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PURPOSE & GOALS

The purpose of these guidelines is to clearly express OHP's performance expectations for Contract Clinicians regarding Fitness-for-Life (FFL) medical examination. It is meant to supplement the information contained in the Statement of Work (SOW) in the clinic's contract. If there is any conflict between these two documents, the SOW takes precedence.

The Fire Department FFL Program is modeled on the comprehensive medical screening program recommended by the Fire Service Joint Labor Management Fitness-For-Life Initiative. The goals of the FFL program are to promote better health and physical fitness. It is hoped that better health will result from periodic medical screening to detect diseases at earlier stages and counseling employees regarding the management of chronic diseases. Similarly, the program seeks to promote better physical fitness by direct assessment of fitness followed by professional counseling.

GENERAL GUIDELINES

Medical History:

OHP's medical questionnaires typically elicit short responses from employees that often warrant further elaboration by the Contract Clinician. OHP expects that the extent of further inquiries will be dictated by the nature of the condition, its relationship to the goals of the program (see above), and good medical judgment.

Please note that if concurrent evaluations are performed for DMV, HAZMAT, or SCUBA, OHP's expectations for an Adequate Medical History are very proscriptive in order to accomplish the work-fitness goals of those programs. These expectations are described in OHP's Occupationally Mandated Examinations CPG and must be adhered to when doing "combination" exams.

Caution on Family History: Federal genetic anti-discrimination regulations generally prohibit employers from obtaining family medical histories in employer-sponsored wellness programs. Exceptions can be made if the program participant signs a specific written notice regarding what is being asked and how the information will be used. A specific consent form for cardiac family history has been created to be used as directed by the Protocol Sheet. Beyond this, we must prohibit Contract Clinicians from asking participants about family medical history. In fact, the regulation specifically states that employers must terminate contracts with Clinicians who violate this provision.

Physical Exam:

At a minimum, the physical exam must include components that are most likely to reveal undetected disease that is amenable to treatment. These would include the

following:

- ENT: Inspection of the oral cavity, palpation of cervical nodes and thyroid
If age ≥ 50 , auscultation of the carotid areas for bruits
- Cardiac: Auscultation
- Lungs: If restrictive pattern on spirogram, do chest expansion
- Abdomen: If age ≥ 50 , deep abdomen for aortic aneurysm
- GU: If age ≥ 50 , offer rectal and guaiac
- Skin: Inspection for any lesions suspicious of skin cancer

Any positive findings and pertinent negatives must be legibly recorded in full detail on the Wellness Examination Data Form or Medical Examiners Note. Negative findings are considered “pertinent” when they contribute to the assessment of a specific condition or clinical test result. **Failure to properly document will be considered as equivalent to failure to perform** these components.

Blood Testing:

Blood testing may be done without fasting. Studies have shown that this will not significantly impact the lipids needed for cardiac risk assessment. The lack of a fasting sugar will be compensated by the additional testing of A1c levels in high risk employees.

Chart Notes:

A legible Medical Examiners Note must be completed for each client visit. At a minimum, discussion is required for each potentially significant historical, physical, or laboratory finding.

Obtaining Prior Test Results:

Occasionally it may be necessary to obtain prior test results before making a medical referral assessment. One specific example is the following clinical situation:

Prior positive treadmill stress test: Tracings must be obtained for the tracing that corresponds to the year in which further cardiac testing was done to rule-out coronary disease. This prior tracing and the new tracing can then be reviewed by the Contractor’s cardiologist to determine if any significant changes have

occurred which would warrant a repeat cardiac evaluation.

To obtain necessary records, please email OHP your clinic's medical release form or call (213) 433-7201 for assistance.

Cardiologist Reading of ECGs:

All resting ECGs must be read by a Cardiologist unless a computerized interpretation indicates that the tracing is normal or has insignificant findings. Insignificant findings are defined as (and limited to) the following:

- 1) Atrial arrhythmia
- 2) Sinus arrhythmia
- 3) Ectopic atrial rhythm
- 4) Non-specific intraventricular delay without axis shift, BBB, or hemiblock
- 5) Non-specific ST changes
- 6) Mild bradycardia (rate of 50 or more)
- 7) 1st degree AV block (rate of 50 or more)
- 8) Incomplete RBBB
- 9) Early repolarization
- 10) Decreased anterior forces in person without history of MI

All stress ECGs must be read by a Cardiologist regardless of the auto-read or initial impression by the Contract Physician. If the Contract Clinician suspects ischemia or significant arrhythmia in a Fire Department employee, the interpretation from the consulting Cardiologist at UCLA-Harbor Cardiology may satisfy this requirement (see page 10). Otherwise, all stress ECGs must be reviewed by the Contractor's Cardiologist. Note: Do not use UCLA-Harbor Cardiology for Parks & Recreation Department employees.

Work Fitness Triage Assessment:

There is no OHP-mandated work-fitness assessment for employees who report for a FFL-only evaluation. If concurrent evaluations are performed for DMV, HAZMAT, or SCUBA, then triage must be completed per the criteria in the Occupationally Mandated Examination CPG.

If work-fitness concerns arise during an FFL-only evaluation, these should be discussed with the employee. If the employee is willing to be restricted, then work restrictions may be issued on the clinic's stationary and signed by the Contract Clinician. This document should be then given directly to the employee. The employee may request that you send the restrictions to the employing department. Otherwise, do not share them with the employing department. They should also not be shared with OHP.

The employee should be advised that removal of the restrictions will have to be

completed by their private healthcare provider or Harbor-UCLA Cardiology for cardiac issues.

Medical Referral Assessment:

Recommendations for follow-up must be consistent with the standards of care in the community, and applicable consensus guidelines from respected national medical organizations. Examples include, but are not limited to, those from the National Cholesterol Education Program and Joint National Committee (blood pressure). In borderline cases, the Contract Clinician is advised to err on the side of caution, and advise an employee to see their private health care provider.

Discussion of Results:

The Contract Clinician is responsible for discussing all clinically significant findings and test results directly with the employee whenever possible. Additionally, the Clinician must review the employee's major risk factors for cardiac disease with the employee. If the employee is age ≥ 40 , Contract Clinician must compute and inform the employee of their AHA/ACC 10-year cardiac disease risk. A convenient calculator is available at <http://tools.acc.org/ASCVD-Risk-Estimator/>. There is also free calculator app from ScyMed entitled "ACVD Risk" for android phones.

When results are received after the employee's visit, at least one phone call attempt must be made to discuss clinically significant test results. This call must be documented in the medical records.

Written Communications:

To Employee: Within 10 business days of the date of a FFL examination, the Contract Clinician shall send each employee a letter that includes any recommendations for medical follow-up (see above), a summary of any recommendations regarding improvements in physical fitness, and at a minimum, the results of the following tests: serum glucose (if fasting) or A1c, total cholesterol, HDL, LDL, triglycerides, total cholesterol/HDL ratio, and if age ≥ 40 , AHA/ACC 10-year risk.

The general format of this communication is at the discretion of the contractor. Do not use medical jargons or acronyms that will not be understood by non-medical persons.

Additionally, FFL participants will bring a Fitness-for-Life Medical Exam Compliance Form with them for completion. This form should be copied for the chart with the original given to the employee.

Note: For Optional Blood Testing during an "off year", see page 8.

To Department: None is permitted (assuming that no DMV, HAZMAT, or SCUBA was performed concurrently) unless authorized by the employee. If DMV, HAZMAT, or

SCUBA was performed concurrently, see Occupationally Mandated Examination CPG.

PROGRAM SPECIFIC GUIDELINES

Fitness-for-Life Evaluation

Overview:

This program consists of two major components. The first component is a physical fitness assessment which includes testing of body composition, strength and flexibility, and aerobic capacity followed by counseling. This component is performed annually. The second component is a comprehensive medical evaluation. This is offered every five years under the age of 40. At 40 years old, it is offered every two years. At 50 years old, it is offered annually.

Cardiac Stress Testing:

Every employee is asked to run on a treadmill every year to determine VO₂max. During “off” years when only a physical fitness assessment is performed, these treadmills are done without ECG monitoring (unless the employee reports exercise-related cardiac symptoms on OHP’s consent form). During years when a full medical is performed, whether to include ECG monitoring is based on a multitude of individualized risk factors (see Protocol Sheets). If the employee is at low risk, then the treadmill is completed without ECG monitoring.

Consultative Support from the Harbor-UCLA Cardiology Group:

The Fire Department has contracted with the Division of Cardiology at the Harbor-UCLA Medical Center to provide same day consultations. These should be obtained for, the following:

- CST is positive for ischemia
- VT run of 4 beats or more
- SVT ≥10 seconds
- Two or more triplets
- PVC’s totaling ≥10% of beats within an exercise stage or during the early recovery period.
- “Probable” LVH on resting EKG (unless there is a history of hypertension)

The consultative process should be initiated as soon as one of the findings above is apparent to either the contractor’s clinician or over-reading cardiologist. To obtain a consultation, follow the steps below:

- Step 1: Call Harbor-UCLA to notify them of an incoming consultation request (310-222-5189).

- Step 2: Complete a Treadmill Reading Request form and email with tracings to Harbor-UCLA. If the employee has been evaluated in the past at Harbor-UCLA, indicate this on the form.
- Step 3: If further testing is recommended and the employee is still in your clinic, the employee may be sent immediately to the facility in Torrance if arrival by 3 p.m. is possible. If not, the employee should call Harbor-UCLA for an appointment. If the employee has gone home, and the Harbor consultation was triggered by your over-reading cardiologist, please give the employee a courtesy call to explain the reason for the delayed notification, and tell them to call Harbor-UCLA for an appointment (document at least one attempted call in chart). If the employee fails to call, Harbor-UCLA staff will follow-up and try to reach them.
- Step 4: Harbor-UCLA will send the test results and recommended duty status to the referring Contract Clinician. If the recommendation is for light duty or off-duty, then the Contract Clinician must call the employee to discuss the recommendation. If the employee concurs, then the Contract Clinician will issue a restriction to the employee. All of this must be documented in the Medical Examiner's Note.

Please note:

- a) Restrictions that were originally recommended by a cardiologist at Harbor-UCLA (and subsequently issued by the Contract Clinician after discussion with the employee) may be removed by Harbor-UCLA staff after the evaluation is complete.
- b) The consultative process is not available for Lake Lifeguards from the Department of Recreation & Parks.
- c) Over-reading of tracings by the clinic's cardiologist is not necessary if these have already been read by Harbor-UCLA.

Cardiac Calcium Screening (CAC):

The 2013 ACC/AHA Guidelines on the Assessment of Cardiovascular Risk (<https://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437741.48606.98>), recommended that the 10-year risk threshold for consideration of statin therapy be lowered from 10% to 7.5%. They also noted that "in selected individuals at < 7.5%", physicians may consider patient preferences for statin therapy and additional factors influencing risk such as (among others) a CAC score ≥ 300 . The report also notes that CAC screening "is likely to be the most useful of the current approaches to improving risk assessment among individuals found to be at intermediate risk after formal risk assessment".

Per Dr. Budoff at Harbor-UCLA, the dose of radiation is <1 millisievert (the same as a mammogram or 1 abdominal x-ray). Background radiation is 3 millisieverts per year.

Given the utility of this test to help "borderline" or reluctant patients decide whether to take statins, CAC will now be an optional test that should be discussed with employees who are age ≥ 40 , not on statin therapy, and who meet one of the criteria below:

- Positive family history of ASCVD with onset <55 years in a first degree male relative or <65 years in a first degree female relative,
- ACC/AHA 10-year risk is ≥ 5.0

If such an employee is willing to consider starting statins if their CAC is high, and they have not had a CAC in the last three years (or five years in the previous CAC =0), then complete one of the two Coronary Calcium Scan Request worksheet/forms from OHP's website.

Fire Department Employees: Scanning is only available currently at Harbor-UCLA. Give request form to employee and tell him to call Harbor-UCLA to schedule the test. Note that Ms. Maggie Rivera at 310-222-2773 can provide prior CAC results.

Parks and Recreation Employees: Contract clinics are authorized to offer scanning at their respective sub-contractors.

Physical Fitness Counseling:

Following testing of the employee's strength, endurance, flexibility, and aerobic capacity, counseling shall be completed by an exercise physiologist, physical therapist, physician, or other qualified health care professional who is capable of applying the American College of Sport's Medicine's (ACSM) recommendations for exercise prescription. For firefighters, counseling shall include a discussion regarding the employee's physical fitness in relation to that necessary for the effective performance of firefighter duties.

Optional Blood Testing:

While not recommended by OHP, employees may request optional blood testing in "off" years when only physical fitness testing is offered. If testing is requested, the employee must review and sign the Consent for Optional Blood Testing before blood is drawn. Notification of results must be done by the contract clinic. However, this may be in any format/method that the clinic would routinely use to notify private patients of lab results. The employee's chart must contain documentation of notification that can be verified during audits.

Provision of Primary Care to Program Participants:

It is not uncommon for FFL program participants to seek primary care services from our Contract Clinicians. This is permissible and not considered of concern unless the employee requests a concurrent fitness-for-duty evaluation (DMV, HAZMAT, or SCUBA). In these cases, there is the potential for conflict of interest as the Contract Clinician must wear "two hats"; one as an advocate for the "patient" and the other as an agent for the County. However, OHP believes that this potential conflict of interest is manageable if it is disclosed. Therefore, a check box has been added to the appropriate Protocol Sheets to for this purpose. Disclosure is required whenever an ongoing doctor-patient relationship pre-exists or one is anticipated to be initiated with

the current visit. An ongoing relationship is defined as an expectation by the employee that the Contract Clinician will provide care for chronic conditions, or serve as the employee's primary care provider for future conditions.

Union Insurance: Los Angeles County Fire Fighters Local 1014 offers health insurance ("Local 1014 Health and Welfare Plan") that pays for medical exams at no cost to the employee and the employee's dependents. An employee may request that your clinic bill the Local 1014 Plan for the FFL exam instead of the County in the following two scenarios:

a) *The employee undergoes a work-fitness evaluation (DMV, HAZMAT, SCUBA) concurrently with routine FFL examination per OHP Protocol Sheets and CPG.* Employees may sometimes make this request under the misimpression that it prevents the County from obtaining negative work status result from the Contractors. Who pays for the examination is not relevant to this issue. All of the requirements in the SOW and this document still apply. Nevertheless, there is a check box at the top of the FFL Protocol Sheet to note this preference so that OHP staff is alerted for billing purposes.

b) *The employee requests a comprehensive medical evaluation when the age-specific Protocol Sheet only calls for a physical fitness assessment.* Local 1014 has encouraged its members to get the full comprehensive medical evaluation regardless of age. If this occurs, the clinic can either refuse to comply with the request (on the basis of not offering unnecessary medical testing), or do the following:

1. Use the Protocol Sheet nearest in age to the employee that includes a *comprehensive medical evaluation.*
2. Bill the employee's Local 1014 Plan for the full cost of this FFL Evaluation
3. Send to OHP Protocol Sheet (and Consent form) with the Local 1014 insurance box checked at the top.

Chart Handling:

Physical fitness results and medical records that are generated from a visit will be retained at the clinic per SOW. Contractors will only send OHP a copy of the completed Protocol Sheet, consent form, and Healthcare Provider's Findings Report if work-fitness exams (DMV, HAZMAT, or SCUBA) were concurrently completed.

Urban Search and Rescue (USAR) Evaluation:

Some firefighters of the County of Los Angeles Fire Department are members of the Urban Search and Rescue Task Force that provides assistance in FEMA designated disasters. General missions and operations are described on the FEMA website: <https://www.fema.gov/emergency-managers/national-preparedness/frameworks/urban-search-rescue>. USAR team members require periodic medical screening to demonstrate readiness to participate in this program. Due to the similarities in content of the USAR medical evaluation and comprehensive FFL exams, the clinicians are required to

County of LA Domestic Violence Hotline		(800) 978-3600
County of LA Employee Assistance Program	Professional assessment and referral assistance for stress, marital/family discord, bereavement, alcohol & drug problems, or interpersonal problems	(213) 738-4200
LACoFD Cancer Support Network	Peer support by Fire Dept employees who have personal experience with cancer	Mike Dubron (818) 890-5755
LACoFD Chaplains Office	Emotional support, counseling and assistance for employees and their families.	Melissa Lambert (323) 881-2427
LACoFD Health Programs Coordinator	Medical resource and referral assistance for all programs and return-to-duty issues	Margie Chidley (323) 881-3043 (323) 881-3037 (213) 391-6025 Pager
LACoFD Mental Health Coordinator.	Mental health resource with team of mental health professionals contracted directly by the LACoFD who have extensive experience helping firefighters and their families with appropriate referrals.	Margie Chidley (see above)
LACoFD Peer Support Coordinator	One to one peer support as well as Critical Incident Stress Management support.	BC Larry Tucker (818) 632-2960
LACoFD Fitness-for-Life/Fitness Office	Medical facility liaison and health, Fitness-for-Life and exercise information. Peer fitness trainers for additional help with exercise recommendations	Captain Rob Teixeira (323) 881-2371
Widow/Widower Support Coordinator	Civilian support network to help deal with the stress of losing a loved one.	Margie Chidley (see above)