

OSHA Proposed Standard – Pain Points for Volunteer Fire and Emergency Service Departments

Let OSHA know how the proposed Emergency Response Standard will impact your department! Here is one ‘pain point’ that you can address in your comment. Submit your comments [here](#).

Note: Additional pain points will be added soon.

- 1. OSHA’s Proposed Rule:** All Emergency Service Organizations shall conduct a community or facility vulnerability and risk assessment for its service area, for the purpose of establishing its standards of response and determining the ability to match the community or facility’s risks with available resources.

The Pain Point: Does your fire department conduct hazard assessments (or pre-plans) to all commercial businesses? Does your department conduct hazard assessments to all vacant structures? Does your department pre-plan facilities that are subject to reporting requirements under the Emergency Planning and Community Right-to-Know Act (EPCRA)? Does your department have an incident plan for each of the hazard assessments for an emergency incident? If not, then you will not be compliant with the OSHA Proposed Ruling.

Tell OSHA: This is economically infeasible and there is no local funding for the hazard assessments of all buildings in your area. Let OSHA know what the cost would be to add one or more employees to be able to comply with conducting the yearly assessments. Be blunt – tell them you have no administrative staff to do this.

- 2. OSHA’s Proposed Rule:** OSHA’s inclusion of NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments, which requires annual medical evaluations proving fit for duty.

The Pain Point: The pain point comes in finding a doctor who can perform and meet the requirements of the standard, the cost to the fire and emergency services department, extra time requirements for a volunteer, and the administrative burden of scheduling and tracking exams.

Tell OSHA: This is economically infeasible. Tell OSHA what your budget is and if you don’t have administrative staff to schedule and track medical exams. Tell OSHA if you are in a rural area with poor access to occupational medical care or are unable to find a doctor who can perform all the requirements found in NFPA 1582 or that are willing to sign off. Tell OSHA about volunteer firefighters traveling hours out of their way to get the physicals or the added costs of having an organization come to the department to perform the physicals. The cost of a NFPA 1582 physical for each

member can range from several hundred to several thousand dollars. Tell OSHA what this would cost your department. Tell OSHA about the time constraints with NFPA-compliant physicals – are they only available during the workday when volunteers are working their primary jobs?

- 3. OSHA’s Proposed Rule:** OSHA is seeking guidance on whether an action level of 15 exposures to combustion products within a year trigger medical surveillance consistent with NFPA 1582 is too high, too low, or an appropriate threshold.

The Pain Point: After each incident, in addition to an incident report, do you record what level of smoke or exposure to combustion products is experienced by every firefighter or officer who responded? If the number per year exceeds 15, or whatever number OSHA determines, are you prepared or capable of placing them under medical monitoring against a baseline physical also required meeting NFPA 1582?

Tell OSHA: There is no defined number of exposures that are determined to be the right number, so just as requiring annual exams is arbitrary and not based on science, so is the number of exposures. Tell OSHA that “exposure to combustion products” is not defined. Ask OSHA does it mean any smoke, such as from a brush fire or burnt bacon on the stove, or does it have to be an IDLH atmosphere?

- 4. OSHA’s Proposed Rule:** OSHA’s Proposed Rule is seeking input on whether the proposed rule should specify retirement ages for personal protective equipment (PPE). Current NFPA standards call for 10 years.

The Pain Point: Are all your firefighters using gear under 10 years of age? Can you afford to replace gear older than 10 years of age?

Tell OSHA: While 10 years seems reasonable for firefighters actively engaged in structural firefighting, do we rule out or discard gear 11 years of age even though it shows minimal signs of wear? How about others who perform support functions, or extrication, etc.? Some firefighters wear the same structural fire helmet for their entire career spanning 20 – 30 years. Is there statistical evidence by OSHA that helmets over 10 years of age are causing head injuries or burns? Gear that is used to run 600 calls per year doesn’t have the same wear and tear as gear that is used to run 85 calls per year.

- 5. OSHA’s Proposed Rule:** If approved, the new OSHA rules would require your fire department to conduct annual fitness for duty testing, essentially an annual

physical ability test that includes dragging dummies, hitting targets with axes, and forcing a door or breaching a wall.

The Pain Point: Most small fire departments have no training props. They have no facility for conducting a fitness for duty test, especially one that meets many legal requirements of consistency and fairness for all participants. This means hiring vendors to do the test or having firefighters drive hours to a test.

Tell OSHA: If your fire department can conduct a physical ability test each year. Tell them how far away the nearest facility for a test is. Tell them what props or facilities you have and don't have. Tell them your budget and what this will cost.



- 6. OSHA's Proposed Rule:** The proposed OSHA rules will require all personnel treating a patient in the back of an ambulance to wear a harness so they are belted and can move around.

The Pain Point: Harness systems for EMS in the back of the ambulance are rare. These systems have not been perfected and there is no standard for them. Ambulances would have to be retrofitted.

Tell OSHA: If you have an ambulance, tell OSHA if you have a harness system, or if your seatbelts don't allow for treating patients. Tell OSHA that there is no industry standard or agreed-upon technology for a harness that allows freedom of movement for treating patients. Tell OSHA how long it will be before you can purchase a new ambulance with a harness (when they become available), or what it would take to retrofit your current ambulances.

