

Appendix E-1

Work Capacity Testing - Job Hazard Analysis

U.S. Department of the Interior Bureau of Indian Affairs JOB HAZARD ANALYSIS	Date: Page 1 of 3	New <input type="checkbox"/> Revised <input type="checkbox"/> Issued by: (Safety Mgr)
Field Office/work Group	Supervisor:	Qual, Trng, Experience Reqd:

This JHA must be reviewed, approved, and signed by the Agency Administrator:		
Name Title Date		
BASIC JOB STEPS	POTENTIAL HAZARDS	SAFE JOB PROCEDURES
Work Capacity Testing	Physical Overexertion	1. Provide prospective test subjects information about the test and describe how to prepare for it.
		2. Test subjects complete the Health Screen. Only appropriate responses of the prospective subjects to the Health Screen will result in administering the Work Capacity Test.
		3. Brief test subjects about the test just prior to the test -- answer questions concerning the test. Make them understand they are to quit and get help from one of the Test Administrators on the course if they begin to feel ill during the test.
		4. Test Administrators monitor subjects for distress during test. Test Administrator is to terminate test if indicated by level of subject distress.
		5. Provide prospective test subjects official time for fitness training where policy permits.
		6. Schedule tests when environmental conditions are most favorable.
		7. Have a person currently qualified as an EMT (with first aid supplies and equipment) on site when testing is done.
		8. Have unit Emergency Medical Plan (ICS-206) and make sure Test Administrators know how to activate it.
		9. Make sure test subjects do not exceed a walking pace.
		10. Ensure test subjects are properly hydrated.

Work Capacity Testing	Strains and Sprains	1. Provide information to prospective subjects describing how to get into shape for the tests.
		2. Provide prospective subjects official time for fitness training where policy permits.
		3. Brief subjects about the test just prior to beginning.
		4. Monitor subjects for indications of distress and terminate the test for them.
		5. Ensure test subjects have comfortable footwear that provides adequate support and protection to feet and ankles.
		6. Give subjects time to adjust packs for comfort prior to beginning the test.
		7. Provide time prior to starting the test for subjects to warm up and stretch.
		8. Have subjects cool down and stretch after the test.
		9. Make sure the test subjects do not exceed a walking pace.
Work Capacity Testing	Heat Stress	1. Make sure Test Administrators understand the effects of exercising in heat, can recognize the symptoms of heat stress, and how to treat it.
		2. Where possible, schedule tests for the most favorable environmental conditions. Use the Heat Stress chart, Fitness and Work Capacity, 2nd Edition, (p. 29). Avoid the "High" range.
		3. Inform prospective test subjects on how to dress for the conditions and include the information in the pre-test briefing.
		4. Make sure test subjects are aware of the need for acclimatization. Provide time for employees to become acclimatized if conditions of their employment permit.
		5. Test Administrators include heat stress information in the test briefing if appropriate.
		6. Provide water at key points along the test course if conditions dictate.
		7. Test Administrators monitor all test subjects for signs of heat stress, terminate test if stress is indicated, and are prepared to provide treatment needed.

Work Capacity Testing	Cold Temperature	1. Make sure Test Administrators knows symptoms of cold-related physical effects and are prepared to treat them.
		2. Inform prospective test subjects on how to dress for the conditions and include information in the pre-test briefing.
		3. Locate an indoor facility suitable for testing if conditions warrant.
		4. Postpone testing if conditions warrant.
Work Capacity Testing	Slippery Course Conditions (ice, snow, mud)	1. Locate a suitable test surface. Consider indoor facility, plowed airport, plowed road or other safe area.
		2. Postpone testing if conditions warrant.
		3. Test subjects wear footwear with good traction.
Work Capacity Testing	Traffic	1. Select test course without traffic.
		2. Arrange for traffic control to eliminate traffic hazard.
		3. Make sure test subjects are briefed about traffic hazard and controls implemented prior to the test.
Work Capacity Testing	Pack Rubbing, Chafing, or Straining Subjects	1. Make sure test subjects have practiced with a pack and have become work hardened to carry a pack.
		2. Recommend upper body clothing that protects from pack rubbing.
		3. Makes sure subjects have an opportunity prior to testing to adjust and try out the pack.
		4. Terminate testing for subjects struggling to carry the pack or maintain a pace adequate to complete the test successfully.
		5. Permit subjects to use a self-provided pack that meets the applicable weight requirement.

Work Capacity Test Record

To be completed by employee:

Name (Last, first): _____

Where employed: _____

Date test taken: _____

Test administered by: _____
(print name)

ICS position for which test is required (highest needed) _____

Performance level needed (circle one): Arduous Moderate Light

Type of test taken (circle one): Pack Test Field Test Walk Test

Work Capacity Test Descriptions:

	Pack Test	Field Test	Walk Test
Pack weight	45 lbs.	25 lbs.	none
Distance	3 miles	2 miles	1 mile
Time	45 minutes	30 minutes	16 minutes

To be completed by test administrator:

Test result time: _____

Employee passed test (circle one): yes / no

I certify that the pack test was administered according to Bureau guidelines.

(Signature of Test Administrator)

(Title) _____ (Date)

Appendix E-3

BIA Medical Examination Requirement

Employment	Fitness Requirement	Medical Examination Type	
		IMQS	HSQ
Status	Arduous	IMQS	HSQ
Permanent Full Time	Arduous	X	
	Moderate/Light		X
Permanent Furlough	Arduous	X	
	Moderate/Light		X
Temporary Seasonal	Arduous	X	
	Moderate/Light		X
AD/EFF Under Age 45	Arduous		X
	Moderate/Light		X
AD/EFF Age 45 and Older	Arduous	X (annual)	
	Moderate/Light		X

Note: IMQS: Interagency Medical Qualifications Standards Examination

Permanent and Permanent Furlough Employees

- Baseline exam in the first year.
- A “Periodic Exam” every 5th year when under age 45.
- A “Periodic Exam” every 3rd year when age 45 and older.
- A “Annual Exam” in intervening years.
- Exit exam upon retirement.

Seasonal Employees

- Annual Exam every year when under age 45.
- “Periodic Exam” at age 45 and every 3rd year thereafter.
- “Annual Exam” in intervening years when over age 45.

**APPENDIX E-5
WAIVER/ACCOMMODATION CHECKLIST**

EMPLOYEE/APPLICANT

- Request waiver, waiver with restriction/accommodation(s), in writing.
- Provide additional medical information specific to medical qualification standard not met or the medical condition to SHRO/FMO.
- Provide evidence on past work experience/assignments in arduous wildland firefighting positions.
- Provide Incident Performance Ratings (NFES 1576) (3 years).
- Provide letters of recommendation for waiver/accommodation.

FMO

- Provide Official Position Description.
- Provide copies of employee performance appraisals (3 years).
- Provide IQCS printout.
- Provide FMO/Supervisor statement(s).

SHRO

- Provided applicant with initial non-clearance memo and opportunity to request waiver/accommodation process.
- Maintain copies of all correspondence/documentation (email, letters, memorandums, etc.) specific to applicant.
- Provide waiver/accommodation checklist to applicant//FMO.
- Create DRAFT waiver/accommodation memo/letter and provide documentation of 1st level (local) consensus.
- Send DRAFT waiver/accommodation memo/letter to Medical Standards Program Specialist.
- Receive concurrence or non-concurrence on DRAFT waiver/accommodation memo/letter from Medical Standards Program Specialist.

SHRO/FMO: If waiver/accommodation concurrence received:

- Finalize memo/letter for Bureau/Agency signature.
- Obtain employee signature on final waiver/accommodation memo/letter.
- FAX copy of signed final waiver/accommodation memo/letter to Medical Standards Program Specialist (208.947.3722).
- File waiver/accommodation memo/letter in applicants OPF.

SHRO/FMO: If 1st level decision is “No Waiver” or nonconcurrence decision on Draft waiver/accommodation memo/letter:

- Prepare and provide applicant with IMRB appeal rights memo/letter.
- File IMRB appeal memo/letter in applicants OPF.

APPENDIX E-6

Roadside Incident Response

Considerations

- Firefighter and public safety will always be the number one priority.
- Utilize L.C.E.S. in all incident activities.
- Personal Protective Equipment will be utilized on all incidents.

Upon Arrival at the Scene

- Size up of the incident- see Incident Response Pocket Guide (IRPG)
- What has happened?
- What is happening?
- What will or could happen?
- Is this a HazMat situation?

Risk Management Process

- Decision Point, Go/No Go. See the IRPG page 1.

Tactical Considerations

- Anytime traffic flow is affected by the incident, contact the jurisdictional law enforcement agency for assistance.
- Conduct all operations as far from traffic lanes as possible to provide for crew and public safety.
- Park units on the same side of the roadway when ever possible to avoid traffic congestion.
- Personnel do not exit the fire apparatus until instructed to do so by the module leader.
- Exit the fire apparatus away from the roadway or where hazard exposure is minimized.
- Exit the fire apparatus with full personal protective equipment.
- Post a lookout to watch for and control oncoming traffic.
- Utilize spotters when visibility is impaired or road conditions warrant.
- Utilize and place road flares or other traffic warning signs when possible.
- If equipment needs to be removed from the traffic side of the apparatus, one person will retrieve the equipment and a lookout will watch for oncoming traffic.
- Keep all hose, fire tools, and equipment out of traffic lanes when possible.
- Wear high visibility vests and utilize other safety equipment as necessary while operating along roadways.
- All emergency responses on roadways will be concluded as quickly as possible to reduce personnel exposure.
- Cancel or demob unnecessary apparatus as soon as possible.

Each agency emergency vehicle operator will follow their particular state laws and agency policies governing the operations of emergency vehicles.

APPENDIX E-7

Release Date: January 2009

Appendix E

**Delegation of Authority - Template
Fire & Aviation Safety Team (FAST)**

_____ Geographic Area

Situation Summary (Issues and Concerns. Reason for ordering the FAST)

Objectives (Quantifiable)

Team Skills Required (Per Objectives listed above.)

The final team composition will be determined at time of dispatch and members named on the resource order.

Mission

The FAST is to conduct an independent assessment and evaluation of operational and managerial activities (related to the specific objectives stated above) at the following locations (mission segments):

The team may determine visits to other incidents/organizations/operations are appropriate, and may do so after coordination with the GMAC.

The FAST will contact the GMAC Coordinator (describe frequency of contact):

_____.

The FAST is to provide technical or managerial assistance when requested and where necessary to immediately correct an identified, critical problem. The FAST may also provide short-term assistance in managing situations or incidents when requested by the incident, organization, or operation, and when doing so will enable the accomplishment of critical, near-term objectives.

Protocols

The FAST will organize and conduct an entry briefing with the appropriate managers of the locations/incidents identified previously. The entry briefing will provide the objectives and operational parameters of the mission.

Once the mission segment is completed, the FAST will organize and conduct an exit briefing with the same officials or their designees, during which a draft of the mission-segment report will be presented and discussed. Components of this report will include:

Mission Segment Report Outline

A. Purpose and Objectives

Release Date: January 2009

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- B. Findings, Commendations, and Recommendations
- C. Follow-up Actions Needed
 - 1. Immediate
 - 2. Long-term
 - 3. Scope [local, area, national]

The FAST will provide a final written report to the GMAC Coordinator upon completion of all mission segments. This report will include:

FAST Final Report Outline

- A. Executive Summary
 - 1. Summary (Findings, Recommendations, Commendations, Assistance Provided)
 - 2. Critical and Immediate Follow-up Actions Required
- B. Mission Segments (Summary of Incidents, Organizations, Operations Reviewed. Include copies of Mission Segment Reports.)
- C. Findings and Trends, Commendations, and Recommendations
- D. Follow-up Actions Needed
 - 1. Immediate
 - 2. Long-term
 - 3. Scope [local, area, national]
- E. A copy of the DOA

The _____ Multi-Agency Coordination Group hereby charters and delegates the preceding authority to _____, FAST Leader, effective on _____.

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Test result time: _____

Employee passed test (circle one): yes / no

I certify that the pack test was administered according to Bureau guidelines.

(Signature of Test Administrator)

(Title) _____ (Date)

Appendix E

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Permanent Furlough	Arduous	X	
	Moderate/Light		X
Temporary Seasonal	Arduous	X	
	Moderate/Light		X
AD/EFF Under Age 45	Arduous		X
	Moderate/Light		X
AD/EFF Age 45 and Older	Arduous	X (annual)	
	Moderate/Light		X

Note: IMQS: Interagency Medical Qualifications Standards Examination

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Seasonal Employees

- Annual Exam every year when under age 45.
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- “Annual Exam” in intervening years when over age 45.

Wildland Firefighter Health Screen Questionnaire (HSQ)

The purpose is to identify individuals who may be at risk in taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

The information on this form may be disclosed as permitted by the Privacy Act (5USC552a(b)) to meet employment requirements.

Circle the appropriate Yes or No response to the following questions.

- Yes No 1) During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort, or pressure in your chest?
- Y N 2) During the past 12 months have you experienced difficulty breathing, shortness of breath, dizziness, fainting, or blackouts?
- Y N 3) Do you have a blood pressure with systolic (top#) greater than 140 or diastolic (bottom#) greater than 90?
- Y N 4) Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?
- Y N 5) Have you ever had heart surgery, angioplasty, pacemaker, valve replacement, or heart transplant?
- Y N 6) Do you have a resting pulse greater than 100 beats per minute?
- Y N 7) Do you have any arthritis, back trouble, hip/knee/joint pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test?
- Y N 8) Do you have personal experience or doctor’s advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?
- Y N 9) Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy, elevated cholesterol, or a hernia?

Regardless whether you are taking the Work Capacity Test at the Arduous, Moderate or Light duty level, a “Yes” answer requires a determination from your personal physician stating that you are able to participate. For Arduous Duty Employees, if you do not have a personal physician determination allowing you to take the Work Capacity Test, the FMO may request an Annual Form examination through the Interagency Wildland Firefighter Medical Standards Program.

I understand that if I need to be evaluated, it will be based on the fitness requirements of the position(s) for which I am qualified.

Participant Administrator
Date

Waiver / Accommodation Checklist**EMPLOYEE/APPLICANT**

- Request waiver, waiver with restriction/accommodation(s), in writing.
- Provide additional medical information specific to medical qualification standard not met or the medical condition to SHRO/FMO.
- Provide evidence on past work experience/assignments in arduous wildland firefighting positions.
- Provide Incident Performance Ratings (NFES 1576) (3 years).
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- Provide Official Position Description.
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- Provided applicant with initial non-clearance memo and opportunity to request waiver/accommodation process.
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Roadside Incident Response

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- Personal Protective Equipment will be utilized on all incidents.

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- What has happened?
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- Is this a HazMat situation?

Risk Management Process

- Decision Point, Go/No Go. See the IRPG page 1.

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- Post a lookout to watch for and control oncoming traffic.
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**Delegation of Authority - Template
Fire & Aviation Safety Team (FAST)**

_____ Geographic Area

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Objectives (Quantifiable)

Team Skills Required (Per Objectives listed above.)

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Mission Segment Report Outline

- A. Purpose and Objectives
- B. Findings, Commendations, and Recommendations
- C. Follow-up Actions Needed
 - 1. Immediate
 - 2. Long-term
 - 3. Scope [local, area, national]

The FAST will provide a final written report to the GMAC Coordinator upon completion of all mission segments. This report will include:

FAST Final Report Outline

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 - 2. Critical and Immediate Follow-up Actions Required
- B. Mission Segments (Summary of Incidents, Organizations, Operations Reviewed. Include copies of Mission Segment Reports.)
- C. Findings and Trends, Commendations, and Recommendations
- D. Follow-up Actions Needed
 - 1. Immediate
 - 2. Long-term
 - 3. Scope [local, area, national]
- E. A copy of the DOA

The _____ Multi-Agency Coordination Group hereby charters and delegates the preceding authority to _____, FAST Leader, effective on _____.