

**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS
INTERNATIONAL ASSOCIATION OF FIRE CHIEFS**



**NFPA 1582 Updates:
Behavioral Health Evaluation and Screening**

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Key Changes in 1582: Behavioral Health Areas

- Mental health disorders of Candidates (Chapter 6)
- Annual behavioral health screening (Chapter 7)
- Mental health disorders of incumbent members (Chapter 9)



Chapter 6.20, Psychiatric and Psychological Disorders (Medical Evaluation of Candidates)

- Classifies several mental health disorders as Category B medical conditions, greater consistency with incumbent standard
- Requires any job limitations placed on candidate to be tied to specific clinical criteria, treatment compliance, and/or functional impairment
- Clearly defines common mental health disorders for physician
- Encourages physician to consult with mental health professional, when clinically indicated

NFPA 1582, 2018 edition (old)

Chapter 7.7.23, Occupational Stress Awareness Consult (Occupational Medical Evaluation of Members)

- Screening recommendations were given for a wide range of conditions, everything except mental health problems
- “Fire department physician shall, during annual physical, inform the member of and assess for the heightened risks of stress, associated the occupational exposures related to fire fighting.”



Chapter 7.7.26 Behavioral Health Screening (Occupational Medical Evaluation of Members)

- “The fire department physician, or qualified healthcare provider, shall in advance of or during the annual physical, provide behavioral health screening for **post-traumatic stress disorder, major depressive disorder, active suicidality, and substance use disorder.**”
- Prior to annual screening, members must receive written explanation of the purpose of behavioral health screening
 - Non-diagnostic
 - Strictly confidential/ kept separate from personnel file
 - Cannot be used to remove a member from duty*

Chapter 7.7.26 Behavioral Health Screening –*Continued* (Occupational Medical Evaluation of Members)

- Screening must use validated instruments, which are provided to member in self-administered format to complete prior to annual exam
- Screening instruments must be interpreted prior to or during annual exam by physician or qualified healthcare provider
- A positive screening prompts referral to qualified behavioral health provider
- Department must maintain list of 3 preferred behavioral health providers updated in last 6 months
- Members who displays imminent threat to the physical safety of self or others shall be referred to qualified healthcare provider or facility for emergency evaluation

Chapter 7.7.26 Behavioral Health Screening –*Continued* Annex E: Suggested screening instruments

- Substance use
 - AUDIT, DAST-10, CAGE-AID
- Depression
 - PHQ-2, PHQ-9
- Suicidality
 - CSSR-S, PHQ-9
- PTSD
 - PCL-5, PC-PTSD-5

NFPA 1582, 2022 edition

Chapter 9.2, Psychiatric and Psychological Disorders (Specific Evaluation of Medical Conditions in Members)

- Conditions are essentially the same as 2018 version
- Emphasis on treatment of specific comorbid conditions
- Condition cannot interfere with any essential job task
- Timeframe for remission of psychotic symptoms increased from 6 months to 12 months
- Timeframe for remission of substance use added: 3 months

NFPA 1582: What's Coming



- NFPA 1582 > 1580 “Standard for Emergency Responder Occupational Health and Wellness”
- Proposed change to merge medical evaluation of candidates and incumbents
- Currently in first draft stage
 - Public input closed September 2022
 - First draft posting date October 26, 2023

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Questions

