



Fit for Emergency

PFF Medical Assessment

Guide

Presented by
Corporate Health Management

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Understanding the Fit for Emergency program

The following document will provide you with relevant information regarding the Fit for Emergency program.

Medical and fitness requirements for emergency (fire) roles

There are supporting documents that explain the Fit for Emergency program including how these requirements relate to your emergency (fire specific) role/s. Anyone seeking a fire role is required to meet the medical and fitness requirements outlined in these documents to perform their duties safely. These documents include:

- Fit for Emergency Policy
- Medical Classification and Category Guidelines

Fit for Emergency reference guide

Is a document designed to explain how the program is delivered and the support mechanisms in place. For instance; reimbursements for out of pocket medical expenses are available for those eligible (refer to page 31). The guide is located on the Safety and Wellbeing tab of Fireweb.

Criteria used to determine medical classification and category

There are a variety of factors that are considered by the assessing doctor in determining the medical result including:

- AFAC Health and Fitness Guidelines 2002
- Changes in medical knowledge
- Relevant supporting medical information from your treating health practitioner

Each medical assessment is assessed on a case by case basis.

Purpose of the medical assessment

The purpose of the medical assessment is to ensure you receive a Medical Category (A-H) and Classification (1-4), in accordance with the departmental requirements. The medical assessment has been designed to mitigate any risks to you, your colleagues and the public by ensuring you are suitably placed in an appropriate emergency (fire) role. This approach is in line with the department's OHS legislative requirements to ensure and maintain a safe working environment without risks to physical health and safety. We encourage all emergency workers to be honest and open throughout the process. This medical assessment focuses on:

- The safety critical nature of work (and is defined by supporting operational input i.e. Task Analysis)
- Being non-discriminatory
- Assessing all emergency workers on a case by case basis

The medical assessment is assessed to the highest category regardless of the emergency (fire) role you have.

A change in your medical result

Medical results are provided through a variety of ways including:

- At the end of the medical assessment you will receive a written Result Card. The assessing doctor will verbally explain this result and any medical restrictions or required aides to be carried.
- Restrictions/reasons or requirements for an aid are identified using Classification 2 - Medically cleared with restrictions. Examples of a restriction may include a vision requirement and the aid being an extra pair of glasses being required to be carried when undertaking your emergency (fire) role.
- You may be given a **Request for Further Information Letter** to obtain further medical information (or do testing). This may result in you being given a Class 3 - final clearance pending or a temporary classification until this information is provided to the assessing doctor. To expedite this, you must make an appointment with your GP as soon as possible. CHM will contact you to prompt you 10 working days after your medical assessment if information has not been received by them.

It is your responsibility to discuss any medical restriction with your Supervisor for every emergency deployment. In cases of a chronic health condition (such as cardiovascular disease, anaphylaxis, asthma, type 1 diabetes) a Personal Medical Management Plan (PMMP) is recommended to be completed by your treating health practitioner. The PMMP is designed to support you in the case of local first aid or medical treatment and enables sharing with your direct Supervisor and any First Aiders about how to properly support you during these times.

For more information about the PMMP or process, please email healthforlife@chm.com.au

Supporting you during a change in medical condition

A handout **Your Wellbeing Looking After Yourself and Others** is available for you if you have had a change in your medical result.

Alternatively, you can email healthforlife@chm.com.au

Medical review

A Medical Review process (refer to page 29 of the Guide) is in place if you disagree with your medical assessment result. This option is only available for:

- 3-year Project Firefighters (PFF) and
- Forest Fire Operations Officers are eligible to seek a medical review of their medical result for their second medical assessment (two-years from commencement).
- All ongoing DELWP and Partner agency staff

Annual PFFs are ineligible for this review.

Out of pocket medical expenses

Out of pocket medical expenses may include any medical fee that is not covered by Medicare or your private health fund.

PFFs on a three-year contract may seek reimbursement for any out of pocket medical expenses associated with the Fit for Emergency medical assessment process.

Annual PFFs are ineligible for this review.

Refer to page 31 of the Fit for Emergency Reference Guide for steps to follow to seek reimbursement.

Further information

Email healthforlife@chm.com.au

Fit for Emergency overview

Participation in the Fit for Emergency Program is a mandatory requirement for personnel wishing to undertake an emergency role and for those whose roles have emergency response as an accountability.

Medical assessment

A medical assessment (undertaken by a contracted medical provider to the department) is required for all personnel wanting to undertake an emergency role. The medical assessment will assess your hearing, vision, lung function, range of movement and your general health and will be conducted by both a doctor and nurse. This will take approximately 60 minutes. It is advised that comfortable clothing is worn, such as shorts and a t-shirt.

Your medical assessment will be organised by a Fit for Fire Coordinator prior to the commencement of your employment (where it is a condition of employment). Further information is available on the Safety and Wellbeing pages on Fireweb (<http://fireweb>). Your medical assessment is required to be undertaken every two years (unless otherwise specified by the examining doctor). Following your medical assessment you will be issued with an emergency medical category and classification (1-4).

Task based assessment (TBA)

The TBA is used to determine if you meet the required fitness standard for the medical category you have been assigned. TBAs are walking tests that model work (energy expenditure) undertaken in the field that may or may not involve you wearing a weighted vest. The weight of the vest will vary based on the TBA you are undertaking (and a lesser weighted vest is available for personnel weighing under 68 kg).

A TBA must be successfully completed before you are deemed fit and healthy to undertake your Project Firefighter position. The TBA required is a Pack Hike Test, at a minimum which may or may not include a Circuit test. TBAs are undertaken annually.

Emergency Medical Category

Category A	Firefighter – Rappel/Hover Exit
Category B	Firefighter – Arduous

Emergency Medical Classification

Classification 1	Medically cleared without restrictions
Classification 2	Medically cleared with restriction(s)
Classification 3	Final clearance pending
Classification 4	Not medically cleared

Participants must wear appropriate footwear and clothing during the fitness test. Footwear should have a tread sole, such as hiking boots or runners/sports shoes. Open styles of footwear such as thongs and sandals are not permitted. Approved clothing includes loose fitting long or short sleeve shirts and long or short pants. Singlets and sleeveless shirts are not permitted. Hats, sunglasses and sunscreen may also be worn for additional sun protection.



Test	Weight	Distance	Time	Note
Pack Hike Test	20.4kg	4.83km	38 - 45 mins	Participants weighing less than 68kgs are eligible to carry 15.4kg

Rappel and hover exit

Pack Hike Test: 4.83km, carrying a weight of 20.4kg, within 38 - 45 minutes. A circuit must also be successfully completed. The circuit is a timed test that assesses a person's ability to perform tasks specifically related to Rappel and Hover Exit operations.

The circuit test involves three requirements, including:

1. Lift and carry a 30kg pack, 5 times over a distance of 15 metres
2. Lift a 30kg pack 10 times to a height of 1.2 metres
3. Must be completed within 5 minutes

PFF medical information sheet

What is the Fit for Emergency assessment?

Emergency roles require workers to perform functions that are physically and psychologically very demanding. Furthermore, emergency roles are a safety-critical job, meaning that the ill health of the emergency worker may pose a significant risk to the health and safety of themselves and others. Safety sensitive work focuses on 3 principles: high physical demand, unpredictability of the work environment and the nature of work and the consequence on the individual and others working with the individual. Because of this additional risk, medical guidelines have been developed that the medical practitioner is required to assess each participant against.

Safety-critical medical guidelines are stricter than non-safety-critical medical guidelines to protect the health and safety of yourself and others when responding to emergencies. It is important to understand that the medical assessor has to take into account the worst-case scenario when it comes to emergencies. For example, planned burning can unpredictably become a wildfire, and this needs to be considered when determining the significance of certain medical conditions. The medical assessment process states that the doctor's are to assess you to the highest level based on your medical health.

The medical assessment includes height and weight measurements, spirometry, colour vision, distant and near vision, a urine sample, blood pressure, hearing test and doctors examination. The tests are used to screen for medical conditions, and if an abnormality is identified as part of this screening, further information will generally be requested from the participant's medical advisors (Classification 3) rather than an outright fail for the participant.

The medical assessments are conducted by DELWP's contracted medical provider, Corporate Health Management (CHM). The medical assessments will take approximately 60 minutes: 30 minutes with the nurse and 30 minutes with the doctor.

What may exclude you from meeting the inherent medical requirements of the PFF position?

Certain medical conditions may place you at increased risk of injury or illness when undertaking emergency response activity due to the remote nature of the activity and tasks, in particular emergency response. This means that timely access to medical support and treatment may be reduced if medical treatment was required.

Medical conditions that may exclude you:

- Asthma (including previously diagnosed asthma)
- Insulin treated diabetes (may be either type 1 or type 2 diabetes)
- Severe allergies and anaphylaxis
- Other chronic medical conditions e.g. cardiovascular or neurological

If you would like further information about any medical condition, we would encourage you to contact the department to access confidential medical advice through our contracted medical provider, CHM.

What to take to the Fit for Emergency assessment?

If you have any pre-existing medical conditions (i.e. heart conditions, epilepsy, musculoskeletal conditions), please bring any relevant reports from your treating doctor/specialist along to your medical assessment. This may save the need for further information to be followed up after your medical assessment. The information required from your treating doctor includes:

- Diagnosis
- Management plan
- Stability of the condition
- Any restrictions or limitations required
- Suitability for the following activities:
 - Strenuous activity
 - Exposure to respiratory irritants such as inhaled dust, smoke and fumes
 - Extreme environmental conditions (heat/risk of dehydration)

Please note: following your medical assessment, it may still be necessary for the assessing doctor to request further information, or a repeat test despite you bringing a doctor report/result(s) with you to the assessment. The reason for the referral will be provided by the doctor on the spot.

If you wear glasses or contact lenses, please bring them with you to your assessment.

You will have a urine test as part of the medical assessment therefore please drink some fluids prior to attending your assessment.

What's involved in a medical assessment?

The current process for the Fit for Emergency assessment includes the following:

1. Completion of an online health questionnaire (electronic assessment form) by the participant.

2. Nurse assessment (30 minutes) via the electronic assessment form:

- Review of participants medical questionnaire answers and request elaboration of 'Yes' answers where applicable and clarify any clarification of 'Unsure' responses.
- Height, Weight, BMI and Hip to Waist Ratio - standard assessment.
- **Vision Screening:**
 - **Colour Vision:** tests for colour blindness, typically red/green colour blindness. The Ishihara test is used. This involves pictures - red and green spotted circles with red or green numbers in the centre of the circle. Colour vision deficiencies are important to determine, especially for individuals who read topographic maps or may need to locate coloured markers out in the field.
 - **Distant Vision:** involves standing 3 metres away from an eye chart on a wall, covering one eye at a time and reading certain lines from the eye chart, as indicated by the nurse. If you wear glasses, you will be given an opportunity to view the charts with and without glasses.
 - **Near Vision:** involves reading a short passage from a card held at arm's length, whilst covering one eye at a time. If you wear glasses, you will be given an opportunity to view the charts with and without glasses.
- **Blood Pressure:** measured using a medical instrument called a sphygmomanometer (rubber cuff wrapped around the upper arm). Provides an indication as to whether someone has high or low blood pressure. A typical blood pressure reading for a healthy adult is 120/80 mm Hg.
- **Spirometry Screening** (lung function test): used to assess lung function. This involves taking a deep breath and exhaling into a device as hard and as long as possible. This provides an indication if you should avoid dusts and irritants that are found on the fire line, especially for people with asthma. The nurse will provide an explanation regarding the spirometry technique required. You will be provided with the opportunity to successfully complete 3 (out of a possible 8) repeatable respiratory samples.
- **Audio Screening:** involves using a set of head phones to listen to a range of tones at varying pitches and then pressing a button to indicate when you have first heard the sound. The test indicates the volume at which the sound is first heard, referred to as the threshold level, and if this varies from normal, it indicates where the problem might be located in the hearing pathway.
- **Urinalysis:** involves urinating into a small jar. This test looks for any abnormal levels in sugar counts (potential indicator of pre diabetes) and any blood found in the urine. This test also looks for any leukocytes in the urine, which can be an early indicator for a urinary tract infection (UTI). This is not an alcohol or drug test. The nurse will provide you with an outcome of the test during your assessment.

3. Doctors Assessment (30 minutes) via the electronic medical assessment form:

- Review of participants medical questionnaire.
- Review of all examination tests undertaken by the nurse.
- Undertake a medical examination including:
 - Physical, cardiovascular and respiratory examination
 - Abdominal examination, including hernia screen
 - Neurological examination, including:
 - Peripheral vision
 - Balance (Romberg test, feet together and eyes closed for 30 seconds)
- Quick skin check

- Musculoskeletal examination, including:
 - Range of motion - spine, upper limbs, lower limbs
 - Functional / specific tests, e.g. Duck walk (Chidress Test)
 - Screening for hip, knee and ankle disorder
 - Walk on toes and heels, looking for strength of ankle flexion and extension
 - Shoulder impingement tests, assessing for rotator cuff disorders, bursitis etc.
 - Carpal Tunnel Syndrome screening
 - Subjective grip strength test, assessing for disorders such as golfer's / tennis elbow, wrist injuries etc.
- If needed, seek further information via a treating doctor referral letter.
- Allocation of a Fit for Emergency Classification - following the completion of your medical assessment, the doctor will give you an emergency role category and a medical classification (e.g. 1B) that they believe you are medically able to participate in. This will be used by your supervisor to help determine the emergency role you will undertake.
- Each participant will be provided with a results card with their Fit for Emergency Classification on completion of their assessment.

Medical classifications

The medical assessment process states that the doctor's are to assess you to the highest level based on your medical health. For example, if you are given a **1B - Firefighter Arduous**, this just means that you are medically healthy enough to perform roles in this category.

Emergency medical classification

Classification 1 You have been medically cleared and are considered healthy enough to safely participate in the emergency role category determined by the doctor. You have no medical restrictions

Classification 2 You have been medically cleared and are considered healthy enough to safely participate in the emergency role category determined by the doctor. However, you have medical restrictions that you must adhere to

Classification 3 Final classification pending further information

Classification 4 You are not medically cleared and cannot participate in any emergency role

Fire role categories

Category A Firefighter – Rappel/Hover Exit

Category B Firefighter – Arduous

Understanding your medical assessment

It is important that before you leave your medical assessment, you are really clear on the result you have been given. It is important that the doctor has clearly explained your result (e.g. 2B) and you are clear on what this means and any restrictions you may have been given.

If you are not clear do not hesitate to ASK as this may save difficulties later on.

Restrictions/reasons

Sensory conditions - vision and/or hearing, respiratory and chest conditions, musculoskeletal conditions, cardiovascular and circulatory conditions, neurological conditions, endocrine and metabolic system conditions, allergic conditions, other conditions including mental and emotional wellbeing, food intolerance and dentition

Aids/interventions

If you are given one of the above reasons, you will be provided with an intervention to help with the management.

The following are different types of interventions

- Medication required
- Aid and/or further equipment required
- Continual monitoring required
- Anaphylaxis risk – EpiPen required

Recommendations

Below are suggestions of recommendations for individuals to help manage the above reasons:

1. Increase physical activity
2. Dietary intervention
3. Seek specialist review
4. Regular monitoring
5. Refer to GP for intervention
6. Chronic disease
7. Other
8. Tele-coaching

Medical classification 3 (Class 3)

A medical Classification 3 is given to an individual that is believed or identified to have a condition or injury where the doctor requires further information from the individuals treating GP or specialist prior to giving a medical result.

If this occurs, the doctor will give the individual a form called **'Request for further information letter'**. This form will clearly outline exactly what information is required from your GP or specialist. It is the individual's responsibility to make sure they are clear on what information is being sought before leaving the medical assessment.

It is the individual's responsibility to seek this information from their medical practitioner (GP, specialist or otherwise) within six months. Until this occurs the individual's medical result cannot be reclassified, and will remain a Class 3, which means you cannot be deployed in any emergency role, including prescribed burning. After this time, if further information is not received, a Class 4 will be issued.

Costs associated with the follow up testing are not reimbursable.

Medical assessment result clarification

If you feel that the result you were given following your medical assessment is not a true reflection of your current health, then you can request to have the result reviewed. To do this you need to raise your concerns with your local departmental contact, detailing the reasons why you would like the result reviewed. Your request for a review will be passed onto the Program Manager (Medical and Health Services).

To reduce the possibility of needing to go through this process, it is important to make sure you understand your medical assessment result and ask any questions, prior to leaving your medical assessment.

Participant medical assessment survey

As a way for the Department to monitor the performance of our provider, each individual will be asked to complete a survey following their assessment. The survey will be emailed to all participants who have provided their email address as part of their online health assessment form.

DELWP's contracted medical provider information

Corporate Health Management
Toorak Place, Lower Ground Floor
521 - 529 Toorak Road, Toorak Vic 3142
(03) 9941 3155 | healthforlife@chm.com.au
Or further information: Refer to Fireweb, Safety and Wellbeing pages

Summary of FFE categories

Category A: Firefighter - Rappel/Hover Exit

Remote area firefighter who descends to the ground by means of a line attached to a hovering helicopter.

Role requires firefighters to be self-sufficient by carrying all equipment, food and water needed for the day.

The role is very physically demanding and hazard level is high. Issues to be particularly mindful of (this is not an exhaustive list, use your clinical judgement):

- Presence of cardio respiratory pathology/disease
- Back issues or joint problems
- Diabetes
- Neurological issues including balance problems
- BMI/obesity
- Seizures/blackout
- Panic attacks

Candidates for the role should be fit and healthy and without significant medical issues. Fitness requirement involves walking 4.83km in less than 42.5 minutes carrying a 20.4kg pack. Candidates for Category A will also undergo a circuit test involving lifting and carrying a 30kg pack over a distance of 15m, repeat 5 times, as well as lifting the 30kg pack 10 times to a height of 1.2m.

Category B: Firefighter - Arduous

This role is essentially identical to Category A, except for the method of entry into the fire zone. In this case, firefighters are transported by ground vehicles and will work remotely away from their vehicles for the majority of the shift.

Arduous Firefighters need to self-sufficient by carrying all equipment, food and water needed for the day. This role may be required to undertake continuous rakehoeing, drip torch operations and chainsaw operations. The role is very physically demanding and hazard level is high. Candidates again need to be fit and healthy and without significant medical issues. All Project Firefighters are required to be classified to at least Category B. Fitness requirement involves walking 4.83 km in less than 45 minutes carrying a 20.4kg pack. Those who are 68kg or less will have this pack reduced to 15.4kg.

NB. Project firefighters (PFF) require an A or B category to be fit for duty.

FFE reasons and interventions

If providing a medical classification 2 (Fit for Emergency with Restrictions/Reasons), the Restrictions/Reasons will fall into the following categories along with Aids/Interventions required.

Restrictions/Reasons	Definition
1. Sensory condition - vision	Vision impairment to one and/or both eyes
2. Sensory condition - hearing	Partial or total inability to hear in one and/or both ears
3. Respiratory and chest condition	Conditions affecting the airways and other structures of the lung
4. Musculoskeletal conditions	Painful injuries or disorders of the muscles, tendons, and nerves
5. Cardiovascular and circulatory conditions	Conditions that can lead to heart attack, chest pain, shortness of breath, nausea or stroke, e.g. blood pressure
6. Neurological conditions	Concerns regarding the central and peripheral nervous system, e.g. the brain, spinal cord, cranial nerves, peripheral nerves, nerve roots, autonomic nervous system, neuromuscular junction, and muscles
7. Endocrine and metabolic system conditions	Disorders of the endocrine system and its specific secretions known as hormones. E.g. diabetes, thyroid function
8. Allergic conditions	<ul style="list-style-type: none"> a) dietary – common food allergies b) flora – allergic reaction caused by plants and their pollen c) chemical - skin contact with chemicals or physical substances that cause an allergic or irritant reaction d) biological - allergic reaction to certain medications e) fauna - allergic reaction to proteins found in an animal's skin cells, saliva or urine
Other conditions	<ul style="list-style-type: none"> a) mental and emotional wellbeing b) food intolerance (must be diagnosed intolerance – not preference) c) dentition

Intervention/Aid Requirement	Examples
Medication required	<ul style="list-style-type: none"> • Medication is required (for one of the above reasons) and may need to be stored appropriately to ensure effectiveness
Aid and/or further equipment required	<ul style="list-style-type: none"> • Requires vision aid • Requires hearing protection • Additional support required, e.g. knee brace, orthotics • Requires inhaler
Continual monitoring required	<ul style="list-style-type: none"> • Individual must monitor their health either on their own or with their GP/specialist
Anaphylaxis risk – EpiPen required	<ul style="list-style-type: none"> • Allergic reaction to one of the above allergies and requires epiPen to manage • If anaphylaxis, individual will not be able to be classified an A or B category

Chronic health conditions

What is the background?

Individuals who have been diagnosed with a chronic medical condition will be asked to **provide additional information from their treating practitioner as part of the Fit for Emergency (FFE) medical assessment**. This information will be used, along with the FFE medical assessment, to ensure as far as is reasonably possible, that the employee is safe to perform the inherent requirements of the firefighting/emergency role. An emergency role category (A-H) will then be provided.

Why are things changing?

Emergency workers perform functions that are physically and psychologically very demanding. Furthermore, emergency roles are a safety-critical job, meaning that an acute health event of an emergency worker may pose a significant risk to the health and safety of themselves and others. Emergency workers are typically working remotely, with minimal access to immediate medical care, and in situations where retrieval to a trauma centre in an emergency may be at best, delayed. As such, medical standards have been developed that the assessing doctor is required to assess each individual against. Safety-critical medical standards are based on risk assessment and are typically tighter than non-safety critical medical standards, to ensure your health and safety, and that of your team and the public, when responding to emergencies.

How is risk assessed?

For those individuals with chronic medical conditions further information will be sought from the individual's treating practitioner to identify factors such as:

- Diagnosis, including relevant investigation findings and reports
- Treatment (including medications) and management plan
- Stability of the condition
- Prognosis
- Any restrictions or limitations required
- Suitability for the following activities:
 - Strenuous physical activity often undertaken on difficult terrain
 - Exposure to respiratory hazards such as dust, smoke and gases
 - Extreme environmental conditions (heat/ and humidity, risk of dehydration)
 - Operating mobile equipment

If an individual is able to bring this information along to their FFE medical assessment it may assist the assessing doctor to make an informed decision regarding classification on the same day, rather than requesting reports from their doctor/specialist at the time of assessment, subsequently delaying your final Fit for Emergency Classification.

Note: It may still be necessary for the assessing doctor to request further information from your treating doctor despite you bringing a report with you to the assessment.

Based on the above assessment, the Department's medical provider will then determine the most suitable emergency role classification and category.

What is a chronic medical condition?

The term chronic is often applied to a medical condition when it continues over time, generally more than 3 months. If you have been diagnosed with a medical condition and it has persisted (or likely to persist) for more than 3 months, further information from your treating practitioner will be sought.

Examples of chronic medical conditions include:

- Asthma
- Arthritis
- Heart disease
- Cancer
- Hepatitis (B or C)
- Diabetes
- Epilepsy
- Kidney disease
- Depression or Anxiety

Key messages

- Chronic medical conditions are assessed on a case by case basis
- Information, medical reports and individual history will be considered
- The individual's treating practitioner is integral in providing valuable information to undertake the risk assessment
- The Department's medical provider uses this information and any other relevant information to determine the appropriate emergency role (A-H) the individual can perform
- It is imperative that employees disclose all diagnosed medical conditions to their line manager and during their Fit for Emergency medical assessment. A Personal Medical Management Plan (PMMP) can then be developed if necessary, if there is not one already in place
- Medication for some conditions is also considered, such as side effects and storage requirements
- Certain treatments such as insulin for diabetes may preclude individuals from firefighting or other emergency roles

Allergies, anaphylaxis and your role

What is the background?

The Fit for Emergency Program has been operating as a medical assessment program within the department since 2009 to ensure staff are categorised appropriately into either a firefighter/emergency worker or an emergency support role. The categories range from A-H. Allergies and allergic reactions have been included as part of this process since the beginning of the program, however in 2013 a specific risk assessment identified the need to obtain further specific information to risk assess the severity of the individual's condition.

How is severity determined?

Further information will be sought from the individual's treating practitioner to determine the following factors:

- What the individual is allergic to (if known)
- What the individual's allergic response is i.e. symptoms experienced
- The frequency of reactions and the date of most recent reaction
- Did the individual require specialist referral and the results of any allergy testing?
- The treatment required

Typically, the severity of the allergic response and the immediate treatment required is more important than what the individual is allergic to.

Based on the above assessment and any other relevant information, the Department's medical provider will then determine the most suitable fire/emergency role category. Included in this consideration is the work environment of firefighters/emergency workers, who are typically working remotely, with minimal access to immediate medical care, and in situations where retrieval to a trauma centre in an emergency may be at best, delayed. An individual who requires an EpiPen to manage the potentially life-threatening condition of anaphylaxis generally requires immediate follow up medical care. Administration of an EpiPen through PPE in poor visibility may not be as straightforward as if required in a metro environment.

What are allergies and anaphylaxis?

An allergy is an immune response to a substance (an allergen) non-hazardous to most people. Individuals may be allergic to many potential allergens in daily life such as pollens, insect bites or stings, medication, food, latex etc. Allergic disease includes conditions such as hives, anaphylaxis (swelling of the face, lips larynx and difficulty breathing) eczema, hay fever and asthma.

Allergies can be mild, moderate or severe (anaphylaxis). An individual's treating practitioner will determine whether an Allergy or Anaphylaxis Action Plan is required. (Source: Allergy and Anaphylaxis Australia, 2016).

Anaphylaxis is the most severe type of allergy and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen to which a person is severely allergic. Not all people with allergies are at risk of anaphylaxis. (Source: ASCIA, 2015).

Key message

- Allergies and emergency roles are managed on a case by case basis
- Individual history, symptoms and treatment requirements will be taken into consideration
- The individual's treating practitioner is integral in providing valuable information to undertake the risk assessment
- The Department's medical provider uses this information and any other relevant information to determine the appropriate fire role category (A-H) the individual can perform
- It is imperative that employees disclose their allergy during their Fit for Emergency medical assessment and to their line manager
- Diagnosed cases of allergies must be supported by an Action Plan (Allergy or Anaphylaxis) from an individual's GP
- Any individual advised by their treating doctor to carry an EpiPen will be unfit for firefighter/emergency role, or to be placed remotely roles (A-G).
- EpiPen's may only offer temporary relief for anaphylaxis and hospital transfer may still be required

Childhood/previous asthma

The World Health Organisation definition of asthma is of a condition characterized by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. In an individual, they may occur from hour to hour and day to day; due to inflammation of the air passages (airways) in the lungs and the sensitivity of the nerve endings in the airways so they become easily irritated. In an asthma attack, the lining of the passages swell causing the airways to narrow and reducing the flow of air in and out of the lungs.

All employees who perform a fire/emergency role (including project firefighters), who have a past history of asthma, including childhood asthma, who may not have not experienced asthma symptoms for many years, may still have evidence of increased reactivity in their airways when exposed to respiratory hazards such as smoke, dust, gases and particles, when working in the field.

Spirometry (lung function test) results may be normal in between episodes of asthma. Therefore, normal spirometry does not always mean asthma is not present. The test that identifies this is a bronchial provocation test, which is an objective test to identify or exclude active asthma, specifically bronchial hyper-reactivity.

The reason employees with a past history of asthma, including childhood asthma, require a bronchial provocation test is to establish whether or not there is any current bronchial hyper-reactivity; to assist in the assessment of the risk of an employee developing an acute attack of asthma due to direct exposure to respiratory hazards in the course of firefighting duties; particularly given employees do not wear breathing apparatus (SCBA) to reduce their exposure to respiratory hazards in the field that could provoke their airways. In addition, firefighting requires strenuous physical exertion, which increases oxygen demand and ventilation, thus further increasing the risk of exposure to inhaled irritants during firefighting duties. Exercise induced airways narrowing may become rapidly disabling.

The bronchial provocation test provides some of the information required to assess an employee's risk of an asthma attack when undertaking their firefighting or other emergency role. Assessment of risk involves assessing the likelihood as well as the consequences of having an acute asthma attack. While an asthma attack is less likely in an employee with a past history of asthma, including childhood asthma, who has not experienced any asthma symptoms for many years, the consequences of an acute asthma attack in the field when working in remote locations with no provision for emergency medical care can be serious and life threatening. As such, the outcome of the risk assessment is high when considering the worst possible case scenario in employees undertaking safety critical fire/emergency roles. Therefore, it is important to identify the risk of an employee having an asthma attack in the field by referring the employee for bronchial provocation testing, as this will identify any underlying hyper-reactivity in the airways.

The employer, DELWP, has a legal obligation under The Occupational Health and Safety Act 2004 (OHS Act) to protect the health, safety and welfare of employees and other people at work. It also aims to ensure that the health and safety of the public is not put at risk by work activities. To this end, it is incumbent on DELWP to ensure that an employee is safe to perform their fire/emergency role, and that they are not at risk to themselves, their co-workers and the public.

Hence the Fit for Emergency medical assessment is designed to evaluate risk to the safety of the firefighter, their crew and members of the public. If an employee's Fit for Emergency medical assessment reveals that the employee had childhood asthma many years ago, has no current asthma symptoms and no clinical evidence of asthma, however the bronchial provocation test is positive, the employee is at risk of experiencing an acute attack of asthma if exposed to respiratory hazards in the course of firefighting/emergency duties. This may result in sudden incapacity and impact on the safety of the firefighter, their team and members of the public. This is comparable to thunderstorm asthma, that resulted in acute, severe attacks of asthma in individuals who had asthma in the past; this was considered to be due to provocation of their airways resulting from exposure to high grass pollen levels. It is now recognised that bush fires may produce their own thunderstorms.

The following table from the AFAC Guidelines clearly outlines the criteria employees with a history of asthma, including childhood asthma, need to satisfy to ensure they are safe to perform their fire/emergency role:

Condition	Criteria
Applicants with a history of asthma (including childhood asthma)	<ul style="list-style-type: none"> • Normal clinical assessment (examination and spirometry) with absolute FEV1/FVC ratio $\geq 75\%$ and • Bronchial Provocation Test (BPT) is negative and • Report from treating doctor confirming no symptoms of asthma and no requirement need for asthma medication (bronchodilator and/or preventer) for a period of at least three years

The broncho-provocation test (BPT) is a marker for airways hyper-responsiveness and is not a test for specific triggers of airway hyper-responsiveness. *A BPT should be performed only in accredited respiratory function laboratories. Decision to proceed with a BPT should be in agreement with treating GP/specialist.*

- It is useful in the diagnosis of asthma (which is essentially a diagnosis of small airway hyper-responsiveness), although only in conjunction with other diagnostic information; It is not a standalone test.
- A negative BPT can also be helpful in evaluating asthma treatment control, however it is only a marker at one point in time; for example, an individual may have a viral infection two days following a negative BPT and then throw a positive BPT when unwell.
- Smoke contains PM2.5 particles, that are respirable (deliverable) to the very small airways - they have an irritant effect on those airways rather than an “allergic” effect, so there are no tests to show whether or not one individual is more susceptible than another.
- For an individual on asthma treatment such as inhaled steroids, (which dampen airway responsiveness) even if asthma control appears stable, this does not mean a zero risk of worsening or acute asthma when that individual is exposed to respirable, irritant particles from smoke, dust or pollens.
- Bushfires may also contain other respiratory hazards that are not always known of at the time of deployment.

Your Wellbeing

Looking after yourself and others

This sheet provides information to support staff and managers following changes to their health and fitness in looking after their wellbeing.

Self Care

Initial Response

If you feel that you are not coping, having ongoing thoughts or responding negatively following your change in health and fitness, we strongly encourage you to seek support early.

How am I tracking?

Some level of stress is normal. Early warning signs of unhealthy levels of stress that may create distress differ from person to person. Distress can provoke different reactions in different people.

The physical, behavioural and emotional signs of increased stress that may become problematic are listed below. These signs and symptoms may come and go, and may vary in severity or duration.

If you are feeling multiple signs and symptoms, make changes to your current actions, activities and behaviours to reduce the pressure. If they continue and impact on your quality of life, it's time to seek some help.

Make sure that you and those around you are aware of the signs of distress so that you can work together to reduce the impact of stressors on you, your family, friends or workmates.

Physical	Behavioural	Emotional
<ul style="list-style-type: none">- Feeling hot, sweating- Trembling, shaking- Muscle tension- Headaches- Palpitations- Dry mouth- Rapid, shallow breathing- Indigestion, 'butterflies'- Frequent need to urinate- Diarrhoea/constipation- Infections such as colds- Skin conditions	<ul style="list-style-type: none">- Nervous habits and tics- Insomnia- Compulsive behaviours- Excessive sleep- Procrastination- Decreased in sex drive- Restlessness / fidgeting- Increased smoking- Increased drinking- Relationship problems	<ul style="list-style-type: none">- Anxiety, worrying- Tension- Irritability, anger- Loss of concentration- Indecision- Easily startled- Fatigue- Tearfulness- Frustration- Apprehension- Feeling threatened

Look, Listen, Link, Follow Up

Support for you is best provided by trusted local staff, workmates and managers. You can follow the Psychological First Aid model, 'Look, Listen, Link', to assist in recognising how you are coping, and guiding your steps for self care.

November 2017

Your Wellbeing

Looking after yourself and others

Look	Use the guide above to be aware of and identify any changes in your normal patterns of behaviour, attitude, emotions or performance. These changes may appear in a workplace or home setting.
Listen	Take the time to talk to someone and have them listen to what is occurring for you. Have regular conversations with your manager, a trusted work mate, family member or friend. Listen to family, friends, work mates or your manager about what they are observing in your behaviour, work or attitude - do not consider their observations as criticism, but as helpful insight.
Link	Acknowledge that you may be experiencing distress or trouble resulting from changes to your health and fitness. Recognise what is and is not within your control. Seek early assistance from the supports available. Visit your GP to discuss your response to your health and fitness changes, and discuss with your GP what you can do to improve your health and fitness, as well as your wellbeing. Know what the supports in your organisation are to be able to use these when needed or guide others to access them early.
Follow Up	Use the guide above to regularly check in on how you are feeling to determine if your responses are improving, or if you may need some further support. Be mindful of your patterns of behaviour, attitude and performance, and recognise how these change as you seek assistance and support. Schedule regular follow up appointments with your GP to measure your progress in improving your health and fitness. Have follow-up conversations with your manager

External Support Services

External Support Services

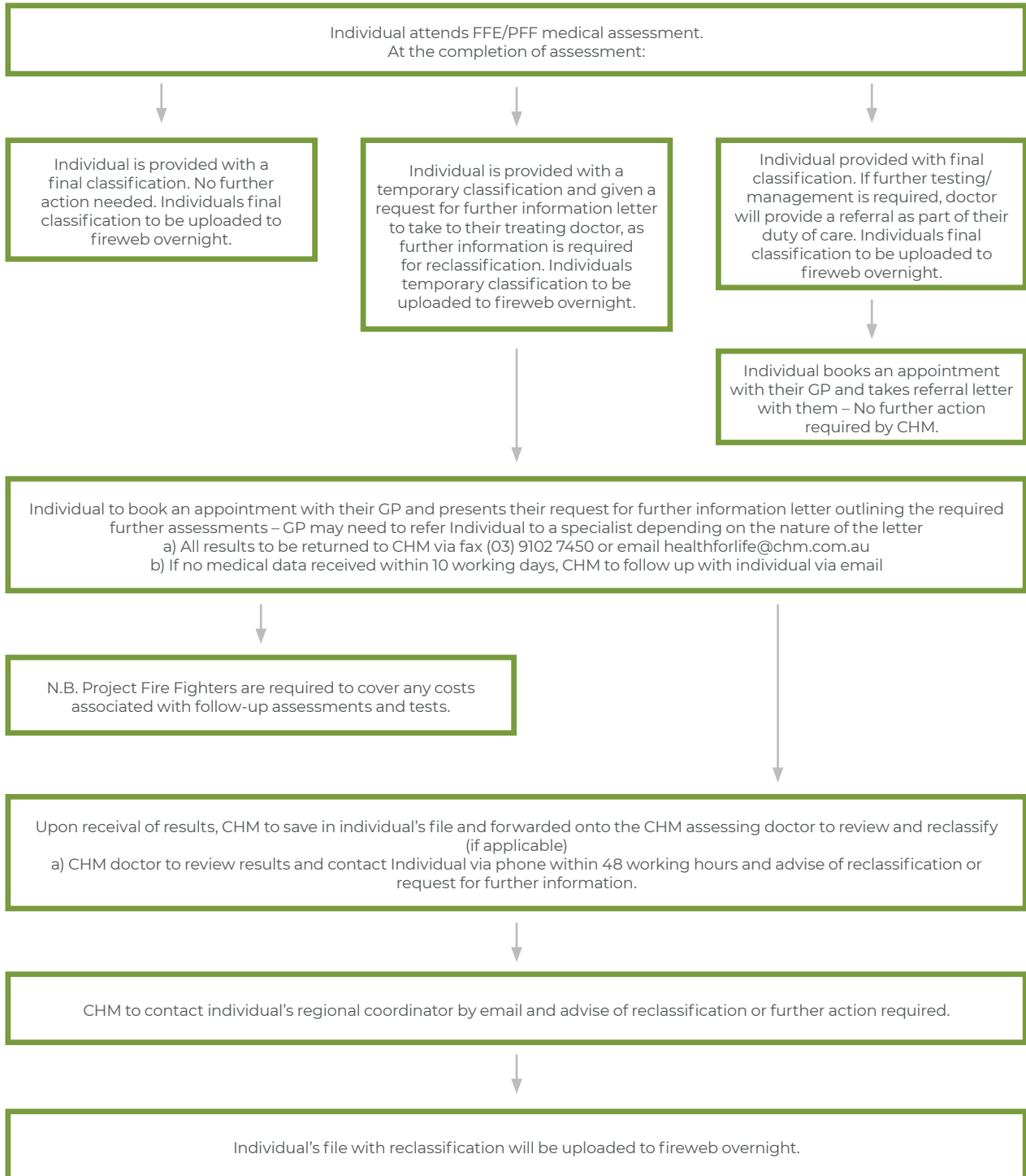
Visit Your GP

Your GP can help you with developing an action plan to improve your health in many areas, including the following:

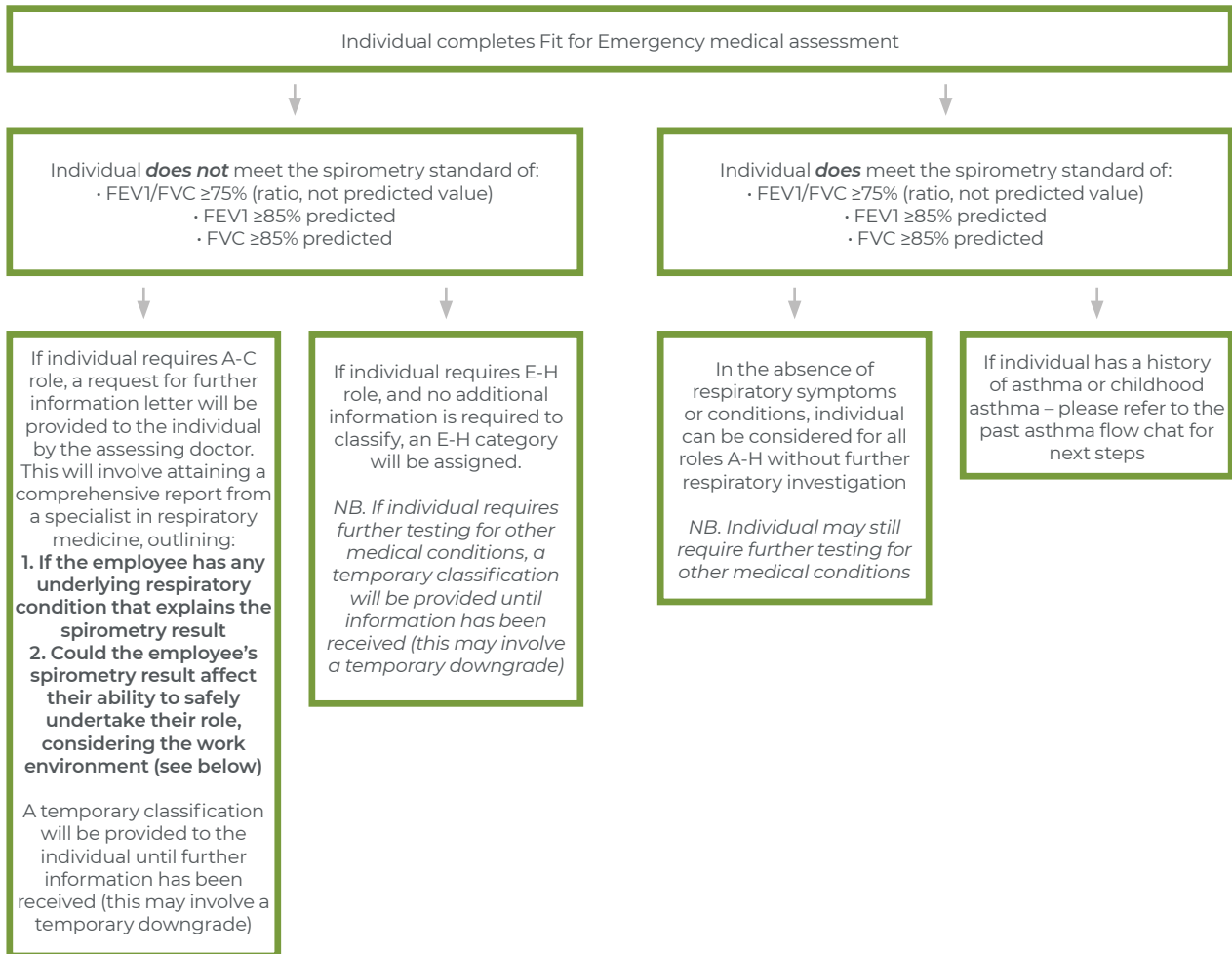
- Mental health and wellbeing
- Smoking
- Alcohol consumption and drug use
- Physical health and fitness
- Nutrition
- Sleeping

Service	Availability	Contact
BeyondBlue Support Service 24/7 counselling support for mental health concerns.	24 hours 7 days a week	1300 22 46 36 www.beyondblue.org.au
Suicide Line (Victoria) Professional phone counselling and crisis support for anyone at risk of or affected by suicide.	24 hours 7 days a week	1300 651 251 www.suicideline.org.au
LifeLine General counselling, crisis support and suicide prevention service.	24 hours 7 days a week	13 11 14 www.lifeline.org.au
Suicide Call Back Service Counselling and crisis support for anyone affected by suicide.	24 hours 7 days a week	1300 659 467 www.suicidecallbackservice.org.au
SANE Helpline Non-critical advice and support from mental health professionals.	Weekdays 9am – 5pm	1800 18 7263 www.sane.org
Grief Line Anonymous telephone and online counselling service for people suffering from grief and loss.	Phone service 12pm-3am, 7 days Online service 24 hours, 7 days	1300 845 745, or (03) 9935 7400 www.griefline.org.au
QLIFE (LGBTI) Counselling and referral service for lesbian, gay, bisexual, transgender and intersex communities, and for family, friends and people supporting members of these communities.	3pm – 12am 7 days a week	1800 184 527 www.qlife.org.au
Headspace (Youth 12-25 years) Confidential and free early intervention mental health services to young people aged 12 - 25 years; available online or by phone.	Online service available 24/7	1800 650 890 www.eheadspace.org.au
Kids Helpline (Children and Youth 5-25 years) Free phone and online counselling service for young people aged 5 - 25 years, and for their parents and carers.	24 hours 7 days a week	1800 55 1800 www.kidshelpline.com.au
Black Dog Institute Non-profit organisation providing information on depression, anxiety, bipolar disorder and other mental health conditions.	Access information online	www.blackdoginstitute.org.au
Emergency – Police, Ambulance, Fire For immediate danger, call emergency response on 000.	24 hours 7 days a week	Call 000 Police, ambulance, fire

FFE/PFF request for further information flow chart



Low spirometry flow chart

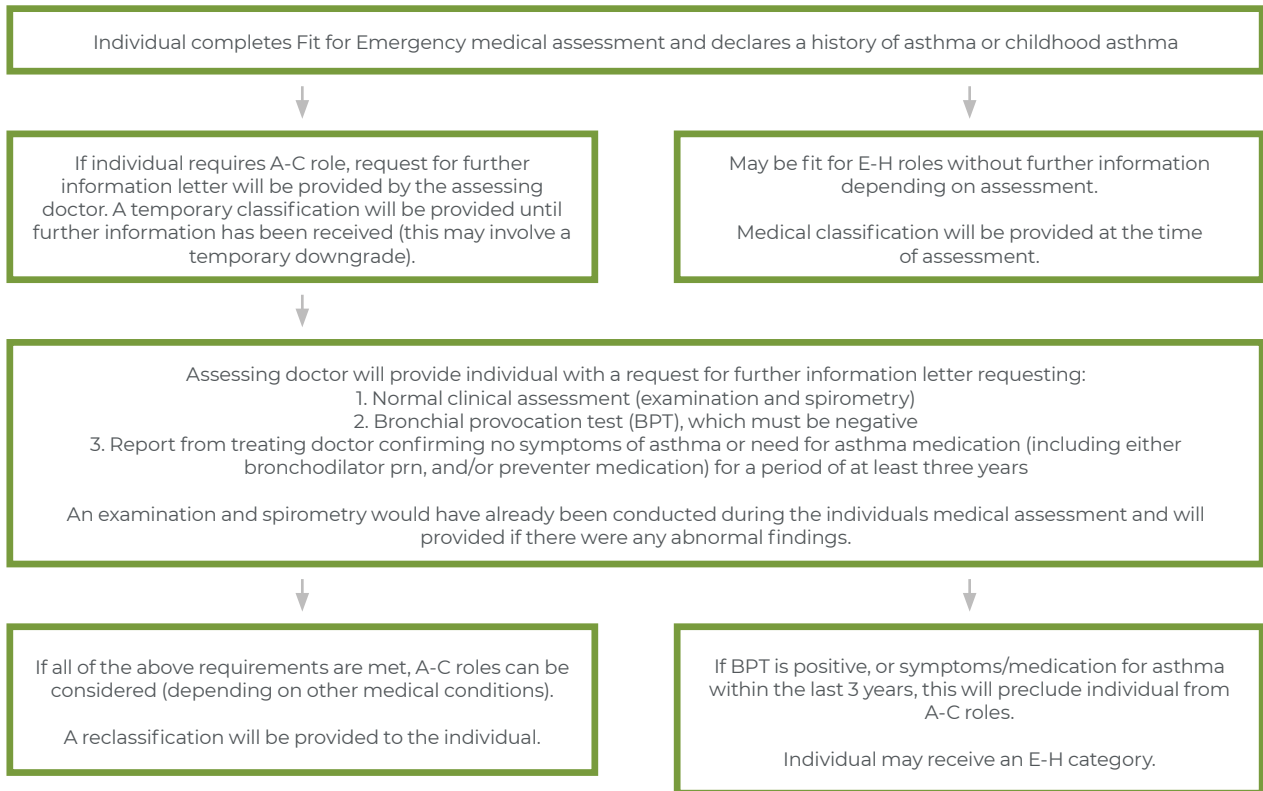


Work environment includes:

- Exposure to respiratory irritants including smoke, dust and irritant gases
- No to little access to respirators or masks of any kind (NB. bush firefighters do not use breathing apparatus, due to weight and extreme physiological demands. P2 masks can be used however clog easily in the environment and do not provide the level of protection required for an individual with a chronic respiratory condition)
 - No access to emergency medical assistance in remote locations
 - The extreme physiological demands of the role

NB. Any costs incurred in providing the above are required to be paid by the individual. The individual may be eligible for reimbursement of any out of pocket medical expenses for tests required as per the referral (the balance of any gap paid by Medicare) and should contact their Line management and/or District Manager (DELWP)/Ranger in Charge (PV) and notify them of their intent to seek further tests and reimbursement.

Childhood asthma flow chart



NB. The broncho-provocation test (BPT) is a marker for airways hyper-responsiveness and is not a test for specific triggers of airway hyper-responsiveness. A BPT should be performed only in accredited respiratory function laboratories. Decision to proceed with a BPT should be in agreement with treating GP/specialist.

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- For an individual on asthma treatment such as inhaled steroids, (which dampen airway responsiveness) even if asthma control appears stable, this does not mean a zero risk of worsening or acute asthma when that individual is exposed to respirable, irritant particles such as smoke.
- Bushfires may also contain other respiratory hazards that are not always known of at the time of exposure.

NB. Any costs incurred in providing the above are required to be paid by the individual. The individual may be eligible for reimbursement of any out of pocket medical expenses for tests required as per the referral (the balance of any gap paid by Medicare) and should contact their Line management and/or District Manager (DELWP)/Ranger in Charge (PV) and notify them of their intent to seek further tests and reimbursement.



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