## LONDON FIRE SERVICES



400 Horton Street London, Ontario Canada N6B 1L7



October 2023

As a result of your position within the London Fire Department, you may through the course of your duties, be exposed to a combination of hazardous substances. The Fire Department and Joint Health and Safety Committee have attempted to minimize these risks where possible using industry recognized personal protective equipment, education, and training, as well as the implementation of operational policies and procedures.

In recognition of the risks, the Joint Health and Safety Committee has developed the attached medical protocol. This medical protocol follows the requirements outlined under the '*National Fire Protection Association Standard on Comprehensive Occupational Medical Program for Fire Departments - 2018*'.

Given the nature of your work, you are encouraged to review the attached letter and medical protocol with your Attending Physician. As part of your annual physical, your Attending Physician may wish to include some, or all, of the testing outlined. Please note the London Fire Department, or Joint Health and Safety Committee do not require the results of this testing and will not be responsible for any costs associated with this testing.

If you have any questions, concerns, or feedback regarding this process, do not hesitate to contact your Joint Health and Safety Representative. Your Health is important, please take the time to review the attached with your Attending Physician.

Sincerely, Gary Bridge Ast Deputy Fire Chief Co-Chair, Joint Health and Safety

Jennifer Delaney Platoon Training Instructor Co-Chair, Joint Health and Safety

London Fire Department 400 Horton Street East, London ON N6B 1L7 519 619 8836 Fax 519 661-6507 gbridge@london.ca

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400 Horton Street London, Ontario Canada N6B 1L7



October 2023

Dear Attending Physician,

The London Fire Department is providing this general information to ensure the ongoing health of your patient, who works in the Fire Service. The London Fire Department is providing this document in recognition that those in the Fire Service may, through the course of their duties, be exposed to a combination of hazardous situations throughout their career.

The London Fire Department have attempted to minimize these risks, where possible, through industry recognized personal protective equipment, education, and training, as well as the implementation of operational policies and procedures. In recognition of potential situations and exposures, we request you consider the attached noted tests, which have been recognized by the 'National Fire Protection Association Standard on Comprehensive Occupational Medical Program for Fire Departments', as part of your patient's annual physical. It allows for early detection of diseases and illnesses.

Please note that these tests are voluntary and are up to your discretion, if you feel they are advisable or not. The London Fire Department does not require the results of this testing and will not be responsible for any costs associated with the testing.

Thank you for taking the time to read this letter and for your effort to optimize the health of those in the Fire Service.

If you have any questions, please reach out to Ast Deputy Fire Chief Gary Bridge at 519-619-8836.

Sincerely Gary Bridge Ast Deputy Fire Chief London Fire Department

Components of the Annual Occupational Medical Evaluation

London Fire Department 400 Horton Street East, London ON N6B 1L7 519 619 8836 Fax 519 661-6507 gbridge@london.ca

## NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments

Section	Description
7.4.3	Each medical evaluation shall include a medical history (including exposure history), physical
	examination, blood test, urinalysis, vision tests, audiograms, spirometry, chest x-ray (as
	indicated) electrocardiogram, cancer screening (as indicated), and immunizations and
	infectious disease screening (as indicated). Details are listed below.
7.5	Medical History
7.5.2	An annual medical history questionnaire, which includes changes in health status and known
	occupational exposures since the previous annual evaluation, shall be completed by each
7.0	member to provide follow-up information.
7.6	Physical Examination
	The annual physical examination shall include each of the following components
	Vital Signs
	<ul> <li>Head, eyes, ears, nose, and throat (HEENT)</li> <li>Neck</li> </ul>
	Cardiovascular
	<ul> <li>Pulmonary</li> </ul>
	Breast
	<ul> <li>Gastrointestinal (includes digital rectal exam as clinically indicated)</li> </ul>
	<ul> <li>Hernia</li> </ul>
	Lymph nodes
	Neurological
	Musculoskeletal
	<ul> <li>Skin (includes screening for cancers)</li> </ul>
	<ul> <li>Vision</li> </ul>
7.7	Ancillary Tests
7.7.1	Blood Tests. Blood tests shall be performed annual and shall include the following:
	CBC with differential, RBC indices and morphology, and platelet count
	<ul> <li>Electrolytes (Na, K, Cl, HCO<sub>3</sub>, or CO<sub>2</sub>)</li> </ul>
	Renal function (BUN, Creatinine)
	Glucose
	<ul> <li>Liver function tests (ALT, AST, direct and indirect bilirubin, alkaline phosphatase)</li> </ul>
	• Total cholesterol, HDL, LDL, clinically useful lipid ratios (e.g., percent LDL), and
	triglycerides
7.7.2	Urine Laboratory Tests. The urine laboratory tests required shall include the following:
	<ul> <li>Dipstick analysis for glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>
	<ul> <li>Microscopic analysis for RBC, WBC, casts, and crystals if indicated by results of</li> </ul>
	dipstick analysis
	Analysis for occupational chemical exposure if indicated
7.7.3	Audiology. Hearing thresholds be assessed annually in each ear at each of the following
	frequencies:
	<ul> <li>500 Hz, 1000 Hz, 2000 Hz, 3000 Hz, 4000 Hz, 6000 Hz, 8000 Hz</li> </ul>
774	Spirometry
7.7.4	Spirometry Pulmonary function testing (spirometry) shall be conducted annually to measure the member's
1.1.4.1	forced vital capacity (FVC), forced expiratory volume in 1 second (FEV <sub>1</sub> ), and the FEV <sub>1</sub> /FVC
	ratio.

7.7.5	Chest Radiographs
7.7.5.1	Chest x-rays shall include an initial baseline and shall be repeated every 5 years or as
	medically indicated.
7.7.6	Electrocardiograms (EKG)
7.7.6.1	A resting 12-lead EKG shall be performed as part of the baseline medical evaluation and shall
	be performed annually after age 40 or as clinically indicated.
7.7.8	Mammography
7.7.8.1	Mammography shall be performed on each female member biannually for those over the age
	or 40 and annually for those over the age 50 or as clinically indicated.
7.7.9	Immunization and Infectious Disease Screening
7.7.9	The following infectious disease immunizations or infectious disease screenings shall be
	provided, as indicated:
	Tuberculosis (TB) screening (PPD) - annually unless member has a history of positive
	PPD, in which case CDC guidelines for management and subsequent chest
	radiographic surveillance shall be followed
	<ul> <li>Hepatitis C virus screen - baseline and following occupational exposure</li> </ul>
	<ul> <li>Hepatitis B virus vaccinations and titers - as specified in CDC guidelines</li> </ul>
	<ul> <li>Tetanus/diphtheria/pertussis (Tdap) vaccine - booster every 10 years</li> </ul>
	<ul> <li>Measles, mumps, rubella vaccine (MMR) – in absence of documented immunity, two</li> </ul>
	doses of MMR to be administered according to current immunization guideline
	Polio Vaccine
	Hepatitis A vaccine
	<ul> <li>Varicella vaccine - offered to all non-immune personnel</li> </ul>
	<ul> <li>Influenza vaccine - offered to all personnel annually</li> </ul>
	HIV screening - available to all personnel
7.7.12	Heavy Metal Evaluation
7.7.12.1	Baseline testing for heavy metals shall be required when indicated by known exposure or
	substantial risk.
7.7.12.2	Evaluations shall be performed following known exposures, for recurrent exposures, or where
	required under federal, or provincial regulations.
7.7.13-	Cancer Screening
7.7.20	
7.7.13-	Colon, Prostate, Lung, Cervical, Testicular, Bladder, Oral, Thyroid Cancer Screening
7.7.20	