EXPOSURE REPORTING INFORMATION

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EXPOSURE REPORTING

Fire fighters work in varied and complex environments that increase their potential risk to on-the-job injury and death. This includes not only fire fighting, but EMS, Haz-Mat, and environmental emergencies. We are regularly facing exposure to hazardous and toxic substances, along with air-borne and blood-borne pathogens. And this could lead to a number of long term health effects.

According to Ohio law, "occupational disease" means a disease contracted in the course of employment, which by its causes and the characteristics of its manifestations, or the condition of employment results in a hazard which distinguishes the employment in character from employment generally; and the employment creates a risk of contracting the disease in greater degree and in a different manner from the public in general [ORC 4123.01(F)]. This definition most certainly applies to the career of fire fighting. In 1986, amendments were passed by the legislature that created a presumption for fire fighters and police officers [ORC 4123.68(W)]. It states: "Cardiovascular, pulmonary, or respiratory diseases incurred by fire fighters or police officers following exposure to heat, smoke, toxic gases, chemical fumes, and other toxic substances: Any cardiovascular, pulmonary, or respiratory disease of a fire fighter or police officer caused or induced by the cumulative effect of exposure to heat, the inhalation of smoke, toxic gases, chemical fumes, and other toxic substances in the performance of his duty constitutes a presumption, which may be refuted by affirmative evidence, that such occurred in the course of and arising out of his employment."

This does not simply entitle a fire fighter, or his/her dependents, to compensation from disability or death due to cardiovascular, pulmonary, or respiratory disease, unless the fire fighter <u>has been</u> subject to injurious exposure to heat, smoke, etc. in his/her employment in this state. The "has been" must be proven. Also, the employee can "rebut" or disprove the presumption if they can prove that the employee did not contract the disease through the employment.

Employers will also question and attempt to prove whether life styles had an affect on the cardiovascular or pulmonary disease. Again, the fire fighter must prove he/she did contract the disease from fire fighting. Also, in order for members with presumptive conditions to qualify for an on-duty disability pension, the member must prove that he/she was subject to "injurious exposure" to heat, smoke, toxic gases, chemical substances, etc.

The task of proving can be broken down into three parts:

1.) Proof of exposure.
2.) Harmful effect to the fire fighter's health must be related to the exposure.
3.) Causal connection between the exposure and the harmful effect must be established by a doctor's diagnosis.

By you providing exposure information and harmful effect information, the doctor will be in a better position to determine if the disease is occupationally related.

PROVIDING THE EXPOSURE INFORMATION

In order to provide the information, research must be conducted into past incident records. This can be a very time consuming task, especially if reports are not computerized. These reports are necessary in that they provide proof that:

1.) an incident occurred.
2.) the incident was hazardous to health.
3.) it indicates who was present at the scene.

A majority of fire departments utilize the National Fire Incident Reporting System (NFIRS). The State of Ohio, through the Fire Marshall's Office, requires departments to utilize this report for uniform reporting. NFIRS-1, or "Incident Report", is used to describe each incident or call to which your fire department responds. NFIRS-3, or "Fire Service Casualty Report" is used to report injuries or deaths of fire service personnel that occur in conjunction with any incident.

In order to make the research aspect easier and less time consuming in the future, it is highly recommended that each Local create an exposure reporting system for its members. Why the Local? Because it will be the Local's representatives who will be researching, documenting, and preparing any Workers' Comp or Disability claim. By the records being retained in each fire department, by research being conducted by the Local, and by utilizing an exposure reporting system autonomous to the Local, the preparation therefore becomes more manageable.

HOW TO CREATE EXPOSURE REPORTS

There are various ways that you can create exposure reports. These ways vary as much as imagination, ideas, and brainstorming will create. Factors such as cost and time will also have an affect on your reporting system. The bottom line is to create exposure reports that will be accessible and beneficial in the event of an occupational illness, disease, or disability. As a Local, you are providing the tool. It is then up to each individual fire fighter to fill out a report when necessary. Again, this is a report that will assist the fire fighter in their personal claim.

The simplest way to begin is to provide each member with a folder and a stack of forms. The member fills out the form when necessary, and keeps them in their folder, which should remain in their locker at the fire department. This method provides for total individual responsibility. The only drawback is that the folder will have to be retrieved by a union representative. And there is no guarantee that the members will even keep them in their locker.

This same method can be expanded by requiring the forms to be turned into the Local. The Local will maintain a file with each member's name and place each report in the appropriate file. The Local is the record keeper, and files are readily available for Local representatives. This is an advantageous method not only for quick access, but also for maintainence after a member retires. By researching the files, a common link may be discovered that affected the health

of a specific group of fire fighters, even after they retired.

The reporting system can be created in different ways. The use of carbon paper, or NCR paper, can create two copies, one for the individual and one for the Local. A tablet can be made (by your local Union Print Shop), binders or folders can be utilized, and a file cabinet purchased for the maintenance of the files. A computer system can also be purchased, however, this can be expensive. A computer program would have to be developed, security measures set up (because fire fighters like to play with "new toys"), and fire fighters trained on entering their information into the system. The computer may crash, files accidently deleted, or fire fighters trying to change previous information are all concerns for the Local. Everyday the information would have to be backed-up Also, a signature is needed on the reports, so a hard copy would still have to produced and filed.

Exposure reporting is for our member's own benefit. If they incur health problems, particularly heart, lung or cancer, the Local representative has a starting point to prove hazardous exposure, or to show a synergistic effect of multiple exposures. This linked with copies of departmental run reports can make a difference in a member receiving proper benefits or not.

Attached are sample copies of various forms. Feel free to copy them.

OHIO ASSOCIATION OF PROFESSIONAL FIRE FIGHTERS
EXPOSURE REPORTING FORM

* *

SS# ____ __ _____ LOCAL # _____ NAME (OPTIONAL)_____
INCIDENT#_____ INCIDENT DATE___/___/___ ALARM TIME_____(MILITARY HOURS)

INCIDENT TYPE (CHECK ONE)

__RESIDENTIAL FIRE __INDUSTRIAL FIRE __VEHICLE FIRE __COMMERCIAL FIRE
__TRASH/DUMPSTER __ MARINE FIRE __EXPLOSION __RESCUE
__WILDLAND FIRE __ HAZ MAT __ EMS OTHER_____
TYPE OF OCCUPANCY_____

LENGTH OF EXPOSURE BY:

	FIRE STAGE					FIRE ACTIVITY			
	≤ 1HR	1-2 HR	2-3 HR	3 + HR		≤ 1HR	1-2 HR	2-3 HR	3 + HR
INCIPIENT:	__	__	__	__	EXTINGUISHMENT:	__	__	__	__
FREE BURN:	__	__	__	__	ENTRY/VENT:	__	__	__	__
SMOLDERING:	__	__	__	__	RESCUE:	__	__	__	__
NON-FIRE :	__	__	__	__	LT. OVERHAUL:	__	__	__	__
					HVY. OVERHAUL:	__	__	__	__
					EMS:	__	__	__	__
					INVESTIGATION	__	__	__	__

SMOKE/CHEMICAL/OTHER EXPOSURE:

SMOKE CONDITIONS: __LIGHT __HEAVY; COLOR OF SMOKE _____; __NO SMOKE

CHEMICALS PRESENT (LIST)	VAPOR	DUST	LIQUID	COMBUST PROD	SOLID/POWDER
_____	__	__	__	__	__
_____	__	__	__	__	__
_____	__	__	__	__	__
_____	__	__	__	__	__

EXPOSURE MEANS: __INHALED __INGESTED __SKIN CONTACT __EYE CONTACT
__ OTHER: _____
__ MEDICAL EXPOSURE: NAME OF VICTIM: _____
CONDITION EXPOSED TO: _____

SYMPTOMS:

	AT INCIDENT	AFTER INCIDENT		AT INCIDENT	AFTER INCIDENT
EYES BURN	__	__	EARS RINGING	__	__
SKIN IRRITATED/RASH	__	__	HEADACHE	__	__
COUGH BLOOD	__	__	UNCONSCIOUS	__	__
NOSE BLEED	__	__	COUGH	__	__
NOSE/LUNG IRRITATION	__	__	DIZZY	__	__
NAUSEA	__	__	OTHER _____	__	__

MEDICAL DIAGNOSIS:

DID YOU RECIEVE MEDICAL EVAL/TREATMENT AFTER EXPOSURE? ___YES ___NO
DIAGNOSIS: ___SMOKE INHALATION ___CONTACT DERMATITIS ___RESP. TRACT IRRITATION
___ OTHER: _____
DOCTOR'S NAME _____ MEDICAL FACILITY _____

ADDITIONAL INFORMATION: (YOUR FUNCTION, ASSIGNMENT, UNUSUAL CIRCUMSTANCES):

_____
_____
_____
_____
_____

EXPOSURE REPORT FORM

I. Name _____
Social Security Number _____
Incident Date _____ Dispatch Time _____ Assign. _____

II. Incident Type (Check One)

❑ Residential Fire ❑ Vehicle Fire
❑ Trash/Dumpster Fire ❑ EMS
❑ Commercial Fire ❑ Water/Rescue
❑ Hazmat ❑ Other _____
Description _____

III. Length of Exposure By Activity

Activity Type	Length of Exposure
❑ Entry/Ventilation	
❑ Extinguishment	
❑ Rescue	
❑ Overhaul	
❑ EMS	
❑ Fire Investigation	
❑ Hazmat	

IV. Smoke/Chemical/Medical Exposure (at fire, hazmat, or rescue scene)

Smoke Conditions:

❑ Light ❑ None
❑ Heavy ❑ Smoke Color (s) _____

Chemical(s) Present	Vapor/Gas	Dust	Lig/Heavy Mist	Light Mist	Combust Prod	Solid/Powder	Comments

TYPE OF CHEMICAL EXPOSURE:

❑ Inhaled ❑ Ingested ❑ Skin Contact
❑ Eye Contact ❑ Other (Describe) _____

V. Medical Exposure:

Type of Exposure _____
Name of Pt. _____
Pt. Transported to _____
Medical Condition Exposed to _____

VI. Symptoms:

At Incident	Symptom	After Incident
	Eyes Burn	
	Cough	
	Cough Blood/Nose Bleed	
	Nose/Lung Irritation	
	Nausea/Queasiness	
	Dizzy	

At Incident	Symptoms	After Incident
	Eyes Ringing	
	Headache	
	Skin Irritated/Rash	
	Unconscious	
	Other _____	

VII. Medical Diagnosis

- Did you receive medical evaluation or treatment after exposure ❑ Yes ❑ No
- Diagnosis _____
- Testing/Evaluations _____
- Hospital/Treatment Facility _____

VIII. Special Equipment/Decontamination _____
_____
_____

FIRE & RESCUE EXPOSURE REPORT

NAME:_____ **ID#:**_____

INCIDENT#:_____ **DATE:**_____ **LOCATION:**_____

INCIDENT TYPE_____

FIRE		OTHER		
1.	Structural	6.	EMS	11. Not Listed (explain)
2.	Trash/Dumpster	7.	Hazmat Spill	
3.	Vehicle	8.	Rescue	_____
4.	Marine	9.	Fire Station	
5.	Wildland	10.	Training Site	

PRIMARY ACTIVITY_____

1.	Extinguishment	7.	Hazmat Response
2.	Search/Rescue	8.	Vehicle Extrication
3.	Ventilation	9.	Command
4.	Salvage	10.	Rehabilitation
5.	Support	11.	Undetermined/Not Reported
6.	Medical Care	12.	Other (explain) _____

PPE:

FIRE/RESCUE	EMS	HAZMAT	OTHER
____ 1. Helmet	____ 1. Gloves: Latex	____ 1. Level A	____ 1. Hearing Protection
____ 2. Coat	____ 2. Eye Protection	____ 2. Level B	____ 2. Not Listed (explain)
____ 3. Trousers	____ 3. Mask: HEPA	____ 3. Level C	_____
____ 4. Boots	____ 4. Mask: Surgical	____ 4. Level D	
____ 5. Gloves	____ 5. Fluid Resistant Clothing		
____ 6. Hood			
____ 7. Eye Protection			
____ 8. SCBA			
____ 9. Respirator			

AREA EXPOSED

____ 1. Face/Neck
____ 2. Hand/Arm/Fingers
____ 3. Trunk
____ 4. Leg/Foot
____ 5. Lungs/Respiratory Tract
____ 6. Other (explain)

_____

TYPE OF EXPOSURE (EMS)

____ 1. Airborne
____ 2. Skin Infection
____ 3. Blood/Body Fluid Contact
____ 3A. NeedleStick/Sharp
____ 3B. Mucous Membrane
____ 3C. Intact Skin
____ 3D. Non-Intact Skin
____ 4. Other (explain) _____

SYMPTOMS:

____ 1. None at This Time	____ 6. Nose/Throat/Lung Irritation
____ 2. Eyes Burn	____ 7. Ears Ringing
____ 3. Cough	____ 8. Headache
____ 4. Cuts/Bruises	____ 9. Skin Irritation/Rash
____ 5. Dizzyness/Nausea	____ 10. Other (expalain)_____

MEDICAL ATTENTION REQUIRED?
Yes____ No____

LENGTH OF EXPOSURE:
Minutes: _____ OR Hours:_____

SPECIFIC PRODUCTS/SUBSTANCES/TOXINS (list if known):

TYPE OF AGENT EXPOSED TO:

____ 1. Biological
____ 2. Chemical
____ 3. Physical (Heat/Noise/Radiation)

SIGNATURE:_____ **DATE:**_____

Personal Exposure Log

NAME: _____

DATE	INCIDENT #	TYPE of EXPOSURE	DESCRIPTION