



OSHA 1910.156 vs. NFPA 1582 Is there really a difference?

We are often asked by Fire Chiefs about OSHA 1910.156 and how it applies to fire departments. There is a great deal of confusion about what standard is applicable and which should be followed. This article will discuss the standards, their intent and applicability.

OSHA 1910.156 is commonly referred to as the Fire Brigade Standard. It is found in 29 Code of Federal Regulations Part 1910 which is the OSHA (Occupational Safety and Health Administration) Standards for General Industry. This standard was put in place specifically for companies that have a subset of employees who are assigned to fight fire in the incipient stages while waiting for the Fire Department to arrive on scene. Remember these are employees who have regular jobs welding, stacking, sorting, or working at a desk, who might be called upon very rarely, if ever, to fight fire.

The 1910.156 standard states that: *“The employer shall assure that employees who are expected to do interior structural firefighting are physically capable of performing duties which may be assigned to them during emergencies”*. *“The employer shall not permit employees with known heart disease, epilepsy, or emphysema to participate in fire brigade emergency activities unless a physician’s certificate of the employees’ fitness to participate in such activities is provided”*.

The fire brigade standard does not address what kind of testing, what kind of screening or what kind of physical evaluation should be performed. It also does not address frequency of evaluations. While some fire departments have chosen to adopt this as their physical standard it is clear that this standard was not designed with the full time firefighter or volunteer firefighter in mind. The physical expectations are clearly different between the individual who **may** someday be called upon to fight a fire in the incipient stages and the individual who is a member of a fire department who **will** be called upon to fight a fire from inception through cleanup.

NFPA 1582 was designed by firefighters for firefighters, and is very specific as to what testing needs to be done. It also specifies screening procedures and addresses frequency. NFPA 1582 recognizes that firefighters have special physical demands placed upon them that the occasional fire fighter would not. In addition NFPA 1582 addresses special risks unique to firefighters including pulmonary disease, cancer and heart disease and prescribes specific screening for these risks.

In regard to physical fitness NFPA 1582 is very specific in terms of what type of testing should be done. It recommends sit ups, push-ups, flexibility and strength testing. It also recommends a very thorough physical examination that includes range of motion of the joints.

Contrary to popular belief the standard does not call for specific cut off numbers that have to be met for qualification.



The standard also takes into account that firefighters have higher incidences of certain diseases than the general population. These include cardiac disease, lung disease, prostate cancer, and thyroid cancer. The standard specifically addresses what screening testing should be done for these diseases and how often. NFPA 1582 is also very specific in regard to medical conditions allowable for fire department members and candidates.

The standard for candidates is much more stringent than that for an existing member. In almost all cases the physicians' judgment of the individual's ability to perform their duties safely trumps specifically disqualifying medical conditions.

The 1582 standard has three functions.

1. To be used to help members become aware of their fitness level and to encourage them to seek to improve.
2. To screen firefighters for diseases that they are at higher risk for because of firefighting activities.
3. To ensure that the firefighter is able to perform their essential job functions safely.

NFPA 1582 is not a punitive process. One of the main concerns that we hear is that implementation of a 1582 program will lead to mass disqualification of firefighters. This is simply not the case. In our experience, a properly run 1582 program should result in a more health aware and fit department.

If there is one take home message from this article, just remember that while NFPA 1582 will **always** meet the requirements of OSHA 1910.156, OSHA 1910.156 does **not** meet the requirements of NFPA 1582.

Which standard is right for your department?

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