



ANN ARBOR FIRE DEPARTMENT

Standard Operating Procedures – 2.91 Occupational Medical Surveillance



OCCUPATIONAL MEDICAL SURVEILLANCE

Effective: December 14, 2018
Scheduled Review: December 14, 2021
Replaces: 119 Occupational Medical Surveillance Program
Approved: Fire Chief Mike Kennedy

I. PURPOSE

Annually, the City of Ann Arbor Safety Unit coordinates annual occupational medical surveillance testing for affected employees. In addition to annual audiometric testing covered in SOP 2.3 Hearing Conversation and respiratory fit testing covered in SOP 2.1 Respiratory Protection, the City of Ann Arbor will make available annual tuberculosis and pulmonary function testing.

II. AFFECTED EMPLOYEES

The following is a list of all job classifications that have been determined to fall under this occupational medical surveillance program.

- Assistant chief
- Assistant training officer
- Battalion chief
- Captain
- Driver/operator
- Fire chief
- Fire inspector
- Fire marshal
- Firefighter
- Lieutenant
- Master mechanic
- Training officer

III. TUBERCULOSIS

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal.

All affected employees will be given the voluntary option of an annual TB skin test or blood test. Those employees that choose not to have a TB test shall complete a declination form. Employees with a documented positive TB test, or who has received treatment for TB disease, or who has received preventive therapy for latent TB infection, is exempt from TB screening. Instead of participating in annual TB testing, such employees shall receive a baseline chest radiograph (chest x-ray) to exclude TB disease; and must periodically be provided with information about the signs and symptoms of TB and the need for immediate medical evaluation by a physician or a trained health care professional to determine if the employee is experiencing symptoms of TB disease. Treatment for latent TB infection will be considered in accordance with CDC guidelines.



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Employees with a newly recognized positive tuberculin skin test, blood analysis, a tuberculin skin test conversion, or signs or symptoms of TB disease must be evaluated promptly to determine whether he or she has infectious TB disease.

An employee with confirmed infectious pulmonary, laryngeal, endobronchial, or tracheal TB disease or a draining TB skin lesion should be excluded from the workplace. He or she should not be allowed to return to work until:

1. He or she provides three consecutive negative sputum samples collected in 8 to 24-hour intervals (including at least one sample taken in the early morning);
2. He or she has responded to anti-tuberculosis treatment that will probably be effective; and
3. A physician knowledgeable and experienced in managing TB disease has determined that he or she is noninfectious.

Employees with extra-pulmonary TB disease usually do not need to be excluded from work as long as the disease does not affect the respiratory tract. Employees with LTBI can work. If they do not complete a full course of treatment for LTBI, they should be counseled about the risk for developing TB disease and instructed to report TB symptoms immediately.

IV. PULMONARY FUNCTION TEST

The Safety Unit contracts with a physician or other licensed health care professional (PLHCP) to perform confidential medical examinations. All affected employees are required to complete this medical evaluation questionnaire. In the event that an affected employee refuses to complete the medical evaluation questionnaire, it will be assumed that the employee is unfit for duty.

Upon review of the medical evaluation questionnaire, the PLHCP may determine a PFT is necessary. If the PLHCP requires a PFT, the employee is required to take a PFT.

In the event the PLHCP identifies a health problem or condition that requires further evaluation, but would not prevent the member from performing emergency operations, the PLHCP will refer the employee to the employee's personal licensed health care physician, for a follow-up exam.

If the PLHCP identifies a health condition that calls into question the employee's fitness for duty status, the Safety Unit will coordinate next steps with fire administration and Human Resources.

This policy was reviewed and approved by (November 2018)
Doug Forsyth – Safety Manager