



Clarke County Fire & EMS Commission
101 Chalmers Court, Suite B
Berryville, Virginia 22611
(540) 955-5132

AGENDA

May 9th, 2019

6:30pm

Clarke County Government Center – Meeting Room AB

1. Approval of Agenda
2. Public Comment
3. Approval of Minutes – April 11th, 2019 (p. 2-5)
4. Committee Reports – Information Only
 - Standards – See Attached report (Sub-Committee meets on May 8th)
 - i. Other reports (p. 15-17)
 - ii. Presentation-Evaluation (p. 6-14)
 - Technology – No report prior to meeting
 - Budget/Preparation - Status update only
5. Unfinished Business
 - Blue Ridge Staffing Request– Update – Information/vote (p. 18- 19)
 - Association (mediation subcommittee)– discussion/update
 - Incentive program review – discussion (p. 20)
6. Report from the Director of Fire and EMS – Information Only (p. 21- 24)
 - SOGS for review-Physicals (p. 25-30)
7. New Business
8. Summary of required action
9. Adjourn

All meeting documents will be distributed at meeting. Next meeting is on June 13th, 2019 at 6:30pm in the Clarke County Government Center – Meeting Room AB



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MINUTES

April 11th, 2019 6:30pm

Clarke County Government Center – Meeting Room AB

Attendees: Matt Hoff, Chairman
 David Weiss
 Tony Roper
 Jacob White
 Doug Lawrence
 Andrew Nicholson

Absent: Diane Harrison
 Bryan Conrad

Staff: David Ash
 Pam Hess
 Brian Lichty
 Melanie Radford

Chairman Hoff called the meeting to order at 6:30pm.

1. Mr. Lawrence made a motion to approve the agenda. The motion was passed with all in favor.
2. Public Comment - None
3. Mr. White questioned under #8 New Business of the minutes, Mr. Weiss announced the BOS would discuss the letter from Blue Ridge and take action at the March 16th, 2019 regular meeting, was that correct? Mr. Weiss confirmed his statement but the letter was not received in time to put on the agenda for that meeting. It has been added to the April 16th, 2019 meeting. Mr. Weiss also remarked that he stated the wrong time for the budget public hearing. The correct time should have been 7:00pm. The minutes were documented correctly, he is only clarifying this for the record. Mr. Roper made a motion to approve the March 14th, 2019 minutes. The motion was passed with all in favor.
4. Committee Reports
 - Standards - (see attached) Mr. Lichty reviewed with the group. Mr. White confirmed with Mr. Lichty some of the new data added and broken down to validate his understanding. This information was previously requested to be added to the report.
 - Technology - Mr. Roper indicated their meeting was just held an hour prior to the Commission meeting. He reported they were given an update of the radio project, informing them of a small delay on the cut over date but anticipate it will be by June 1, 2019 with a seamless transition. They are still on track to begin the second phase on July 1, 2019. They are exploring with Mr.

The attached minutes are DRAFT minutes. While every effort has been made to ensure the accuracy of the information, statements and decisions recorded in them, their status will remain that of a draft until such time as they are confirmed as a correct record at the subsequent meeting.



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Lichty a couple of software programs that can aid in incident management as well as search and rescue. They will continue to explore the options and evaluate them.

- Budget/Preparation - Mr. Lichty stated that nothing has changed since last month and the BOS will be voting next week. Mr. Weiss remarked that at the public hearing there were a few people who spoke, nothing specific in relation, just some differences and thoughts on overall spending. He doesn't anticipate any change from the BOS on the advertised budget. Action will be taken in the afternoon session next week.

5. Unfinished Business

- Blue Ridge Staffing Request - Mr. Lichty reviewed the last month's data from March 2019 with the group. In Mr. White's memo, Mr. Weiss asked what was meant by the sentence "Career staffing is not accurately reported in the IAR." Mr. White clarified that sometimes there may be an ALS provider on IAM responding but there has been a change made to the schedule, there's still coverage there, but they may not be ALS. So if the membership is looking to see who is there that day it may not be accurate. Some of the times are off due to the provider coming from their other job and not arriving at the scheduled time. Mr. Roper verified as he does monthly that the funds are still being provided by the County. Mr. Lichty confirmed. Mr. White made a motion to continue funding Blue Ridge's temporary staffing for another month. The motion was passed with all in favor.
- Association (mediation subcommittee) - Mr. Nicholson indicated that they have met with all 3 companies to date and have a scheduled meeting with the Association for next Wednesday, April 17, 2019. He mentioned that they have had excellent feedback from all parties so far and will keep the Commission updated.
- Incentive program review - Mr. Lichty reviewed with the group. Mr. White remarked that he did not remember there being an average on option 2. Mr. Lichty clarified that on page 20 of the February 2019 packet, there was a draft listed for what was currently laid out and the proposed change for everyone's reminder confirming where the average was listed. Mr. White explained that he didn't remember the average because in one of the examples given originally there was a typo and that was what brought it to his memory, stating that if a company missed a month, you missed the whole quarter. He thinks the average is better, he just didn't remember. Mr. Lichty's recommendation what would be first to decide if the Commission wants to change the incentive program and secondly that would dictate who would qualify. Mr. White noted that he is not in favor of changing the program, it's a volunteer program. He feels that if Boyce needs additional funds, the appropriate way would be requesting an increase. He stated that this is supposed to be for volunteer participation, understanding that Boyce pays for their own staff, but thinks the program needs to be kept as it is designed. Mr. Roper expressed that he has a difference of opinion, stating that the volunteers do many different things within the companies. Boyce decides to utilize volunteers to raise money and they use that money to fund those positions. Mr. Lawrence indicated that he agrees with Mr. Roper's comment. If some of the volunteers at Boyce are not able to run calls, this still gives them the incentive to participate in other ways, such as

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Bingo. Mr. Roper confirmed with Mr. Lichty that the way the program is currently done, it excludes Boyce's paid hours. Mr. Roper made a motion to include Boyce's paid staff in the hours and only County paid staff hours are to be excluded. Voting tied 2-2: For-Mr. Lawrence and Mr. Roper, Against- Mr. White and Mr. Nicholson. Tiebreaker-Chairman Hoff voted For. Motion passed 3-2. Mr. Lichty identified with the change, all 3 companies would qualify this quarter. He will start processing it next week.

6. Report from the Director of Fire and EMS - (see attached) Mr. Lichty reviewed with the group. Discussion-Mr. Lawrence's understanding of the discrepancy for the wrong address incident, was when dispatch called the ambulance was on the way and the wrong road was sent. Mr. Lichty indicated after investigating the recording, the wrong address was given twice by two different callers. Mr. Lichty stated that he had sent an email to the chiefs regarding their intent of use for the incentive funds but no one has responded yet. Did the representatives from the companies on the Commission want to give any information? Mr. Lawrence commented that he believes that Enders is giving a \$5.00 credit for every 10 hours put in to go towards purchasing of clothing/gear. Mr. White stated that for the second quarter the top 3 people who ran the most duty were picked and purchased job shirts and parka jackets for them. Chairman Hoff identified there was nothing in place at this time for Boyce. Mr. White inquired when where the emails sent to chiefs regarding Mr. Lichty offering to attend their company meeting. Mr. Lichty confirmed it was sent in January 2019 and will resend directly to Mr. White. Mr. White questioned how much is the tuition for the Paramedic class. Mr. Lichty indicated the total cost to include class time, testing fees, overtime for attendance, etc. is roughly \$11,000.00. He spoke to the BOS finance committee regarding the request and was asked to reserve the spot covering the \$300.00 fee until funding could be approved. Mr. Weiss encouraged the company representatives to go back to their stations and speak to them regarding the difficulty in getting receipts for the fire funds and what a nightmare it can be at times for staff to try to chase people down. Mr. Lichty described the submission of receipts and what is acceptable for clarification. Mr. White confirmed that Blue Ridge was current through January 2019. Mr. Lawrence is curious if Tri County Transports has to show a need for their service to the state. Mr. Lichty stated that there is nothing that he is aware of on the OEMS regulations agency side, but the state may investigate or look into it. Mr. Weiss acknowledged that the BOS just passed a resolution endorsing the need for this type of company. Chairman Hoff commented that the owner of Tri County Transports came to Boyce's regular meeting last night for a question and answer period because he would like to rent bay space from Boyce for his apparatus. No action was taken at this time. Mr. White -on page 16 he is assuming this information comes from the quarterly reports the companies fill out. Mr. Lichty confirmed and clarified that Blue Ridge's information was just received today so it was not included when the packet was completed.
 - SOGS for review - nothing new at this time.

7. New Business – None

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8. Summary of required action –
 - Processing of the incentives

9. Mr. Roper made a motion to adjourn. The motion was passed with all in favor at 7:06pm.

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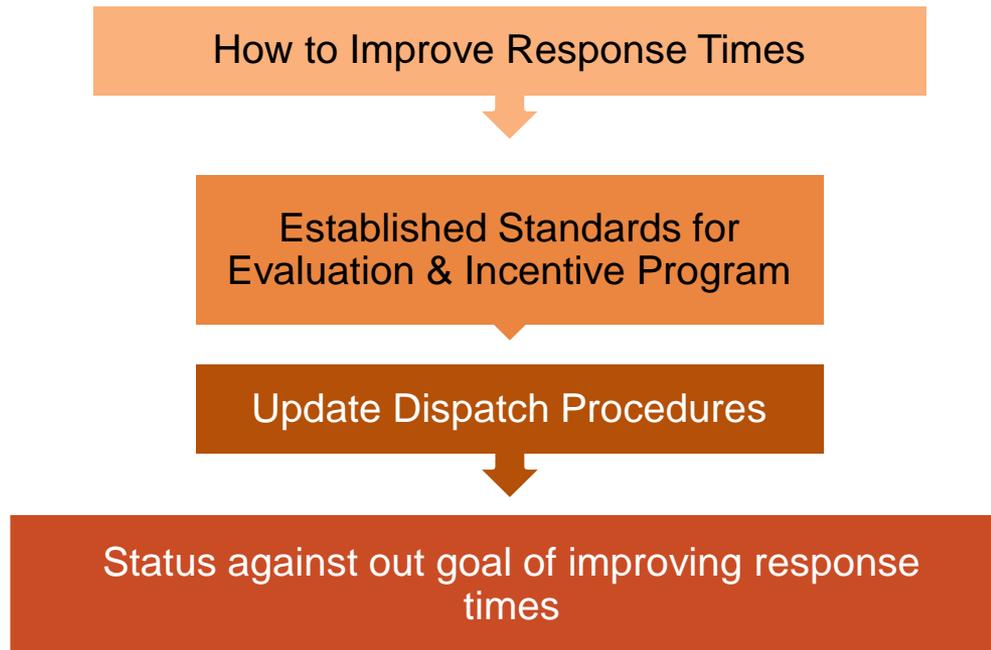
Minutes Transcribed by Melanie Radford

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Response Time Review 2019



STATUS SUMMARY

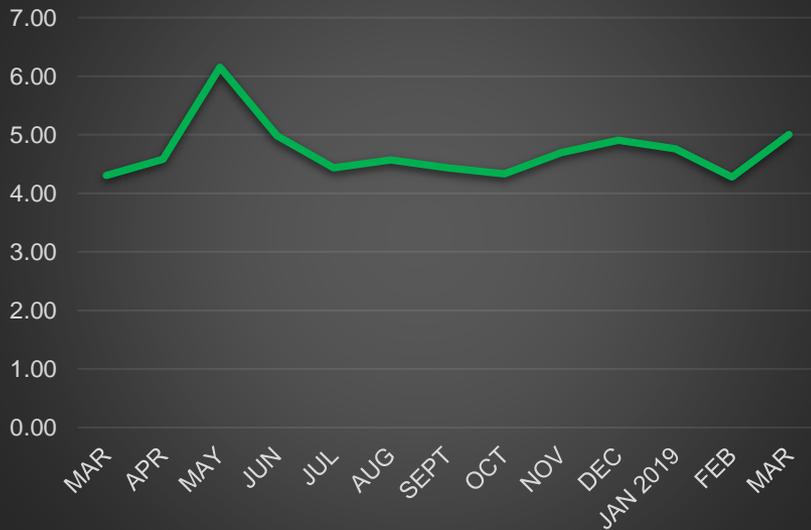


Dispatch to En-Route

Average EMS

Average Fire

Avg Res



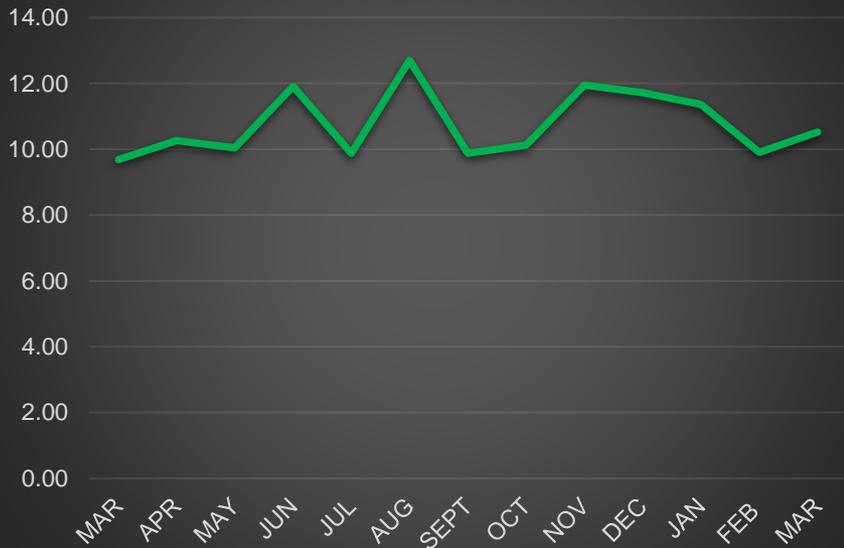
Avg Fire



Dispatch to On Scene

Average EMS

Avg Res

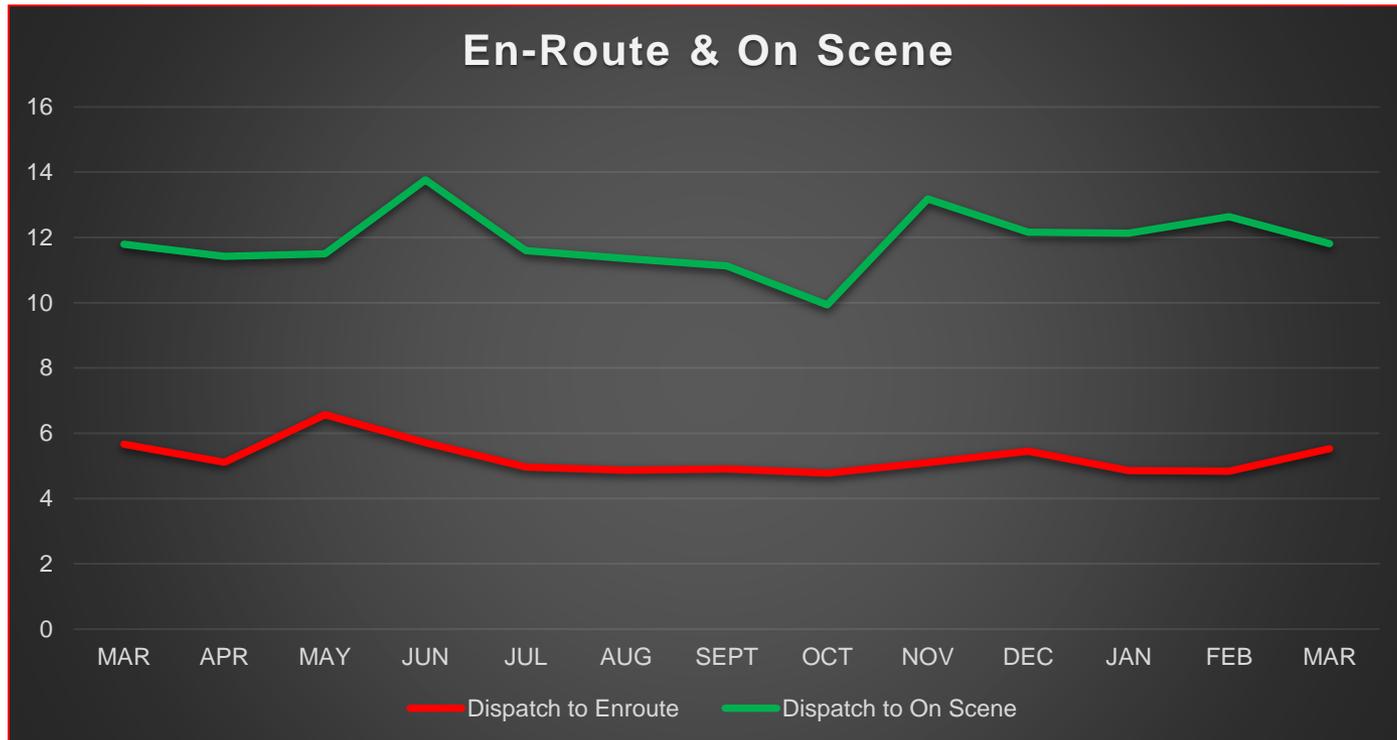


Average Fire

Avg Fire



Overall



Some National Standards

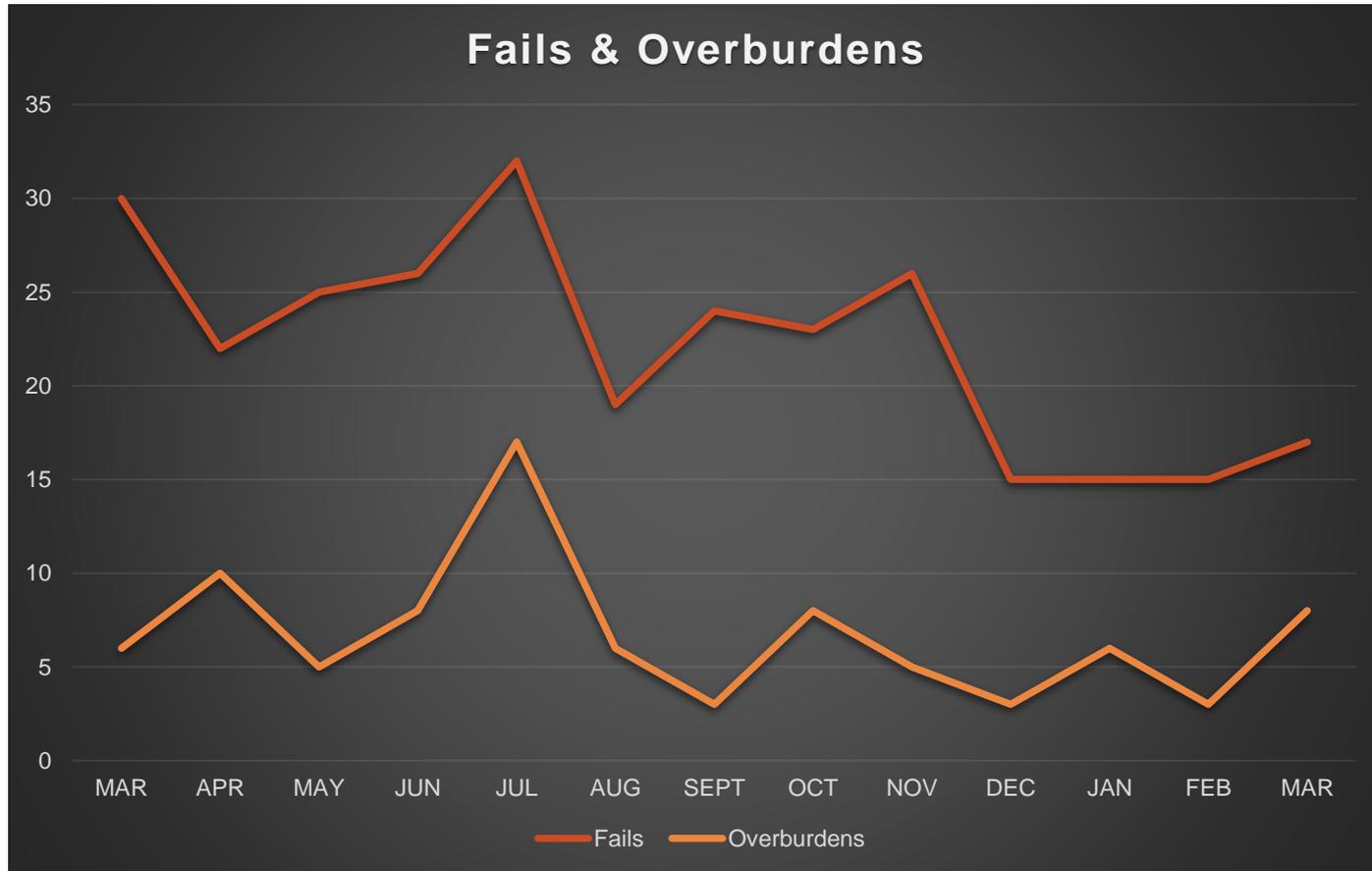
NFPA 1720 (Fire) – 6 personnel, 14 minutes

EMS ALS – Crew on scene within 8-10 min. 90%

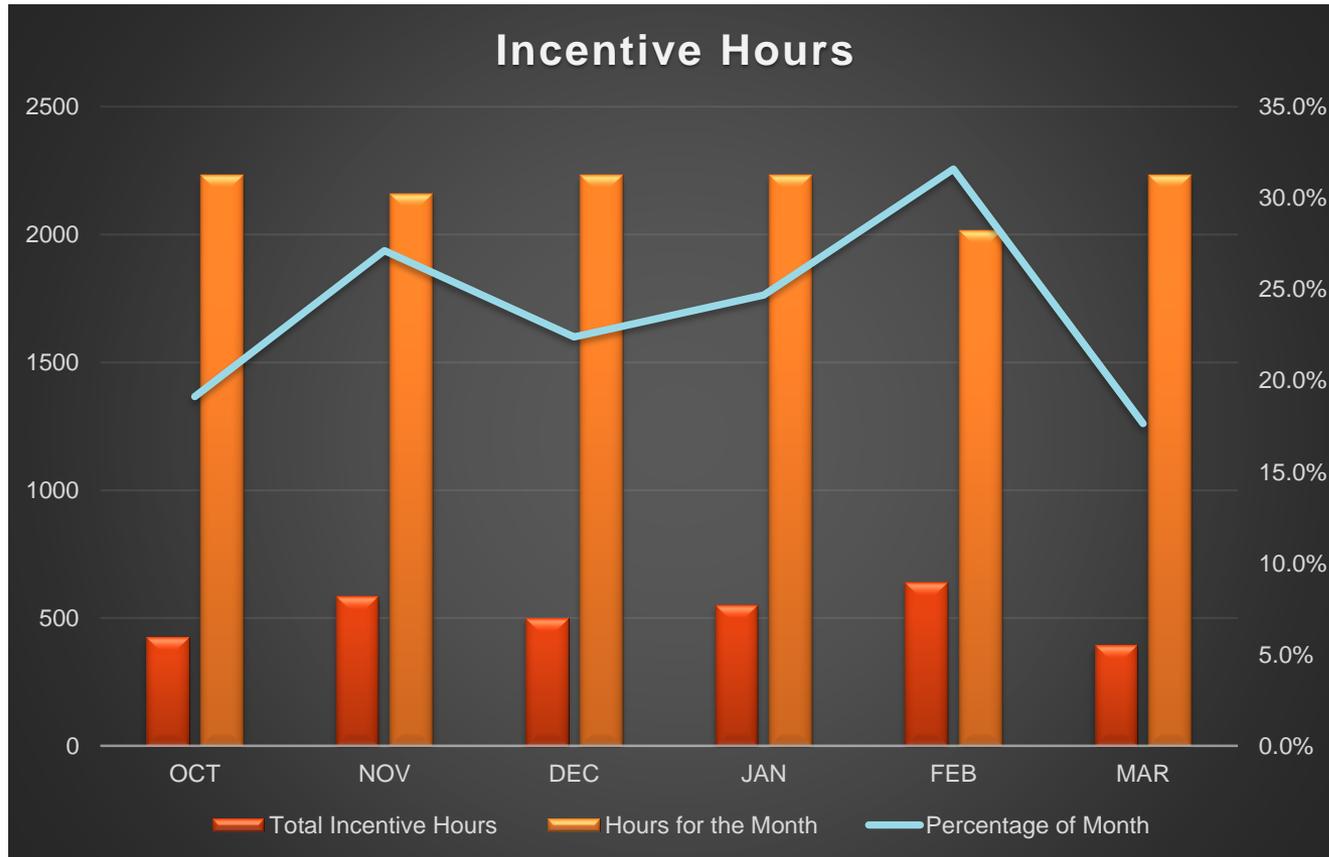
Cardiac Arrest – Crew on scene 4-6 min.



Overall



Overall-Incentive Program



ATTENTION AREAS

Trends/Findings

- Reduction in Failures and Overburdens
- Leveling off of response times
- Contributing factors to reductions
 - Dispatch Changes
 - Incentive Program

Actions Still Pending

- Establishing an IAMRESPONDING SOG
- Adding additional career personnel
- Reducing dispatch to en-route times



GOALS FOR NEXT REVIEW

DATE OF NEXT STATUS UPDATE

- March – April 2020

LIST GOALS FOR NEXT REVIEW

- Implement IAR SOG
- Implement additional staffing

OTHER ACTIONS

- Continue to evaluate monthly responses
- Evaluate where the calls are (box numbers)
- Evaluate who is on the call





Division of Fire and Rescue Services

Response Review Report

April 1, 2019 – April 30, 2019

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Station	AM Count	PM Count	WK Count	Total Count	AM Fail Count	PM Fail Count	WK Fail Count	Total Fail Count	AM Pct.	PM Pct.	WK Pct.	Total Pct.
Enders-Fire	14	9	6	29	0	0	0	0	0%	0%	0%	0%
Enders-EMS	59	49	32	140	4	0	0	4	6.8%	0%	0%	2.9%
Boyce-Fire	6	4	3	13	0	2	2	4	0%	50%	66.7%	30.8%
Boyce-EMS	19	12	9	40	0	5	1	6	0%	41.7%	11.1%	15%
Blue Ridge-Fire	4	1	6	11	0	0	0	0	0%	0%	0%	0%
Blue Ridge-EMS	16	14	11	41	1	4	0	5	6.3%	28.6%	0%	12.2%



***Division of Fire and Rescue Services
Response Review Report
Year to Date 2018-2019***

<i>EMS - Month</i>	<i>Total Count</i>	<i>Total Fail Count</i>	<i>Total Pct.</i>
February 2018	179	6	3.3%
March 2018	193	16	8.2%
April 2018	194	17	8.8%
May 2018	175	10	5.7%
June 2018	208	22	10.5%
July 2018	214	27	12.6%
August 2018	231	15	6.5%
September 2018	222	19	8.5%
October 2018	213	17	7.9%
November 2018	185	19	10.2%
December 2018	181	15	9.9%
January 2019	234	11	4.7%
February 2019	214	11	5.1%
March 2019	220	13	5.9%
April 2019	221		

<i>Fire - Month</i>	<i>Total Count</i>	<i>Total Fail Count</i>	<i>Total Pct.</i>
February 2018	50	4	8.0%
March 2018	79	9	11.3%
April 2018	73	5	6.8%
May 2018	83	10	12.0%
June 2018	79	4	5.0%
July 2018	74	5	6.8%
August 2018	60	4	6.6%
September 2018	78	5	6.4%
October 2018	59	6	10.1%
November 2018	60	7	11.6%
December 2018	62	3	4.8%
January 2019	71	4	5.6%
February 2019	78	4	5.1%
March 2019	59	4	6.7%
April 2019	53		

****This report reflects changes made by the Standards Sub-Committee***

MUTUAL AID RESPONSES

	SEPT	OCT 18	NOV 18	DEC 18	JAN 19	FEB 19	MAR 19	APR 19	MAY 19
Mt. Weather-EMS	27	0	0	0	0	0	0	0	
FIRE		0	0	0	0	0	0	0	
MA-Given/Request					1	1	2	2	
Warren Co.-EMS	12	14	20	12	12	12	24	18	
FIRE					3	3	4	3	
MA-Given/Request					1	1	0	0	
Frederick Co.-EMS	6	22	17	16	22	11	18	14	
FIRE					3	3	3	1	
MA-Given/Request					7	8	5	4	
Fauquier Co.-EMS	3	11	10	4	3	5	6	7	
FIRE					2	0	0	1	
MA-Given/Request					1	0	0	0	
Loudoun Co.-EMS	0	3	9	5	2	4	5	5	
FIRE					2	2	0	1	
MA-Given/Request					3	11	6	3	
TOTAL-	48	50	56	37	62	61	73	59	0
TOTAL CALLS MO.-	300	272	243	243	305	397	279	274	0
% OF TOTAL CALLS-	16.0%	18.4%	23.0%	15.2%	20.3%	15.4%	26.2%	21.5%	#DIV/0!

**Blue Ridge Volunteer Fire
Company**

Memo

To: Brian Lichy, Director Fire and Rescue

From: Jacob White, Fire Chief *JW*

Date: May 1, 2019

Re: April Staffing at Station 8

The month of April all days were staffed by career employees. Equipment check sheets have not been started yet. Still having issues with accuracy of career staffing on IAR. I recommend continuation of staffing Blue Ridge Volunteer Fire Company seven days a week, twelve hours a day.

BLUE RIDGE VFD - TEMP STAFFING REPORT

Apr-19

Dispatch to Enroute 5.4
Calls with no 1st due assist 1

Incidents	Total	First Call	Second Call	Third Call	4th Call	5th Call
First Due	9	6	3	0	0	0
Co. 1	0	0	0	0	0	0
Co. 4	11	8	3	0	0	0
Total-	20	14	6	0	0	0

Station Staffing	Personnel*	Hours	Type
Co. 8	36	177	Station, Home
Co. 1	71	Unk	Station, Home
Co. 4	79	Unk	Station, Home

* -Personnel totals could be same people multiple days
0 -Days with no staffing

Notes

Things continue to go well

Chiefs/Station Comments

Concerns over IAR staffing
Working with check sheets

FY 2019 INCENTIVE PROGRAM EVALUATION SHEET

	QUARTER 1			QUARTER 2				QUARTER 3			QUARTER 4		
	JUL	AUG	SEPT	OCT	NOV	DEC	Qtr Avg	JAN 19	FEB	MAR	APR	MAY	JUN
ENDERS	NA	NA	NA	191.75	291.25	225.25	236.08	222.25	199.75	213.2	141.25		
BOYCE wo/pt	NA	NA	NA	94	70.75	82.05	82.27	84.25	91.25	33.75	NA		
BOYCE w/pt								173	155.25	96.75*	189.25		
BLUE RIDGE	NA	NA	NA	141.25	224.25	193.5	186.33	156.25	282	181.25	169		

*-Avg Month-141.66

Receive Incentive of \$1250.00 per quarter, minimum avg hours-120

	Qrt 1	Qrt 2	Qrt 3	Qrt 4
ENDERS	NA	YES	YES	
BOYCE	NA	NO	YES*	
BLUE RIDGE	NA	YES	Yes	

*-With avg. & w/pt



County of Clarke, Virginia
Department of Fire, EMS and Emergency Management
Director Brian Lichty

DIRECTORS REPORT

Month-May 2019 (updated 5/3/2019)

Standard Reports

-Response Report – 274 Calls for Month of April, average of XX% “Failure”.

-Billing Report – April collections were \$50,600.04 (highest month ever!!), \$3,857.46 in patient balances and TNT's.

Updates-

- Top 3 categories for Errors – This replaces the top 3 reason non-billable which remains the same.
 - Other
 - Narrative
 - Signature
- Current SOGs for review (continued work being done by Chiefs);
 - Physicals
- Upcoming SOGs
 - Active Shooter

-Emergency Management

- LEMPG (local emergency management planning grant) is almost complete about 85% of funds have been spent and the first reimbursements have started to come in.
- Attended a meeting on this year's State Homeland Security Grant, this grant has a terrorism evaluation part to it, this helps determine where you fit on the list of priorities. I will be looking into this grant and give further information.
- We have completed MOU's with American Red Cross for the emergency shelters we have and I have sent a draft copy to schools for review.
- As part of a grant and working towards making our community a “Storm Ready” community 4 weather radios have been purchased, one for each station and my office.

-Budget

- Fiscal Year 2020 Budget – is now set, as a reminder the following items were approved for Fire – Rescue
 - Additional year of incentive program funding \$15,000
 - NFPA 1582 physical program - \$15,000
 - Recruitment/Retention/Training - \$5,000
 - No change in station stipends
 - SAFER Grant (5 positions), if not awarded, 1.5 people this year
 - Radio replacement - \$30,000 – Will be submitting for an AFG (Assistance to Firefighters Grant) for some additional funds for this project.
- Incentive funds for 3rd quarter have been processed, departments should be seeing it soon.
- The SAFER grant is complete and is now submitted, will keep everyone informed as we progress through the process
- I have submitted for a Firehouse Subs Grant for a personnel protective gear washer and dryer this was for a total of approximately \$8,000. This is a 100% grant, only matching funds will be for the cost to install.

-Strategic Goals

1) Strategic Vision and Effective Leadership

- The Blue Ridge Staffing update – Staffing continues to go well, no significant issues
- I have sent emails out to each chief offering to attend 1 of their company meetings a month to answer any questions and to help improve upon communications. At this time I have received 1 replay.
- The County is working on updating the website, please let me know if there is other things that are not currently on the website that you would like to see. There is a short window for this.
- The Chiefs are reviewing some programs that will track certifications management to meet the objectives identified in the Strategic Plan. Once the Chiefs have narrowed down the selection, I will present to the Commission.
- Will be working with JAS to come up with some administrative training for administrative personnel in each department that will cover – Fire programs funds, Four-for-life funds, how to request stipends, how payments are processed, and other miscellaneous things.
- Working on a NFPA 1582 physical informational class that will offered to the departments to explain information about the physical program.
- I will be attending a summit in Glen Allen from May 16 – 17th, this will cover some State and Federal changes to NFPA, laws, etc.

- This month I will be presenting a review of all of the actions to date to help with our goal of reducing response times and decreasing our, failures, overburdens, etc

2) Fire and EMS Operations

- Working on a daily operational briefing sheet that will go out to anyone that would like it, anticipate to do a 2 week trial by the middle of this month.
- As part of the FY 20 budget we are working on setting up a CPR delivery class that will be done once a quarter that anyone in the system will be able to attend (no cost to individuals or departments)
- With the change to box numbers I have now started to send the Chiefs each month a breakdown of calls within each box. They may use this information to better plan for the future and to help them in their operations.
- Mobile Data Terminal (MDT) training has begun and the first computers should be out to units within the next week or two.

3) Recruitment and Retention

- We have seen some spikes in new membership, this is why the quarterly reports are so important, so that we may track where we are having success and how long these new members are sticking around.
- We will be setting up dates for testing for an eligibility list later this month. I anticipate the testing will start early June.

4) Resource Management

- The Lord Fairfax EMS Council has been awarded funding for a program called "Handtevy", this program focuses on pediatric medication administration and care. All departments in the Lord Fairfax EMS Council will be getting this program at no cost. Our Jurisdictional Coordinator is leading this project for us.
- The Chiefs are reviewing with their companies a combined Physico Control contract that will cover Lifepacks, AEDs and Lucas devices. **Update** – The Town of Berryville has sent this money aside for Enders. Enders has decided not to use 10% for 1 year county-wide contract. In place the Chiefs are going back to their companies to see if each company still wants to go into this together (each company paying their part)
- MDT status update – MOU's are complete and some training has been conducted, once training is done and MOUs signed. These units will go into the field.

5) Health and Safety

- As mentioned above we are exploring several different options for the physical program to start next fiscal year. Some of these options include;
 - Where to conduct FIT testing for SCBA masks
 - Developing a local contract from physical using information obtained from our neighbors.
 - Using the physical program already set up in northern Virginia.
- We have applied for a couple of EMS scholarships/grants to send one employee to an EMT-B to EMT-I program that starts in September.
-

6) Employee Development

- I have submitted to send 1 employee to a Lord Fairfax EMS (LFEMS) council in coordination with Associates in Emergency Care EMT to Paramedic upgrade class to take place at the LEFEMS Council office starting in September. The estimated cost of this training is \$10,000 + dollars and includes tuition, books, employee overtime and testing fees.

7) Community Outreach

- Will be working to get a booth (table) at this year's fair, this booth is for attracting new volunteers and passing on emergency management information.

Other remarks



Clarke County Fire and Rescue

Standard Operating Guideline

Subject: Medical Evaluation Program	SOG: 300.13	Page 1 of 6
Category: Personnel – Medical Evaluation Program		Sub Category: Medical Evaluation
Approved by: Fire and EMS Director, Boyce VFD Chief, Clue Ridge VFD Chief, John H Enders VFD Chief		Effective Date: TBD

Purpose

The purpose of this procedure is to outline parameters of a medical evaluation program for fire and rescue members (career and volunteer) as part operational membership with any department within the Clarke County Fire and Rescue system.

Scope

The Clarke County Fire – Rescue system is committed to providing employees and volunteers with a safe and healthful working environment. Annual medical evaluations with the guidance of NFPA 1582, Standard of Comprehensive Occupational Medical Program for Fire Departments will be available to all uniformed employees of the Frederick County Fire and Rescue Department.

The purpose of this medical evaluation program is to reduce the risk and burden of fire and rescue employees' and volunteers' occupational morbidity and mortality while improving the health, and thus the safety and effectiveness of members operating to protect Clarke County.

The purpose of the annual medical evaluation of employees shall include, but cannot be limited to the following:

- Identifying conditions that interfere with a member's physical ability to safely perform essential job tasks without undue risk of 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 members with information and education about occupational hazards.
- Providing a cost-effective investment in work-related disease prevention, early detection, and health promotion for members.
- Complying with federal, state, local and /or jurisdictional requirements.
- The standard shall specify safety requirements for those employees involved in rescue, fire suppression, emergency medical service, hazardous material operations, special operations and related activities.

During the initial stages of the program (estimated first 3 years) the program will be unable to provide physicals for all operational members (both career and volunteer). For this reason the program is voluntary for volunteer members until the program is fully funded. Career personnel will be required to participate as the program allows until full funding. Members that obtain 1582 physicals from outside agencies shall submit a copy of physical completion-pass/fail. All records will be maintained by the office of the Department of Fire, EMS and Emergency Management, excluding any HIPPA/Medical forms which will be maintained by the Department Physician. The following criteria will be used to select members for physicals until fully funded;

1. Operational Members (both career and volunteer) who must have physicals to comply with Federal or State grants and do not have a current 1582 physical with another agency.
2. Operational Members who have responded to the most calls in the past 12 months
3. Career personnel hired after July 1, 2018
4. Operational Members designated by the Department Chief
5. All other Operational Members ranked by most calls run in past 12 months to least calls in past 12 months.
6. Part-Time career employees

Upon full implementation of the program all operational members of the department will have annual 1582 physicals compliant with current standard.

Definitions

Annual - for this policy, annual refers to the calendar year which runs January 1st to December 31st.

Center for Disease Control and Prevention (CDC) - a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States, with the goal of improving overall public health.

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 Tasks - Tasks performed by operational members which is critical to successful performance of firefighting tasks.

Fire Department Physician or Designee (referred to as Fire Department Physician) - A licensed Doctor of Medicine who has been designated by the fire department to provide professional expertise in the areas of occupational safety and health as they relate to emergency services.

Fit-for-Duty - A determination by the fire department physician that the member meets the medical requirements of this standard.

Member – Any operational employee of Clarke County Department of Fire, EMS and Emergency Management and/or any Operational Volunteer with any of the three Volunteer Departments (John H Enders, Boyce, Blue Ridge)

Infection Control Program – the department’s policy and implementation of procedures relating to the control of infectious and communicable disease hazards.

Occupational Safety and Health Administration (OSHA) - an agency of the US government under the Department of Labor with the responsibility of ensuring safety at work and a healthful work environment.

Quantitative Fit Testing - a type of respirator fit test that numerically evaluates respirator fit, measuring the leakage into the respirator.

Medical Evaluation – a physical examination which shall provide specific requirements for candidates and uniformed employees based on medical conditions that can affect a candidate’s ability to safely perform the essential job tasks of a firefighter.

Health Improvement Plan – a plan developed for the member who has lost operational clearance, to provide them the opportunity to address and improve medical concerns which were determined during the annual physical.

Primary Care Physician (PCP) – a physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Procedure

1. Essential Job Tasks and Descriptions

- A. The department shall evaluate the essential tasks and environmental demands as outlined in the General Fire Fighter-EMT job functions job analysis form, against the types and levels of emergency services provided to the local community by the department, the types of structures and occupancies comprising the community, and the configuration of the department to determine the general job analysis of uniformed employees and candidates.
- B. The department physician shall consider the physical, physiological, intellectual, and psychological demands of the occupation when evaluating the candidate’s or uniformed employee’s ability to perform the essential job tasks.
- C. Medical requirements for members shall be correlated with the essential job tasks as determined by the General Fire Fighter-EMT Job Functions form.
- D. The department shall provide the Fire Department Physician with the list of essential job tasks and environmental demands to be used in the medical evaluation of members.
- E. The department shall provide the Fire Department Physician with the list of essential job tasks specific to each specialized team (as applicable).

2. Medical Disqualifiers

- A. The medical evaluation of a candidate or uniformed employee shall include a medical history, examination, and laboratory testing required to detect physical and/or medical condition(s) which could adversely affect their ability to safely perform the essential job tasks as outlined in this policy. The medical evaluation shall be used to determine whether the individual is medically sound to perform as a member in a training or emergency operational environment without presenting a risk to the safety and health of the person or others.
- B. Uniformed employees not receiving medical clearance shall be notified in writing. A determination shall be made regarding their operational status. If necessary, the employee shall be placed on light or restricted duty until medical clearance is obtained.
 - a. A Health Improvement Plan shall be developed in order for the employee to regain operational status.
 - b. The Health Improvement Plans shall be complied by the Fire Department Physician or designee, primary care physician if applicable, and/or Department Leadership.

1. Medical Disqualifiers

1. The medical evaluation of a member shall include a medical history, examination, and laboratory testing required to detect physical and/or medical condition(s) which could adversely affect their ability to safely perform the essential job tasks as outlined in this policy. The medical evaluation shall be used to determine whether the individual is medically sound to perform as a member in a training or emergency operational environment without presenting a risk to the safety and health of the person or others.
2. Uniformed members not receiving medical clearance shall be notified in writing. A determination shall be made regarding their operational status. If necessary, the employee shall be placed on light or restricted duty until medical clearance is obtained.
 - a. A Health Improvement Plan shall be developed in order for the member to regain operational status.
 - b. The Health Improvement Plan shall be complied by the Fire Department Physician or designee, primary care physician if applicable, and/or Department Leadership.
3. **Medical Evaluation of Members shall include, but are not limited to the following:**
 1. Identify conditions that interfere with an individual's physical or mental ability to safely perform essential job tasks without undue risk of harm to self or others;
 2. Monitoring the effects of exposure to specific biological, physical, or chemical agents on individual members;
 3. Detecting changes in an operational members health that can be related to harmful working conditions;
 4. Detecting patters of disease or injury occurrences in the workforce that could indicate underlying work related problems;
 5. Providing individuals with information about their current health, promoting wellness, and referring them for appropriate further evaluation and treatment;
 6. Providing members with information and education about occupational hazards;
 7. Providing a cost-effective investment in work-related disease prevention, early detection, and health promotion for uniformed employees;
4. **Medical Evaluation of Members shall include, but are not limited to the following:**
 1. All components listed in this guideline shall be included in the baseline for members and annual medical evaluations of members and can be found on Department's shared drive.
 2. Each medical evaluation shall include a medical history (including exposure history), physical examination, blood tests, urinalysis, vision tests, audiograms, pulmonary testing, chest x-ray (as indicated), electrocardiogram, cancer screening (as indicated), and immunizations and infectious disease screenings (as indicated).
 - a. Physical Examination shall include:
 - i. Vital signs, cardiovascular, pulmonary, gastrointestinal, genitourinary, lymph nodes, neurological, and musculoskeletal.
 - b. Blood Analysis shall include:
 - i. CBC with differential, RBC indices and morphology and platelet count
 - ii. White Blood Cell Count for various cancer screenings

- iii. Electrolytes
- iv. Renal function
- v. Glucose
- vi. Liver Function tests
- vii. Total cholesterol, HDL, LDL, clinically useful lipid ratios, and triglycerides
- viii. Prostate specific antigen (PSA)
 - 1. PSA shall be offered at age 45 and 50 years of age unless medically necessary or a family history indicates need prior to age 45.
- ix. Heavy Metal Evaluation
 - 1. Baseline testing for heavy metals shall be required during a member's medical evaluation and shall be performed every five years thereafter.
 - 2. Heavy Metal screenings shall include: Arsenic, Cadmium, Lead, and Mercury.
- x. Urinalysis shall include:
 - 1. Dipstick Analysis for glucose, ketones, leukocyte esterase, protein, blood and bilirubin
 - 2. Microscopic analysis for WBC, RBC, casts and crystals if indicated by results of dip stick analysis
 - 3. Analysis for occupational chemical exposure if indicated.
- xi. Vision tests shall include:
 - 1. An assessment of vision to evaluate distance, near-sightedness, peripheral, and color vision. Common visual disorders shall be evaluated.
- xii. Audiology hearing thresholds shall be assessed annually in each ear at medically determined frequencies.
- xiii. Pulmonary function testing (spirometry) shall be conducted annually to measure the individual's forced vital capacity (FVC), forced expiratory volume in one second (FEV₁) and the FEV₁/FVC ratio.
 - 1. The fire department physician or designee shall compare spirometry results obtained during yearly evaluations with baseline and subsequent test results.
- xiv. Chest Radiographs shall be performed during a member's initial medical evaluation and all subsequent chest x-rays shall be performed every three years thereafter or as medically indicated.
 - 1. Chest Radiographs shall be utilized for tuberculosis screenings
 - 2. Hazmat team annually (as applicable)
- xv. Electrocardiograms (EKG) shall include:
 - 1. A resting EKG as part of the baseline medical evaluation and shall be obtained annually thereafter.
 - 2. The fire department physician or designee shall compare EKGs obtained during yearly evaluations with baseline and subsequent EKGs for any cardiovascular changes that may occur
 - 3. A Stress EKG with or without echocardiography or radionuclide scanning shall be performed annually unless otherwise indicated
- xvi. Cancer Screenings shall be included during the baseline examination and offered annually or as indicated below thereafter. Cancer Screenings include:
 - 1. Skin examination for melanoma and non-melanoma skin cancers
 - 2. Oral examinations
 - 3. Testicular examinations (individuals are encouraged to perform self-examinations)
 - 4. Physical examination of lymph nodes
 - 5. Mammograms shall be offered beginning at age 40 and shall be required at age 45 and 50, unless medically indicated (individuals are encouraged to perform self-examinations)
 - 6. Prostate cancer
 - 7. Fecal occult blood testing to screen for colorectal cancer shall be

- offered beginning at age 40, 45 and 50, unless medically indicated.
- 8. Colonoscopies shall be offered at age 50, unless medically indicated
- 9. Annual Pap smear screenings are recommended every three years unless medically indicated. Female members shall provide the most recent results, within three years of medical evaluation with their intake forms and are encouraged to receive testing every three years thereafter, unless medically indicated.
- xvii. Immunizations shall include documentation from members indicating receipt of the following vaccinations. A declination form can be submitted if immunization records are not available. Members are encouraged to seek re-vaccination or titer testing if necessary.
 - 1. Hepatitis A
 - 2. Hepatitis B
 - 3. Tetanus/Diphtheria
 - 4. Pertussis
 - 5. Influenza
 - 6. Measles, Mumps, Rubella (MMR)
 - 7. Polio
 - 8. Varicella
- xviii. Infectious Disease Screening shall include the following:
 - 1. Hepatitis B and C antibody for all members
 - 2. QuantiFERON serum for Tuberculosis for all members
 - 3. HIV antibody screening annually
 - 4. PPD as medically indicated by CDC

3. **OSHA Respirator Medical Evaluation Questionnaire**

- i. All operational members shall complete an annual OSHA Respirator Medical Evaluation Questionnaire, or a medical evaluation that obtains the same information as the medical questionnaire in accordance with OSHA 29 CFR 1910.134. This record shall be maintained within the members file.

SOG Tracking

	Draft	Chiefs Review	Commission Review
Date	4/26/2019	5/3/2019	
Comments			
Adjustments			
Final Adoption			