

National Interagency Fire Center
Medical Standards Program for Federal Arduous Duty Wildland Firefighters

Interagency Medical Review Board Guide

The handbook entitled “Federal Interagency Wildland Firefighter Medical Qualifications Standards” presents documents and the program recommendations of an interagency team that was charged with their development by the Federal Fire and Aviation Leadership Council (FFALC). This extensive document, and the medical clearance program it presents, were approved by the FFALC for implementation during a FY02 pilot project to work out operational issues, then fully implement the program nationwide for all federal arduous duty wildland firefighters. A key part of this program is the provision for a high-level agency review of individuals who have been found by the process to not fully meet the established medical standards. This guide provides assistance to participants in this review process, and information for firefighters who may be affected by the implementation of the medical standards program.

Introduction

Under law (P.L. 91-596), Executive Order (E.O.12196), regulation (29 CFR 1960), and Department of the Interior policy (DM 485), it is the obligation of the Department to provide “...employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm.” Federal employers have the burden of determining the hazards involved in the work they assign to employees and of mitigating the risks to which their employees are exposed. It is the employer’s obligation to train and equip employees to perform safely the work assigned. No Federal employer has the right to order any employee to undertake any task that the employer knows (or should have known) the employee cannot accomplish safely. This is true even in cases where the employee requests such a work assignment.

It also is reasonable for the employer to establish medical standards (under the authority of 5 CFR 339, Medical Qualification Determinations) to help predict the ability of applicants and employees to safely accomplish work known to entail particularly high risks or hazards not found in ordinary work (such as arduous duty wildland firefighting). Applicants are to be screened before they are hired and assigned to arduous duty work, and incumbents must regularly be monitored throughout their assignment to arduous duties.

Wildland firefighting is recognized to be a high-risk occupation. Please refer to the “Essential Functions and Work Conditions of a Wildland Firefighter” table, which may be found in the Wildland Firefighter Medical Qualification Standards that was established by the Department to screen applicants for wildland firefighter positions and employees performing arduous duty wildland firefighting. Individuals unable to meet established wildland firefighting medical standards may be deemed “not medically qualified” for wildland firefighting duties.

Office of Personnel Management regulation (5 CFR 339.204) requires agencies to “...waive a medical standard or physical requirement ... when there is sufficient evidence that an applicant or employee, with or without reasonable accommodation, can perform the essential duties of the position without endangering the health and safety of the individual or others.” Furthermore, the Rehabilitation Act of 1973, as amended, prohibits employment discrimination against people with disabilities and requires employers to provide “reasonable accommodation” to employees with disabilities.

Purpose

The FFALC is committed to ensuring that a candidate for, or an incumbent of, a wildland firefighter position is not discriminated against because of a medical condition that would not affect their ability to safely and efficiently perform the duties of the position. This commitment extends to the privacy and confidentiality of medical and personnel records. The medical evaluation and clearance process used by NIFC and the FFALC to arrive at a final medical fitness determination ensures a comprehensive case-by-case fact based objective assessment of an individual’s ability to perform the full range of essential duties and responsibilities required of the position. The medical clearance process is summarized within the Federal Interagency Wildland Firefighter Medical Qualifications Standards, and should be referred to regarding the forms, examinations, and review process to be used. For reference, the medical qualification standards program and those process steps are depicted as flow diagrams, separated by geographic implementation areas, at <http://medical.smis.doi.gov/NIFCmedicalstds.htm>. The flow diagrams indicate the point at which the Interagency Medical Review Board (IMRB) may become involved when an individual is found to not meet the medical standards for wildland firefighting.

The purpose of this Guide is to present the role and functions of the IMRB in the context of the wildland firefighter medical qualification review process, and to assist management in arriving at an appropriate and defensible decision regarding each employee’s medical clearance for fighting wildfires.

Membership on the IMRB

The IMRB consists of individuals who represent key aspects of the wildland firefighter program. The members are designated on an ad hoc basis by the Interagency Medical Standards Program Manager (Program Manager). In addition to the Program Manager, the IMRB will generally include the agency and/or department safety officer, a fire safety officer, the agency-appropriate personnel officer, and the Interagency Medical Review Officer (MRO). Also included, as appropriate, will be the employee's supervisor, local personnel office, and others as determined by the Program Manager.

Overview of the Role of the IMRB

The IMRB provides a high level review of all the pertinent factors involved when an applicant or incumbent firefighter has not been cleared medically for wildland firefighting arduous duty, including the ability to take the Work Capacity Test. In cases where the designated Central Medical Consultant (CMC) and the MRO find that the medical history, medical examination, or medical screening, and any supplemental information that may be provided, results in a determination that an employee does not meet the established medical standards, the employee may make a request through their Servicing Personnel Office (SPO) to be considered for (1) a waiver of the applicable medical standard(s) or (2) accommodations that the employee and their physician believe will allow the employee to perform the essential functions of his or her position. All actions taken in consideration of waivers and accommodations involve safety, mission accomplishment, personnel, program, and medical elements, and require a case-by-case assessment based on Federal regulations and basic personnel management principles. The IMRB will be responsible for considering the pertinent factors in the case and providing a sound recommendation to management on the best course of action regarding the proposed waivers or accommodations.

IMRB Procedures

Program Manager Initiation of IMRB Services

When the MRO has reached a conclusion that, based upon available medical information, an individual does not meet the medical standards for wildland firefighting, the MRO will notify the Program Manager by e-mail or a documented telephone call. The Program Manager will notify the Agency's IMRB designated member and the SPO with responsibility for the subject employee informing them of the medical review decision, and to determine if the employee wishes to pursue a waiver or accommodation, or to provide further information for review.

If the employee wishes to pursue a waiver or accommodation, the Program Manager will contact the appropriate candidates to identify a panel of individuals who will constitute the IMRB for the specific review to be conducted. It is possible for the same members to be called upon to conduct more than one review simultaneously, depending on the geographic and organizational location of the subject firefighter. The Program Manager will provide to each member of the IMRB a copy of the medical confidentiality form (see the next section), if the member does not already have a current, completed form on file.

IMRB Confidentiality Commitment

Due to the confidential information that may be involved in a case review process, all participating IMRB members will be required to sign a medical confidentiality form prior to performing any case-specific IMRB duties (see Attachment A). This form acknowledges the provisions of the Privacy Act of 1974 (5 USC Sec. 553a), and calls for a commitment by each IMRB member to protect the privacy of every employee whose case is under review. This is done by: (1) using only the information that is necessary for the review process; (2) protecting all confidential information from inappropriate disclosure; and (3) ensuring that all confidential information provided to the committee for review remains physically secure.

Employee's Model letter to Request Information for Reasonable Accommodation

Employees who have not been cleared medically, and who wish to have their case reviewed by the IMRB for a possible waiver or accommodation, will be required to furnish the information requested in Attachment B, "Model letter to Request Information for Reasonable Accommodation." This letter may be edited for an Agency's use. An employee requesting a waiver or accommodation cannot serve as a member of the IMRB when their case is under review.

The Review Process

In consultation with the MRO, the Program Manager will arrange for copies to be made of the necessary portions of the available medical documentation for distribution to IMRB members. Documentation used for the review must be limited to those portions of the record that are pertinent to the specific medical reasons for withholding the medical clearance. No other records are to be copied or distributed to IMRB members. The Program Manager may consult with the CMC or the MRO regarding the portions of the record to be copied. Upon receipt (or prior possession) of the IMRB member's signed confidentiality forms, the Program Manager will send the documents for review to the IMRB members, along with any other necessary forms and a cover letter summarizing the pertinent issues in the case. The documents are to be sent using the current contract overnight delivery service (e.g., FedEx, UPS).

The Program Manager will coordinate with the IMRB members a mutually agreeable time following receipt and review of the documents for a conference call or meeting to discuss the case. The focus of that call or meeting will be to address the **decision points** presented on the following pages. The Waiver and Accommodation Flow Chart (Figure 1) depicts this process.

Decision Points

1. CAN THE EMPLOYEE PERFORM THE ESSENTIAL FUNCTIONS OF HIS OR HER POSITION WITHOUT ACCOMMODATION AND WITHOUT ENDANGERING THE SAFETY OR HEALTH OF THEMSELF OR OTHERS?

An employee who does not meet the medical standards but has consistently demonstrated the ability to perform their job in a satisfactory manner without an undue risk of harm to themselves or others may be eligible for a waiver of the medical standard. The employee is responsible for initiating a request for a waiver within 30 days of being notified of the potential medical disqualification. If a waiver is granted, the employee can return to work without restriction. This is a management decision. It should be based on the written recommendations of the IMRB. Waivers are good only until the next examination or when other evidence arises indicating that the condition has changed. Failure to obtain a waiver implies that the employee has a condition that prevents them from performing the full range of duties of the position without undue risk. In such a case, the employee may seek accommodation.

2. IS THERE A DISAGREEMENT ON THE NATURE OF THE MEDICAL CONDITION OR DIAGNOSIS AND ITS EFFECT ON THE EMPLOYEE'S CAPABILITY?

If an employee does not meet the medical standards and is not granted a waiver, they may obtain at their option another examination, limited to the area of disqualification, by a physician of their choice. This examination will be conducted by a qualified physician near the employee's official duty station. If there is still a disagreement about the condition, a third physician (acceptable to both the agency and the applicant/employee) will be consulted. The medical examinations will be conducted on official time and paid for by the agency. Any additional medical information provided by an employee's physician of choice, at the employee's own expense, must be appropriately considered by the IMRB.

3. DOES THE MEDICAL CONDITION RESULT IN AN IMPAIRMENT OF A MAJOR LIFE FUNCTION (INCLUDING WORK)?

The Rehabilitation Act of 1973, as amended, prohibits employment discrimination against people with disabilities, and requires employers to hire (and retain) employees who, with or without the disability, would otherwise be qualified for the job. In doing so, the employer is required to provide "reasonable accommodation" to employees with disabilities. The first determination in considering accommodation of the potentially medically disqualified employee is whether the medical condition is disabling. To make this determination, management must decide, with input from the IMRB, whether the condition results in an impairment of a major life function (including work). In the case of the major life function of working, management must determine if the potentially disabled employee is substantially restricted from working in either a class of jobs or a broad range of jobs in various classes compared to the average person in a comparable situation. If a determination is made by the IMRB that an individual is not disabled, then

the agency is under no obligation to accommodate the employee. However, the employee is entitled to appropriate appeal rights to that decision.

4. CAN THE INDIVIDUAL PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT ACCOMMODATION?

If the potentially disqualified employee is considered disabled in the previous determination, the agency is responsible for determining the reasonableness of any accommodation requested by the employee (or their physician) that is expected to allow the employee to perform the essential functions of his/her position. If there is no reasonable accommodation(s) available and the employee cannot perform the essential functions of their position with or without accommodation, the agency is under no obligation to accommodate the employee.

5. WOULD ACCOMMODATION CAUSE UNDUE HARDSHIP FOR THE AGENCY?

If an accommodation has been suggested that would allow the individual to perform the essential functions of the position, then management must determine whether this accommodation would cause undue hardship to the agency. The undue hardship could reflect such factors as excess or unaffordable cost, or excessive or unacceptable loss of work efficiency.

6. WOULD ACCOMMODATION RESULT IN AN UNDUE RISK OF HARM TO THE EMPLOYEE OR OTHERS?

If the potentially disqualified employee has suggested an accommodation that would allow them to perform the essential functions of the position without undue hardship to the agency, then management must determine whether this accommodation could result in an undue risk of harm to the employee or others. The excessive safety or health risk could be in the form of sudden or subtle incapacitation while the tasks or duties of a specific position are being carried out, or other concerns.

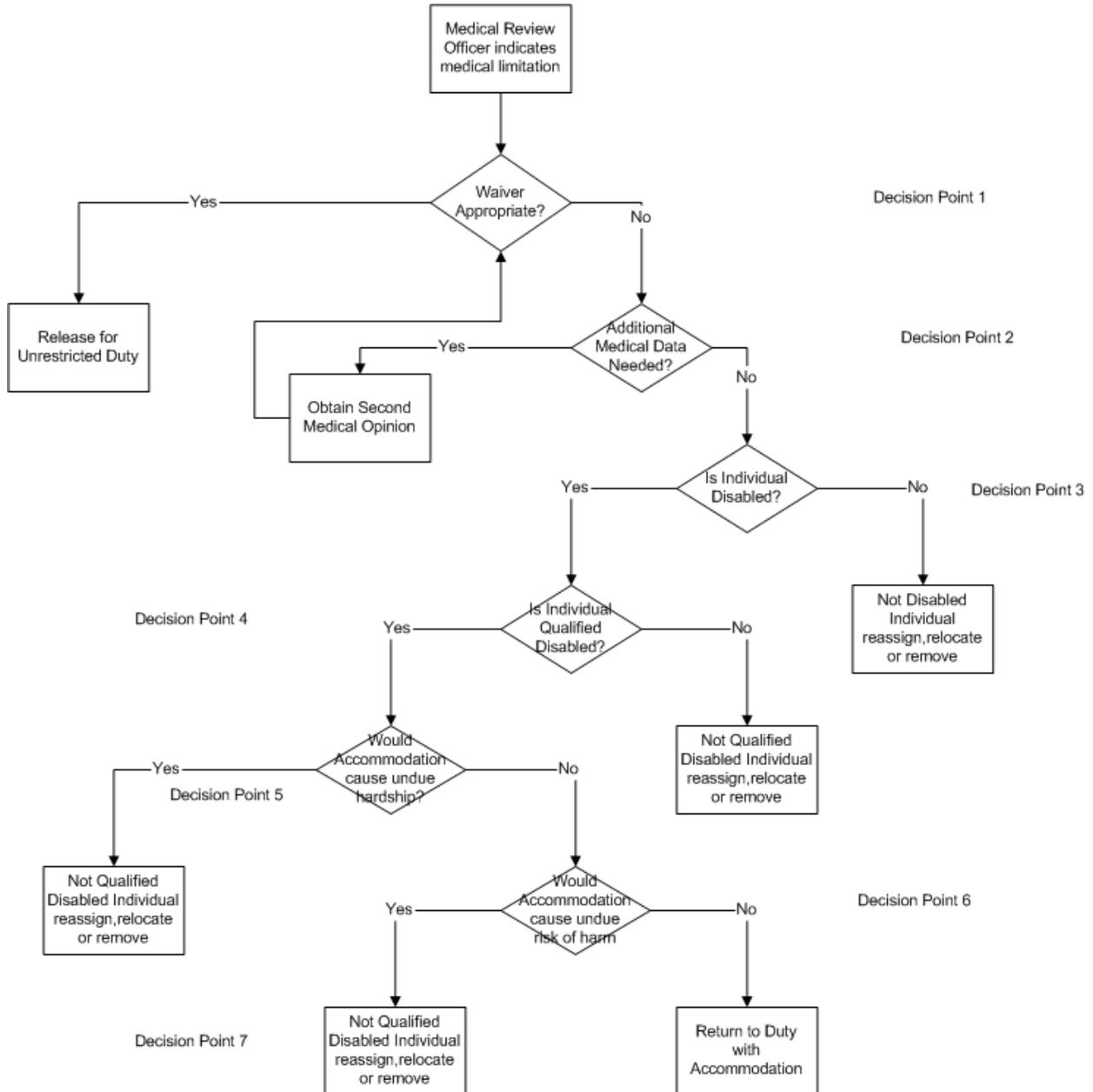
After consideration of all available options for accommodating the medically disqualified employee in the present position, other agency positions, locations or alternatives for placement of the employee also will be evaluated. All options will be considered, and those that provide an acceptable outcome in terms of medical risk management and needs of the agency will be forwarded to the appropriate managers for consideration. Final decisions on reasonable accommodations will be made by the supervisory management official for the employee's agency.

Completion of the Review Process:

To complete the review process carried out by the IMRB, the Program Manager should complete the Case Review Checklist (see Attachment C), with input from the IMRB members. This checklist serves to document the steps taken, and the basis for the decisions made.

Figure 1
Waiver and Accommodation Flow Chart

Waiver/Accommodation Flowchart



Attachment A
IMRB Confidentiality Form

CONFIDENTIALITY AGREEMENT FOR WORK WITH MEDICAL RECORDS

Working with the Interagency Medical Review Board (IMRB) involves access to confidential medical information regarding federal employees and applicants for federal positions. This information, and the IMRB's use of it, is governed by the Privacy Act of 1974 and OPM/GOVT-10 (the System of Records Notice for federal medical records). The information may be in either written, computerized formats, or verbal; and persons working with the IMRB may receive or become aware of confidential information through several mechanisms, including written, verbal, or computer-based sources. The information, and all records and their contents, must be maintained in a secure and confidential manner at all times, and must be used only for the necessary and legitimate purposes for which the information was gathered and provided to the IMRB for its review. Employee-identifiable information may not be released in any manner outside the immediate purposes of the IMRB.

By signing this form, I acknowledge my understanding of the above Confidentiality Agreement, and agree to adhere to this Agreement, the Privacy Act, and OPM-GOVT-10 provisions for the use and release of confidential information.

(A copy of this form is to be maintained in the custody of the Interagency Wildland Firefighter Medical Standards Qualification Program Manager, or designee).

Print Name

Signature

Date

Witness (Federal Employee)

Attachment B
Model letter to Request Information for Reasonable Accommodation

You have raised the issue of [specify medical condition] as a reason for your inability to successfully meet the performance requirements of your job. It is your responsibility under 5 CFR 339.104 to provide acceptable medical documentation as to the nature of your medical condition, and to specify any accommodations you and your physician have determined will be required in order for you to perform the essential functions of your job.

Please have your physician provide current documentation addressing each item listed below. If an item is not applicable, the physician should so indicate. Frequently, this type of information is available readily from the records your physician already has for you. The documentation must be provided on the physician's letterhead stationery, and your physician must sign and date the report.

- (a) The history of your medical conditions, including references to findings from previous examinations, treatment, and responses to treatment;
- (b) Clinical findings from your most recent medical evaluation, including any of the following which have been obtained: findings of physical examinations; results of laboratory tests; X-rays; EKG's and other special evaluations or diagnostic procedures; and, in the case of psychiatric evaluation or psychological assessment, the findings of a mental status examination and the results of psychological tests, if appropriate;
- (c) Diagnosis, including your current clinical status;
- (d) Prognosis, including plans for future treatment and an estimate of your expected date of full recovery;
- (e) An explanation of the impact of your medical condition on overall health and activities, including the basis for any conclusion that restrictions or accommodations are or are not warranted and, where they are warranted, an explanation of their therapeutic or risk avoiding value;
- (f) An explanation of the medical basis for any conclusion which indicates the likelihood that you are or are not expected to suffer sudden or subtle incapacitation by carrying out, with or without accommodation, the tasks or duties of your position; and
- (g) A narrative explanation of the medical basis for any conclusion that your medical condition has or has not become static or well stabilized and the likelihood that you may experience sudden or subtle incapacitation as a result of your medical condition.

In addition, if your medical condition is psychiatric or psychological in nature, we require a copy of the report of your most recent psychiatric/psychological evaluation by a board certified specialist in psychiatry outlining the status of your present mental health condition. If you have not had a complete psychiatric/psychological evaluation as specified above, it is recommended that you obtain one and submit a report setting forth the results of such an examination. It should be noted that any psychiatric report must be consistent with the diagnostic criteria as outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), published by the American Psychiatric Association. In addition, this report must include a multi-axial assessment consistent with the diagnostic criteria contained in the DSM-IV. Further, this opinion should include any requirements and/or recommendations for ongoing psychiatric treatment. The report must include an opinion as to your prognosis for recovery and the date on which it is anticipated that you will be able to assume full, unrestricted work duties and responsibilities.

All information submitted in response to this letter will be handled as medically confidential, and will only be used for the purpose of evaluating the connection between your medical condition

and your work performance. Please note that the medical information you or your physician provides may be reviewed by an Agency Medical Officer and an Interagency Medical Review Board, and that additional medical documentation and information may be required.

Please provide the requested information as soon as possible, but no later than [specify date]. All information must be sent or delivered directly to me, in an envelope clearly marked as "MEDICAL CONFIDENTIAL."

You are responsible for any costs incurred in connection with obtaining this documentation. So that your physician has sufficient information to respond to the above items concerning your ability to perform the essential functions of your position, and any accommodation that might be requested, it is important that you provide him with your position description as well as all documentation we have provided you regarding your current work status (these items are enclosed for your use.). If you fail to provide this requested medical information, or choose not to do so, then decisions will have to be made on the basis of existing information. This may affect your continued employment with this agency. If your physician has any questions about the information needed, or if he/she needs any additional information regarding the requirements of your job, he/she can telephone me at [specify number].

Attachment C
Case Review Checklist

[AGENCY]

REASONABLE ACCOMMODATION
(MANAGEMENT'S CHECKLIST*)

EMPLOYEE/APPLICANT NAME _____

SOCIAL SECURITY NUMBER _____

POSITION _____

AGENCY _____

NAME OF PERSON COMPLETING FORM _____
(Agency Official)

*Continue responses on additional paper if necessary.

ESSENTIAL FUNCTIONS OF THE POSITION

1. Identify the essential functions of the employee's current permanent position. (Or of proposed position, if new assignment or applicant for employment).

Note: An agency must be specific in identifying the essential functions of the position. Essential functions are "fundamental job duties" and do not include marginal functions or those that are required only occasionally by the position. The agency must take into account the following: Is the function actually required? Would removing the function fundamentally alter the position? Is the function the reason for the position? Are others available to perform the function? What is the degree of expertise or skill required to perform the function? What are the consequences of not requiring the employee to perform the function?

2. Attach standard position description for this position _____

MEDICAL AND PHYSICAL QUALIFICATIONS

1. Medical evaluation by Physician/Specialist obtained and reviewed?

Yes _____ No _____ Verified (Name/Date) _____
(Agency Official)

If Yes:

A) Identify medical specialty of Reviewing Physician and/or Examining Physician.

B) Identify the specific arduous duty wildland firefighter medical standard(s) not met for the position.

C) Identify the specific medical condition(s) of the Applicant/Employee.

D) Identify any required medical devices, implants, pumps, prosthetic devices, and any other medical/mechanical devices that may impact safe and efficient job performance.

E) Identify the specific physical/ functional requirements that have been published/documented for the position.

F) List any medically imposed job restrictions or limitations directly related to the position.
Note: A medically imposed job restriction or limitation is an operative event which limits or modifies an individual's ability to perform certain job duties or responsibilities that are incompatible with certain types of medical conditions. (Example: A 25 pound lifting restriction may be imposed on someone with an inguinal hernia). The purpose of the lifting restriction is to ensure that the medical condition (hernia) is not likely to be aggravated, accelerated, exacerbated, or made permanently worse. The responsibility then shifts to the agency to determine whether or not the medical restriction can be reasonably accommodated.

- G) List any medication requirement(s) (prescription and non-prescription - type and dosage) that would, or does, affect performance, behavior, or safety concerns that are directly related to the position.

- H) List any known (1) drug side effects, (2) drug reactions, (3) drug-drug interactions, (4) medical complications associated with long term drug use, or (5) any problems with patient compliance, that may impact on safe and efficient job performance.

- I) List any additional medical concerns.

SAFETY EVALUATION

1. Individual safety evaluation by agency safety officer requested and reviewed?

Yes _____ No _____ Verified (Name/Date) _____
(Agency Official)

- A) Identify any hazardous occupational/environmental/industrial condition(s) directly related to the position.

- B) Identify any working conditions that may exceed the manufacturer's limitations of any medical devices, pumps, implants, prosthetic devices, and other medical/mechanical devices to determine impact on safe and efficient job performance.

- C) List any required protective equipment (e.g., respirator use) to insure compatibility with listed medical conditions and/or limitations. This information is necessary to determine impact on safe and efficient job performance.

5. Has the individual demonstrated that he has performed similar work in other positions/agencies with/without complications?

Yes _____ No _____

If Yes, list agencies, work performed, difficulties.

6. Input of designated line supervisor sought for possible accommodations.

Yes _____ No _____

Name/Date _____

7. List the proposed accommodations(s).

8. Proposed accommodation(s) properly evaluated by management. A "No" response is required for items A through C if the accommodations are to be implemented:

Note: Management evaluation should include an actual on-site operational evaluation of the proposed accommodation where appropriate.

A) The proposed accommodation(s) will have an adverse impact on the operation and safety of the applicant and/or other employees.

Yes _____ No _____

If Yes, explain.

B) The proposed accommodation(s) adversely affect performance and/or eliminate an essential function.

Yes _____ No _____

If Yes, explain.

C) The proposed accommodation(s) violate the collective bargaining agreements.

Yes _____ No _____

If Yes, explain.

9. Employee can perform the (current or proposed) job's essential functions with reasonable accommodation(s).

Yes _____ No _____

The position is _____ with the accommodation(s) as follows:

10. The employee cannot perform essential functions of the regular bid position, (or if applicant, the position applied for). CHECK ONE:

_____ Another position or assignment cannot be located for him/her.

_____ A position/assignment of _____ has been found.

The duties of that position which can be performed by the employee within his/her limitations are as follows:

REASSIGNMENT

1. Temporary reassignment to another position.

Yes _____ No _____

2. Is the temporary reassignment considered to be light duty?

Yes _____ No _____

3. Is the light duty assignment based on a temporary medical restriction?

Yes _____ No _____

4. Is the medical restriction based on a temporary medical/physical impairment that would, at most, require light duty work for a period of time?

Yes _____ No _____

Note: An agency is not obligated to retain an employee in a light duty position indefinitely. Additionally, prior assignment to light duty does not establish a continuing entitlement to light duty even when a handicapping condition is permanent. Furthermore, an agency need not accommodate a handicapped employee by permanently assigning him to light duty tasks when those tasks do not comprise a complete and separate position.

Step 1 _____ Agree _____ Disagree _____
Medical Standards Program Manager/Date

Step 2 _____ Agree _____ Disagree _____
Medical Review Officer /Date

Step 3 _____ Agree _____ Disagree _____
Safety and Occupational Health Specialist/Date

Step 4 _____ Agree _____ Disagree _____
Agency Personnel Officer/Date

Step 5 _____
Date Sent to Agency Director, Director's Name

Step 6 _____
Agency Director/Date

Concur _____ Do Not Concur _____
If Director does not concur, please explain:

Step 7 _____
Date Sent to Agency Personnel Office for Employee Notification

