NIOSH Fire Fighter Fatality Investigation and Prevention Program

Stakeholder Meeting
March 22, 2006

On-duty Fire Fighter Fatalities by Year, 1977-2005

Source: USFA,
* Excluding 344 deaths at WTC
Outline

- Congressional mandate & Goals
- Investigation procedures
- Heart disease and fire fighting
- Findings & recommendations
- Dissemination & outreach efforts
- Research & evaluation
- Input for program direction

NIOSH Fire Fighter Fatality
Investigation and Prevention Program

Thomas Hales, MD, MPH
Stakeholder Meeting
March 22, 2006
Outline

- Congressional mandate & Goals
- Investigation procedures
- Heart disease and fire fighting
- Findings & Recommendations

Congressional mandate to NIOSH

- Conduct fatality **investigations** to...
- "**identify causal factors** common to fire fighter fatalities,
- provide **recommendations** to prevent similar incidents,
- formulate strategies for effective **intervention**, and
- **evaluate** the effectiveness of those interventions."
Goals & Objectives

Goal
- Prevent fatalities

Objectives
- Investigations
- Identify causal factors
- Recommendations
- Interventions
- Evaluation

FF Program Organization

SCBA Investigations
Pittsburgh, PA

Injury Investigations
Morgantown, WV

Illness Investigations
Cincinnati, OH

Injury Investigations
Cincinnati, OH

Yanee Hales
Michael Erick
Torry Baldwin
Jim Gravel
Steve Berardelli Jr
Virginia Lutz
Tim Merinar
Matt Bowyer
Steve Proudfoot
John Sines
Investigation Procedures

- USFA Notification
  - Definition: "any injury or illness sustained while on duty that proves fatal."
  - CVD Criteria:
    - Symptoms c/w heart attack < 24hrs
    - Fire fighting duties
  - Revised CVD Criteria:
    - Heart attack or Stroke < 24 hrs
    - Non-routine stressful or strenuous physical activity

Investigation Procedures

- Telephone contact
  - FD
  - Local Union
  - State Fire Marshal
- Prioritize
Investigation Procedures

- Site Visit
  - Interviews
  - Review records:
    - Fire Department
    - Medical
    - Family

Investigation Reports

- Circumstances
- Recommendations
- Disseminated
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Acute Exposures – Carbon Monoxide (CO)

- Interior-
- Exterior- suppression
- Mop-up
Acute Exposures

- Rapid ↑ HR & BP:
  - emergency calls
  - heavy physical exertion

Acute Exposures

Heavy physical exertion

Trigger

Heart attacks

Sources
Willich et. al. NEJM 1993;329:1684
Toffer et. al. J Am Coll Cardiol 1992;20:1049
Mittleman et. al. NEJM 1993;329:1677
Chronic Exposures

- Shiftwork
- Overtime
- Heat
- Noise
- ETS
- Various Chemicals (including CO)


Do FF have increased RATES of heart disease?

- 25 SMR studies – mixed results
- Limitation - Healthy Worker Effect
- In 2000, Choi concludes, “there is strong evidence of an increased risk of death overall from heart disease among fire fighters.”

Do FF have increased RATES of heart disease?

- In 1995, Guidotti concluded, "sudden death, myocardial infarction, or fatal arrhythmia occurring on or soon after near-maximal stress on the job are likely to be [work] related...."


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Findings
1998 – 2005

821 Total fatalities

324 (40%) NIOSH Investigated

175 Injury (39%)
149 Illness (41%)

Findings
1998 – 2005

324 Fatalities Investigated

183 Career (56%)
141 Volunteer (44%)
Investigations by State, 1998-2005

N = 324

CVD Fatalities by Time of the Event

N = 126
Circadian Distribution of CHD
Kales et. al. Environ Hlth: a global access science source. 2003;2:14

Illness Fatalities by Location

- Traveling to Incident: 13%
- At Incident: 43%
- Traveling from Incident: 34%
- Training: 5%
- Other: 5%

N=134
### Risk Factors for On-duty FFF

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Suppression</td>
<td>64 (7.4-556)</td>
</tr>
<tr>
<td>Training</td>
<td>7.6 (1.8-31.3)</td>
</tr>
<tr>
<td>Alarm Response</td>
<td>5.6 (1.1-28.8)</td>
</tr>
</tbody>
</table>

Source: Kales et. al. Environ Hlth: a global access science source. 2003;2:14

### Autopsies Information, 1998-2004

134 Illness Investigations

92 Autopsies Performed

- CAD 75
- CM 30
- Valves 8
- Electrical 4
Risk Factors for Coronary Artery Disease*

- Non Modifiable
  - Family History (<55 years)
  - Male gender
  - Advancing age

- Modifiable
  - Cigarette Smoking
  - Hypertension
  - Hypercholesterolemia
  - Diabetes mellitus
  - Lack of exercise/Obesity

* Am Heart Assoc

CAD Risk Factors among Illness Investigation Fatalities, 1998-2004

N=134
Pre-placement Medical Evaluations

- 134 Illness Investigations
- 101 Pre-placement Medical Evaluations (77%)
  - 86 Careers (100%)
  - 15 Volunteers (31%)

Periodic Medical Evaluations

- 134 Illness Investigations
- 77 Periodic Medical Evaluations (57%)
  - 71 Careers (83%)
  - 14 Volunteers (29%)
Pre-placement Medical Evaluations

- Illness Investigations: 134
  - Pre-placement Medical Evaluations: 101 (77%)
    - 86 Careers (100%)
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Periodic Medical Evaluations

- Illness Investigations: 134
  - Periodic Med Evaluations: 77 (57%)
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Findings 1998 - 2005

- 821 Total fatalities
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- 175 Injury (39%)
- 149 Illness (41%)

Injury Investigations by Type of Response

- Structure Fire (41%)
- En Route (25%)
- Training (11%)
- Wildland (9%)
- Aid at MVA (7%)
- Other (7%)

N=175
Injury Investigations by Type of Fatality

- Drowning (6%)
- Non MV Trauma (9%)
- Burns (15%)
- Other (6%)
- Asphyxiation (34%)
- MV Trauma (30%)

N=175

Injury Recommendations

- SOPs
- Two-way communication between IC and FF crews
Injury Recommendations

Incident Command System (ICS)

Injury Recommendations

Seat Belt Use
Injury Recommendations

- Rapid Intervention Team (RIT)

Recommendations

- SCBA
  - Inspected
  - Maintenance
  - Fit testing
  - Med Clearance
Recommendations

- **Staffing**

- **Injury Recommendations**

  - Fire codes
  
  - Research technology (e.g., downed FF locators)
Non-fatal Investigations

- 9 non-fatal injury investigations involving 19 fire fighters.
- 10 non-fatal health investigations via the NIOSH HHE program.

HHE Requests

- Asthma
- Cancer Clusters
- Diesel Exhaust
- BBP
- Respirators
HHE Requests – Emergency Response

- FDNY post-9/11
  - Exposure monitoring
  - Medical surveillance

Emergency Response NOFD post-Katrina

Exposure Monitoring  Medical surveillance
Congressional mandate to NIOSH

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Congressional mandate to NIOSH

- "identify causal factors" common to fire fighter fatalities,

Health Investigations
- SCD triggered by heavy physical exertion
- < 50% screened for CAD risk factors
- < 20% conducted exercise stress tests
- < 10% mandatory fitness/wellness prgm


provide **recommendations to prevent similar incidents**,

- Annual med eval
  - EST
- Fitness/wellness prgms
- SOP
- Communication
- ICS
- Seat belt use
- RIT
- Adequate personnel
- Respirator prgm
- Fire Codes
- Research

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NIOSH Fire Fighter Fatality
Investigation and Prevention Program

Tim Pizatella
Stakeholders’ Meeting
March 22, 2006

Outline

• Dissemination
• Outreach
• Research
• Impact
• Potential Future Program Directions
Dissemination

- Final report back to fire department (and union)
- All reports posted on NIOSH FF web page
- Periodic mailings to all FDs
- Distribute materials at fire service conferences, e.g., FDIC, IAFC, NFPA, NVFC, Redmond

Investigation Reports

- More than 300 reports available through the NIOSH FF program web page
- Received > 60,000 visits to web page or specific investigation reports in 2005

www.cdc.gov/niosh/fire
SCBA Testing

- Report of testing results to NIOSH investigators and FD
- Results included with NIOSH investigative report
- If warranted, a field problem investigation is initiated (about 5% of samples)

Reprinting of Investigation Summaries in Fire Service Journals
Alerts

Truss System Failures 2005
Structural Collapse 1999

Workplace Solutions

- Electrical hazards during wildland FF (2002)
- Tanker truck rollovers (2002)
- Traffic hazards (2001)
- Propane tank fires (1999)
Documents Under Development

Alerts
- FF training
- Motor vehicle incidents
- Risk versus gain
- Heart attacks/sudden CV events

Workplace Solutions
- Use of military surplus vehicles

Joint Publications with Other Agencies

- FDA Public Health Advisory on flashing of oxygen regulators (1999)
- FDA Public Health Notification on oxygen regulators and gasket seals (in development)
Products Developed by Other Agencies with FFFIPP Support

- FDA Video: Hidden Danger, Oxygen Regulator Fires

- NIST simulation of the dynamics of fires investigated by NIOSH
  - in a one-story restaurant--TX (F2000-13)
    www.fire.nist.gov/fds/fds03/art003.html
  - In a two-story duplex--IA (F2000-04)
    www.fire.nist.gov/fds/fds01/art011.html
  - Also available from NIST on CD-ROM

Internet

- Internet web site subscription service
- Added report search capability
- Bi-weekly "safety" quizzes
- Links to other fire service resources

www.cdc.gov/niosh/fire
Other

- CD-ROM with all reports and related publications through December 2005
- Includes links to other NIOSH resources such as the Pocket Guide to Chemical Hazards
- Hard copies

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Outreach

- Partnered with IAFC and other fire service organizations in June 2005 “stand down” for safety initiative

- MOU with USFA to increase use of NIOSH materials in USFA FF training programs

Outreach

- Member of a number of NFPA standards committees
  - Incident Command System (1561)
  - Medical Program (1582)
  - PASS Devices (1982)
  - SCBA (1852)
Outreach

- Assisted with implementation of the IAFF/IAFC wellness/fitness Initiative

Outreach

- Work group:
  - Heart Healthy FF Program
Outreach

• USFA Work Groups
  – Update autopsy protocol
  – Assist in determining LODD criteria

Outline

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Research

- Number of articles published in scientific literature (Appendix 1)
  - Flashing of oxygen regulators
  - Risk factors for injury in structural collapses
  - Occupational transmission of bloodborne pathogens to emergency response personnel

Research

- Effects of FF apparel on the Operation of Fire Response Vehicles
- Biomechanical and Physiological Effects of Fire Fighter Boots
- Assessing FF Glove Size and Fit
- Results will be useful to various NFPA committees
Evaluation of Emergency Vehicle Occupant Safety

- Investigations identified potential hazards to EMTs in patient compartments
- Testing demonstrated restraints could provide extra protection while allowing mobility
- Currently assessing human factors issues

Research/Training Grants

- SCBA Oximetry for FF Physiologic Monitoring
- Bioelectric Telemetry System for FF Safety
- Hazardous Substance Training for Emergency Responders
Outline

- Dissemination
- Outreach
- Research
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- Potential Future Program Directions

Impact

- NIOSH findings/recommendations
  - Cited in 2003 NY legislation making it illegal to use people in the role of victims in live-fire training (Bradley's law)
  - Referenced in Hometown Heroes Survivor Benefits Act of 2003
Impact

• Communication to NFPA 1982 Committee on potential performance issues with PASS devices

• Revised standard was drafted addressing issues identified by NIOSH investigations

• Public comment period closed early March

• Goal to approve new performance criteria and certification test methods by summer 2006

Impact

• NIOSH findings/recommendations incorporated or referenced in NFPA standards
  
  – 1710 and 1720 recommending minimum staffing levels for career and volunteer fire departments
  
  – Revisions to 1500, minimum requirements for Occupational Safety and Health Programs
Impact

- NIOSH findings/recommendations
  - Used to support manufacturer recall of oxygen regulators for retrofit to replace aluminum high-pressure parts with brass parts
  - Manufacturer also offered a trade-in program with credit toward purchase of new brass regulators

Impact

- PA training academy required 1,200 local instructors to incorporate "accountability" into training based on NIOSH reports
- Fire departments using NIOSH reports in their firefighter safety training programs
  - Baltimore City MD; Portland, OR;
  - Mentor, OH; Howell Township, NJ
Formal Assessment of Impact of NIOSH Program

- Assess extent that FDs and FFs are aware of the NIOSH program and recommendations
- Identify ways to enhance program impact
- Data collection began February 2006
  - Survey of 3000 fire departments
  - Focus groups with frontline FFs
- Final results due September 2006

Accomplishment Summary

- Fulfilling Congressional mandate
- Widely disseminating findings to fire service
- Working with fire service organizations responsible for developing and implementing FF safety and health programs
- Addressing stakeholder expectations
On-duty Fire Fighter Fatalities by Year, 1997-2005

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Source: USFA

* Excluding 344 deaths at WTC
Investigations

- Continue conducting fatality investigations with priority on:
  - events accounting for larger numbers of deaths
  - investigations likely to result in new recommendations
  - investigations that impact current prevention efforts of other groups

Dissemination

- Increase efforts to develop educational materials
  - Alerts, Workplace Solutions and other documents which summarize multiple investigations
  - Seek new approaches to disseminate materials and facilitate their use by the fire service
Outreach

- Expand outreach and partnership efforts to foster increased use of NIOSH findings and products by the fire service
  - standard-setting committees
  - state training academies
  - fire service organizations

Research

- Conduct more in-depth analysis of available data on FF deaths and injuries
- Increase efforts to encourage research which builds on investigation findings
- Conduct formal evaluations of specific interventions
Research

- Cost effectiveness of wellness/fitness programs

- Investigate the barriers to implementing NFPA 1582

- Analyze NIOSH data to regarding return to work and medical clearance

- Investigate issues surrounding heat stress

The findings and conclusions in this presentation have not been formally disseminated by the National Institute for Occupational Safety and Health and should not be construed to represent any agency determination or policy.
Agenda & Follow-up

- Stakeholder Comments
- Discussion
- Web-based
  - niocindocket@cdc.gov
- Summary Report