

Maryland Fire and Rescue Institute

Policy and Procedures Manual



PROCEDURE: Medical Clearance

EFFECTIVE DATE: July 1, 2011;
Revised 11/01/12, 07/01/13, 01/01/18

AUTHORIZED BY: Steven T. Edwards, Director

A handwritten signature in black ink, appearing to read "S.T. Edwards".

Maryland Fire and Rescue Institute

Medical Clearance for Students

Policy and Procedures

- I. **Purpose:** There is no higher priority for the Maryland Fire and Rescue Institute than to provide training in a safe environment for our students and instructors. The purpose of this policy is to provide a means to help ensure that students engaged in training requiring strenuous activity or the use of self-contained breathing apparatus are medically capable of engaging in these activities.

- II. **Scope:** Students required to perform activities while using self-contained breathing apparatus in any programs that may be determined by the Institute to be hazardous or strenuous are covered by this Policy and Procedures. Institute Instructors who are currently declared fit for full duty as defined in the Institute's Risk Management Policy shall also be deemed to be medically cleared per this Policy and Procedure to participate as a student in any classes listed above unless there has been a change in his/her health status. If health status has changed, the instructor is required to make prompt notification to the Logistical Support Section.

- III. **Procedures:**
 - A. Overview – A chart in **Appendix A** depicts the overall flow of the procedure required.

 - B. Medical Clearance (defined) – Written verification from a physician or other licensed health care professional that a student is medically capable of performing the required physical duties. A specific list of these duties appear in **Appendix C**.

 - C. Obtaining Medical Clearance – Medical clearance can be obtained in a variety of methods:
 1. Departmental physicals – For those students who currently undergo regular physical examinations within their own fire service organization, the *Verification of Departmental Physical Evaluation* form (**Appendix B**) may be utilized. This form authorizes the student's department to notify the Maryland Fire and Rescue Institute regarding their physical and confirms that the student has had a physical examination and been determined to be fit for duty.

 2. Personal physicals – Students may have their personal physician or other licensed health care professional complete the *Medical Release* form in **Appendix C**. This form describes the physical duties for the student and then has the physician or other licensed health care professional attest that the student is medically capable of performing these duties.

 - D. Medical Clearance Frequency – Medical clearances must not be older than three (3) years from the beginning of the class.

- E. Financial Support – Financial support may be requested following the successful completion of the class. Students requesting assistance shall complete **Part 1** of the **Financial Assistance** form (**Appendix D**) and have their instructor forward it to their Training Coordinator for further processing. If awarded, the financial support will not exceed \$75.00. The request requires validation that financial assistance being received was a valid expenditure and will not be reimbursed to the individual by any other source. Requests for financial support should be submitted promptly after the completion of the class. Requests older than 12 months will not be processed.

IV. Responsibilities:

A. Students

1. Students desiring to participate in training programs identified in Section II shall provide the required medical clearance identified in Section III prior to the first session within the curriculum that entails the use of self-contained breathing apparatus or hazardous or strenuous duties.
2. Throughout the class, students shall advise their instructor of any change(s) to their physical condition that may affect their ability to utilize self-contained breathing apparatus or conduct strenuous or hazardous training.

B. Lead Instructor: Ensure all students are aware of their responsibilities required in this policy and procedures.

1. Advise students of locations of clinics and other similar facilities as provided by the Training Coordinator where medical clearances can be obtained.
2. Forward all medical clearance forms to the regional training office and ensure their confidentiality.
3. Refer to the Training Coordinator to determine the medical clearance status of students.
4. Ensure no student participates in the identified sessions of training programs defined in Section II that require the use of self-contained breathing apparatus or strenuous or hazardous activity without the required medical clearance.
5. Emphasize the need for students to report any change(s) to their physical condition that may affect their ability to participate in strenuous or hazardous training.

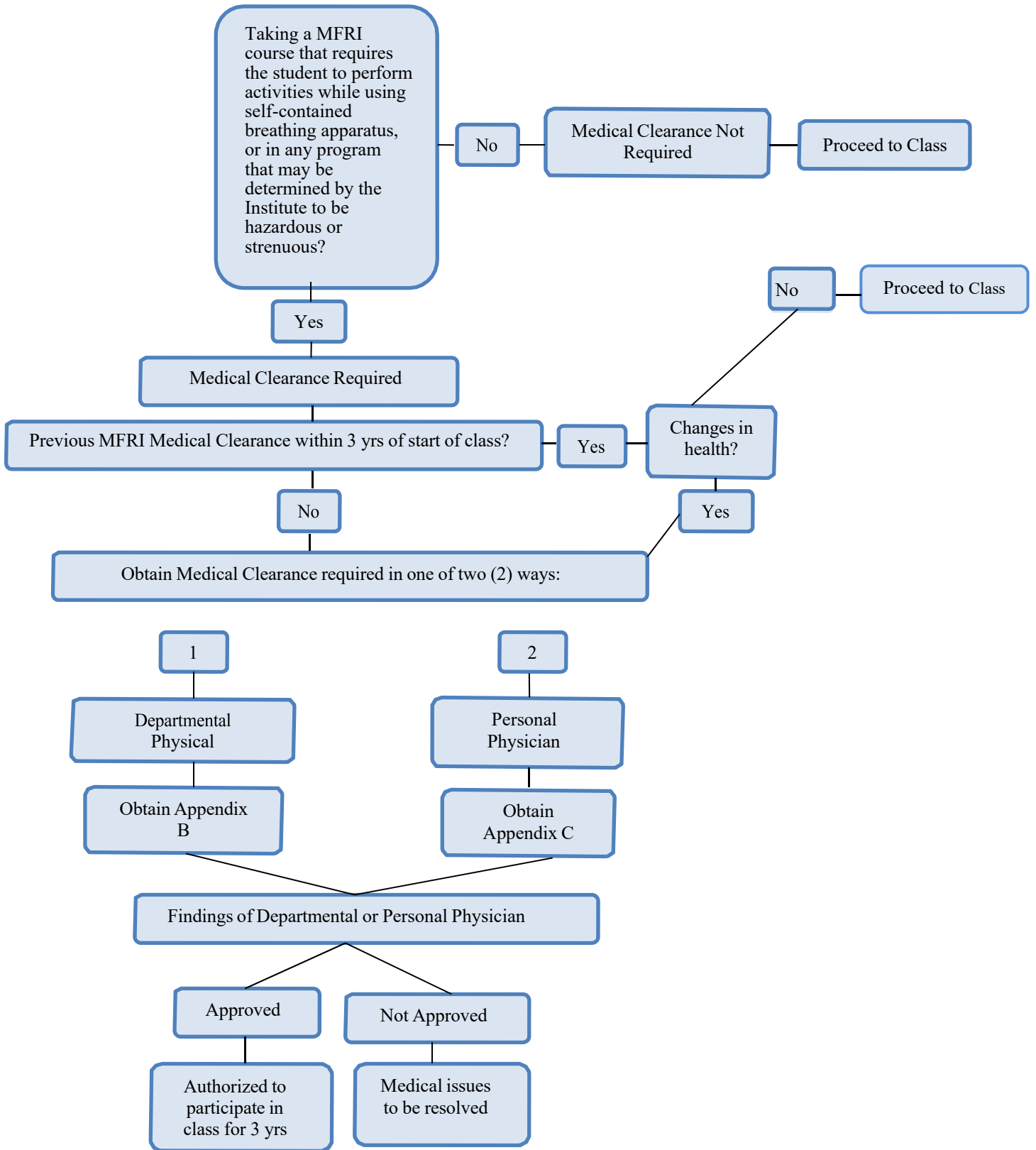
C. Training Coordinator

1. Ensure all instructors and students are aware of their responsibilities required in this policy and procedures.
2. Remind students during the pre-registration process of the requirements of this

policy and procedures.

3. Send documentation to the student's fire service organization no less than twenty (20) days prior to the beginning of their class describing the requirements of this policy and procedures.
 4. Maintain a copy of each student's medical form that has been approved for participation and maintain it in the class file.
 5. If necessary, refer to ***Student Medical Data Base*** summary reports to determine a student's status. Reports will only indicate whether or not a student has been authorized to participate. No other medical information will be made available.
 6. Maintain locations of clinics and or similar facilities and where students can obtain the appropriate medical clearance.
 7. In instances when a student submits a ***Financial Assistance Request (Appendix D)***, complete Part 2 of the form. Specific responsibilities include reviewing the receipt for payment to help ensure it is a valid receipt and posting a final class grade. Efforts to help ensure a receipt is valid include reviewing receipt to ensure it is for medical services needed to obtain medical clearance and the date is appropriate.
- D. Institute Development Section - Maintain a list of specific classes that require the use of SCBA or entail strenuous or hazardous training activities.
- E. Administrative Services Section - Make reference to this policy in curriculum that require the use of SCBA or entail strenuous or hazardous training activities.
- F. Special Programs Section – Ensures that the training organization/employer complies with the provisions of the Code of Federal Regulations (CFR) 1910 (or equivalent for international students).
- G. Technology and Certification Section
1. Establish a mechanism to determine the status of students registered for a specific log number. These reports, which will be available to Regional Training Staff, only indicate whether or not an individual has obtained medical clearance. No other medical information will be made available.
 2. In instances when a student submits a ***Financial Assistance Request (Appendix D)***, complete Part 3 of the form.

Appendix A - Flow Chart



Appendix B

Verification of Departmental Physical Evaluation

PART 1: to be completed by the student:

I _____ hereby authorize the _____
(print name) (fire service organization)

to notify the Maryland Fire and Rescue Institute that I have had a physical examination on

_____ and have been determined to be fit for duty.
date (mm/dd/yyyy)

(printed name) (signature)

date (mm/dd/yyyy)

Course number of class where medical clearance is required:

PART 2 - to be completed by the student's fire service representative:

I verify that _____ had a physical evaluation
on _____ and has been determined to be fit for duty.
date (mm/dd/yyyy)

(printed name)

(signature)

(position or rank)

date (mm/dd/yyyy)

(fire service organization)

Appendix C

Description of Student Duties and Medical Release Form

To be completed by Student or Guardian:

Name of Student (print): _____

Fire Service Organization: _____

To be completed by Physician or other Licensed Health Care Professional:

The Maryland Fire and Rescue Institute (MFRI) instructs students in a wide variety of emergency service courses. Students can be required to perform strenuous and/or hazardous duties. Listed below is a general description of what those duties may include. If a student cannot perform these duties he/she will not be allowed to participate in the course.

Duties:

A student may be required to wear fire protective clothing and self-contained breathing apparatus weighing at least 50 pounds in hazardous atmospheres, perform firefighting and rescue operations that expose them to extreme heat, toxic products of combustion and hazardous materials. They may also be required to lift and operate heavy machinery, carry and raise ladders, and climb ladders up to 135 feet in height. Students may achieve heart rates of 85 to 100% of their maximum capacity during training operations.

Fitness for Duty Status

The physician or other licensed health care professional authorizes the following duty status for the student:

_____ FULL DUTY: Duty status includes all elements listed in the position description listed above.

Physician or other licensed health care professional:

Signature _____

Printed: _____

Date: _____ PPhone: _____

Address: _____

Appendix D

Financial Assistance Request Confidential

Part 1 - Completed by student:

Name:	
Address (to send payment):	
Social Security Number:	
Day time phone number:	
Class completed:	
Location of class completed:	
Amount of financial assistance requested:	

Reason for financial assistance:

Date:	
Name (signature):	

- Check to indicate receipt is attached indicating the amount paid by the student and what service was rendered.
- Check to indicate the receipt is not older than 12 months.

IMPORTANT - If approved, the student will be sent a University of Maryland "Miscellaneous Payment Request" form. Signature of this form is required to verify that the financial assistance being received was a valid expenditure and will not be reimbursed to the individual by any other source. If this form is not signed and returned, the reimbursement will not be provided to the student.

Part 2: Completed by Training Coordinator:

Valid receipt attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Final class grade:	
Name:	
Date:	

Part 3: Completed by Administrative Services Section:

Amount of financial assistance paid:	
Name:	
Date:	

If approved:

Miscellaneous Payment Request sent to student (date):	
Miscellaneous Payment Request received from student (date):	
Payment issued (date):	