

- d. Review of body systems
- h. Stress evaluation

## 2. OPHTHALMOLOGIC SCREENING

- a. Visual acuity - near and far point
- d. Lateral phoria
- b. Color vision
- e. Stereopsis
- c. Field of vision

## 3. AUDIOMETRY

- a. Hearing thresholds for 500 to 8,000 hertz

## 4. URINALYSIS

- a. Specific gravity
- d. pH
- b. Albumin
- e. Blood
- c. Sugar
- f. Microscopic examination (if clinically needed)

## 5 . VITAL SIGNS

- a. Temperature
- c. Blood pressure
- b. Height and weight
- d. Pulse rate

## 6. ELECTROCARDIOGRAM

- a. Twelve-lead resting tracing
- b. Treadmill exercise cardiac stress test

## \*\* 7. RADIOLOGY

- a. Chest X-ray, PA, 14 x 17

## 8. PULMONARY FUNCTION SCREENING TEST

- a. Vital capacity
- b. One second forced expiratory volume

## 9. HEMATOLOGY PROFILE

- a. Hemoglobin count
- d. White blood count

- b. Hematocrit
- c. Red blood count

e. WBC differential count

#### 10. BLOOD CHEMISTRY PROFILE

- |                         |                   |
|-------------------------|-------------------|
| a. Calcium              | l. SGOT           |
| b. Phosphorus           | m. Globulin       |
| c. Glucose              | n. Triglycerides  |
| d. Urea nitrogen        | o. SGPT           |
| e. Uric acid            | p. GGPT           |
| f. Cholesterol          | q. HDL            |
| g. Total protein        | r. CHOL/HDL ratio |
| h. Albumin              | s. Sodium         |
| i. Total bilirubin      | t. Potassium      |
| j. Alkaline phosphatase | u. Chloride       |
| k. LDH                  | v. CRP            |

#### 11. OTHER LAB STUDIES

- a. PSA on all males 45 years of age and older
- b. Hepatitis B antibodies titer

#### 12. STOOL OCCULT BLOOD TEST (3) FOR STOMACH AND INTESTINAL TRACT BLEEDING FOR THOSE OVER AGE 40

#### 13. COMPLETE PHYSICAL EXAMINATION BY FIRE DEPARTMENT STAFF PHYSICIAN, INCLUDING:

- a. Fundoscopic examination of the retina of the eyes
- b. Rectal examination for men over 35
- c. Proctoscopic examination every 4.5 years for those over age 45 or with history of bleeding (This test is advisable, but optional.)
- d. Extensive physical examination
- e. Body composition will be determined by accepted bod pod procedures

#### 14. COMPLETE DISCUSSIONAL REVIEW OF EXAM RESULTS WITH EXAMINEE

a. Specific laboratory testing as directed by the work history and the physical examination

15. WRITTEN DOCUMENTATION OF EXAMINATION RESULTS TO BE PLACED  
IN THE HEALTH MAINTENANCE NOTEBOOK

16. WHEN INDICATED OR REQUESTED, A COPY OF THE EXAM RESULTS CAN  
BE FORWARDED TO THE EXAMINEE'S PERSONAL PHYSICIAN

\* Members 30 years old and under will be tested on treadmill every third year. Those 30 to 39 years old will be tested on treadmill every other year. Those 40 and older will be tested yearly.

\*\* Administered on pre-employment and every year for smokers and three years for nonsmokers.