

2014.01

Annual Medical Examination (AME) Policy



This procedure is for internal use only and does not enlarge an employee's civil liability in any way. The procedure should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this procedure, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.

Related Policies: Chief's Memo. 2015-056, PUC Examination Packet, 2016-078, Tuberculosis Testing Program and Annual Physical Evaluation, 2018-031, HFD Annual Medical Examination, 2019-041, Annual Physical Examination Compensation.

Applicable HI Statutes:

I. PURPOSE

To establish guidelines for the annual medical examination of Hawaii Fire Department (HFD) personnel in compliance with NFPA 1582 (2018) standards, ensuring the health, safety, and operational readiness of all employees in safety-sensitive positions.

II. APPLICABILITY

This SOP applies to all personnel within the following HFD classifications:

- Fire Fighter Recruit
- Fire Fighter
- Fire Rescue Specialist
- Fire/Hazardous Materials Specialist
- Fire Equipment Operator
- Fire Prevention Inspector I & II
- Fire Captain
- Battalion Chief
- Fire/EMS Specialist I, II, III
- Assistant Fire Chief
- Deputy Fire Chief
- Fire Chief

III. POLICY

A. Medical Examination Transition:

1. Effective as of October 1, 2018, the Department of Transportation (DOT) Medical Examination (PUC) were suspended.
2. The Annual Medical Examination Guide, aligned with NFPA 1582 (2018), shall be implemented.

B. Required Documentation:

1. HFD Medical History Questionnaire (Completed by the employee prior to examination.)
2. Medical Examination Form (DHR-RE-570):
 - a. Part I prefilled by the employee,
 - b. Part II completed by the County Physician.

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3. HFD Medical Certification: Issued upon successful completion of the examination, valid for one year.
4. HFD TB Screening Sheet Form and OSHA Respirator Questionnaire (Completed and reviewed by the County Physician.)

C. Examination Standards:

1. Evaluations shall be conducted per NFPA 1582 (2018) standards and with reference to the "Annual Medical Examination Guide.
2. The County Physician shall use the Height-Weight-Age Charts (Appendices A & B) as a guideline. Deviations may occur if the physician determines the individual's height or weight may impair their ability to perform essential duties or pose a safety risk.

D. Reasonable Accommodation:

1. If an individual fails the medical examination, they may provide additional medical information from their attending physician.
2. The Fire Chief and County Physician will evaluate such submissions and determine appropriate accommodations in compliance with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA).

E. Confidentiality and Recordkeeping:

1. All medical forms must be securely handled and not saved on shared Battalion drives due to HIPAA regulations.

IV. PROCEDURE

A. Annual Medical Examination Process:

1. Employees shall complete and submit the HFD Medical History Questionnaire to the County Physician.
2. The County Physician will perform the examination, completing the Medical Examination Form (DHR-RE-570) and issuing the HFD Medical Certification if passed.
3. All forms and results are to be securely stored, ensuring compliance with privacy regulations.

B. Specific Evaluations:

1. The County Physician will evaluate each employee based on NFPA 1582 (2018) Chapter 9, focusing on essential job tasks.
2. Where necessary, discretion may be used to deviate from the guide, provided sound medical reasoning is documented.

C. Responsibilities:

1. Fire Chief: Ensures implementation of the SOP and addresses any issues arising from medical evaluations.

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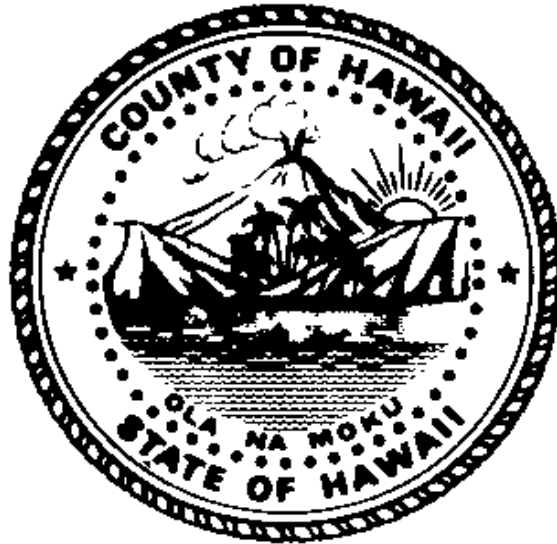


2. County Physician: Conducts examinations, determines fitness for duty, and provides necessary documentation.
 3. Employees: Complete required forms and participate in the annual examination.
- D. Follow-Up Procedures:
1. If an employee does not pass the examination, they will be provided an opportunity to submit additional medical evaluations for review.
 2. Decisions on accommodations will involve consultation between the Fire Chief, County Physician, and Human Resources.
- E. Compensation:
1. The employer shall attempt to schedule such examinations and any required subsequent examinations during the Employee's normal work hours. In the event that the examination is scheduled outside of the Employee's work hours, the Employer shall adjust the Employee's work hours.
 2. With the termination of Compensatory Time accumulation, crediting the Employee with compensatory time on a straight basis no longer applies. In accordance with section 40, the Employer may adjust the Employee's work hours. In good faith, the department has been compensating employees with overtime pay for the time spent in the examination instead of adjusting your work hours.

Attachments:

1. Annual Medical Examination Guide
2. Height-Weight-Age Charts (Appendices A & B)

--End--



COUNTY OF HAWAI'I
HAWAI'I FIRE DEPARTMENT

ANNUAL MEDICAL EXAMINATION GUIDE

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Effective Date:
October 1, 2018

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Enclosures

- National Fire Protection Association (NFPA) 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments (2018)
- Hawai'i Fire Department Medical History Questionnaire
- DHR-RE-570, Medical Examination Form
- Hawai'i Fire Department Medical Certification

ANNUAL MEDICAL EXAMINATION GUIDE

INTRODUCTION

The County Physician shall interpret the medical and physical requirements specified in the "Annual Medical Examination Guide" for fire fighter positions listed on the safety sensitive listing in Appendix C. The annual medical examination shall be conducted in accordance with and reference to the National Fire Protection Association (NFPA) 1582, the Standard on Comprehensive Occupational Medical Program for Fire Departments (2018).

The County Physician shall determine whether an individual has the ability to safely perform the essential duties of the fire fighter position which he/she is in. The fire fighter shall complete the Hawai'i Fire Department Medical History Questionnaire for the County Physician to review.

The County Physician shall interpret the "Annual Medical Examination Guide" in relation to the essential job duties outlined on the position description provided by the Hawai'i Fire Department and findings of the administered medical examination. The County Physician may use discretion, where there is sound medical reasoning, to deviate from the Guide in determining whether or not an individual may safely perform the essential duties of the fire fighter position, with or without reasonable accommodation, and without posing a direct threat to the health and safety of the individual and others.

The County Physician shall notify the Fire Chief of the examination results by documenting the results on the Medical Examination Form, Form DHR-RE-570. In the event an individual does not pass the annual medical examination, the Fire Chief shall afford the individual the opportunity to present additional medical information from the individual's attending physician and/or physician specialist to attest that the individual can safely perform the essential functions of the job held, with or without reasonable accommodation, and without posing any direct threat to the health and safety of the individual or others. Upon receipt of the additional medical information from the individual, the Fire Chief shall discuss the information with the County Physician and/or the Department of Human Resources giving appropriate consideration to reasonable accommodation for the fire fighter.

This guide is not intended to supercede any requirements imposed by the Americans With Disabilities Act Amendments Act of 2008 (ADAAA).

1. PHYSICAL EFFORT GROUPING

The medical and physical requirements shall be based on the essential job duties listed on the Hawai'i Fire Department's position description for the safety sensitive fire fighter position.

All fire uniformed positions are assigned to the Special physical effort group by the Department of Human Resources and the physical effort group is listed on the position description.

The work activities require the highest degree of physical capacities and include the following classes for the annual medical examination:

- Fire Fighter Recruit
- Fire Fighter
- Fire Rescue Specialist
- Fire/Hazardous Materials Specialist
- Fire Equipment Operator
- Fire Prevention Inspector I
- Fire Prevention Inspector II
- Fire Captain
- Battalion Chief
- Fire/EMS Specialist I
- Fire/EMS Specialist II
- Fire/EMS Specialist III
- Assistant Fire Chief
- Deputy Fire Chief
- Fire Chief

2. HEIGHT AND WEIGHT

The County Physician shall use the height-weight-age charts (Chart A listed on Appendix A; Chart B listed on Appendix B) as guides to determine whether further evaluation is required of the individual in performing the essential job duties or whether the individual would create a direct threat to the health or safety of himself/herself.

Unless the County Physician believes that an individual's height and/or weight may prevent the individual from performing the essential job duties or would create a direct threat to the health or safety of the individual or others, height and/or weight shall not serve as a basis for an individual's failure to meet the "Annual Medical Examination" criteria. Should the County Physician have a concern regarding the individual's height and/or weight, the County Physician shall make the appropriate notation on the Medical Examination Form, Form DHR-RE-570.

3. SPECIFIC EVALUATION OF MEDICAL CONDITIONS IN MEMBERS

The County Physician shall refer to NFPA 1582 (2018) *Chapter 9, Essential Job Tasks – Specific Evaluation of Medical Conditions in Members*, for the conduct of the annual medical examination.

The County Physician shall also refer to NFPA 1582 (2018) *Annex A, Explanatory Material*, for more detailed information and explanation . Annex A is numbered to correspond with the applicable text paragraphs in Chapter 9, *Essential Job Tasks – Specific Evaluation of Medical Conditions in Members*.

The County Physician's findings shall be documented on Form DHR-RE-570, *Medical Examination Form*, as to whether the fire fighter meets or does not meet the medical standards.

If the findings are that the fire fighter can perform the essential duties of the position he/she is in, the County Physician shall certify such findings by completing the Hawai'i Fire Department's *Medical Certification* for the fire fighter. The *Medical Certification* is valid for one year from the date of the annual medical examination.

16. HEIGHT - WEIGHT - AGE CHART "A"
 MALES

Ages 17 - 19					Ages 20 - 24					Ages 25 - 34					Ages 35 - 44					Ages 45 and Over					
-20%	+25%	+30%	+40%		-20%	+25%	+30%	+40%		-20%	+25%	+30%	+40%		-20%	+25%	+30%	+40%		-20%	+25%	+30%	+40%		
108	86	135	140	151	118	94	148	153	165	5' 0"	125	100	156	163	175	130	104	163	169	182	135	108	169	176	189
111	89	139	144	155	120	96	150	156	168	1"	127	102	159	165	178	132	106	165	172	185	137	110	171	178	192
114	91	143	148	160	123	98	154	160	172	2"	129	103	161	168	181	134	107	168	174	188	139	111	174	181	195
118	94	148	153	165	127	102	159	165	178	3"	132	106	165	172	185	137	110	171	178	192	142	114	178	185	199
122	98	153	159	171	131	105	164	170	183	5' 4"	135	108	169	176	189	141	113	176	183	197	145	116	184	189	203
126	101	158	164	176	135	108	169	176	189	5"	139	111	174	181	195	145	116	183	189	203	149	119	186	194	209
130	104	163	169	182	139	111	174	181	195	6"	143	115	179	186	200	149	119	186	194	209	153	122	191	199	214
134	107	168	174	188	142	114	178	185	199	7"	147	118	184	191	206	153	122	191	199	214	157	126	196	204	220
138	110	173	179	193	146	117	183	190	204	5' 8"	152	122	190	198	213	158	126	198	205	221	162	130	203	211	227
142	114	178	185	199	150	120	188	195	210	9"	156	125	195	203	218	163	130	204	212	228	167	134	209	217	234
146	117	183	190	204	154	123	193	200	216	10"	160	127	200	208	224	168	134	210	218	235	172	138	215	224	241
151	121	189	196	211	158	126	198	205	221	11"	165	132	205	215	231	173	138	216	225	242	178	142	223	231	249
156	125	195	203	218	163	130	204	212	228	6' 0"	171	137	214	222	239	179	143	224	233	251	184	147	230	239	258
161	129	201	209	225	168	134	210	218	235	1"	177	142	221	230	248	185	148	231	241	259	191	153	239	248	267
166	133	208	216	232	174	139	218	226	244	2"	183	146	229	238	256	192	154	240	250	269	198	158	248	257	277
171	137	214	222	239	179	143	224	233	251	3"	189	151	236	243	265	199	159	249	259	279	205	164	256	267	287
176	141	220	229	246	184	147	230	239	258	4"	195	156	244	254	273	205	164	256	267	287	212	170	265	276	297

16. HEIGHT - WEIGHT - AGE CHART "B"
FEMALES

Ages 17 - 19					Ages 20 - 24					Ages 25 - 34					Ages 35 - 44					Ages 45 and Over					
-20%	+25%	+30%	+40%		-20%	+25%	+30%	+40%		-20%	+25%	+30%	+40%		-20%	+25%	+30%	+40%		-20%	+25%	+30%	+40%		
102	82	127	133	143	111	89	139	144	155	4' 10"	115	92	144	150	161	122	98	153	159	171	129	103	151	168	181
105	84	131	137	147	113	90	141	147	158	11"	117	94	146	152	164	124	99	155	161	174	131	105	164	170	183
107	86	134	139	150	115	92	144	150	161	5' 0"	119	95	149	155	167	126	101	158	164	176	133	106	166	173	186
110	88	138	143	154	117	94	146	152	164	1"	121	97	151	157	169	128	102	160	166	179	135	108	169	176	189
113	90	141	147	158	120	96	150	156	168	5' 2"	123	98	154	160	172	131	105	164	170	183	138	110	173	179	193
116	93	145	151	162	123	98	154	160	172	3"	126	101	158	164	176	134	107	168	174	188	141	113	176	183	197
119	95	149	155	167	126	101	158	164	176	4"	130	104	163	169	182	137	110	171	178	192	144	115	180	187	202
123	98	154	160	172	129	103	161	168	181	5"	134	107	168	174	188	141	113	176	183	197	148	118	185	192	207
127	102	159	165	178	133	106	166	173	186	5' 6"	138	110	173	179	193	145	116	181	189	203	152	122	190	198	213
131	105	164	170	183	137	110	171	178	192	7"	142	114	178	185	199	149	119	186	194	209	157	126	196	204	220
135	108	169	176	189	141	113	176	183	197	8"	146	117	183	190	204	153	122	191	199	214	162	130	203	211	227
139	111	174	181	195	145	116	181	189	203	9"	150	120	188	195	210	157	126	196	204	220	166	133	208	216	232
143	114	179	186	200	149	119	186	194	209	5' 10"	153	122	191	199	214	161	129	201	209	225	170	136	213	221	238
147	118	184	191	206	152	122	190	198	213	11"	156	125	195	203	218	164	131	205	213	230	174	139	218	226	244