



European Union Aviation Safety Agency  
**Comment-Response Document 2018-15**

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RELATED NPA 2018-15 — RMT.0589 — 15.7.2020

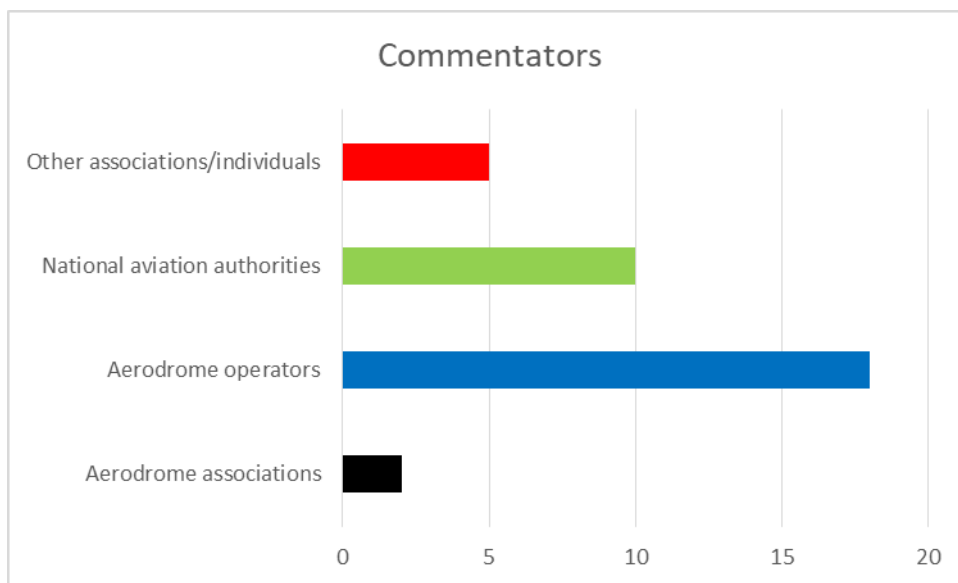
**Table of contents**

1. Summary of the outcome of the consultation	2
2. Individual comments and responses	4



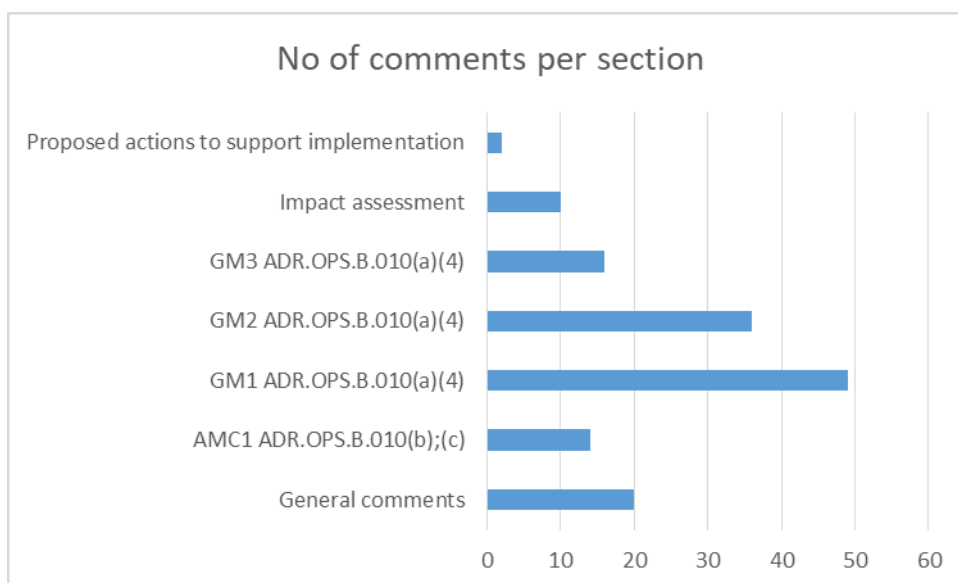
### 1. Summary of the outcome of the consultation

147 comments were received on NPA 2018-15 from 35 commentators from the following categories of stakeholders:



There was a general support of both the EASA approach to develop GM and the content of the GM. Nevertheless, there were few commentators who recommended that EASA should propose implementing rules and acceptable means of compliance in order to ensure harmonisation across the Member States. Furthermore, there were many commentators asking for clarifications on specific topics in the GM. In addition, there was a great appreciation by all for the EASA decision to allow the use of fuel types alternative to jet fuel for training purposes for environmental and financial reasons.

The following table shows the distribution of the comments per NPA segment:



GM1 ADR.OPS.B.010(a)(4) received the majority of the comments. This GM refers to the implementation of a medical and physical fitness assessment programme and the majority of the commentators were asking for clarifications in order to understand the process and the methods that could be used in order to implement such a programme.



## 2. Individual comments and responses

In responding to comments, a standard terminology has been applied to attest EASA's position. This terminology is as follows:

- (a) **Accepted** — EASA agrees with the comment and any proposed amendment is wholly transferred to the revised text.
- (b) **Partially accepted** — EASA either agrees partially with the comment, or agrees with it but the proposed amendment is only partially transferred to the revised text.
- (c) **Noted** — EASA acknowledges the comment but no change to the existing text is considered necessary.
- (d) **Not accepted** — The comment or proposed amendment is not shared by EASA.

<b>(General Comments)</b>	-
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comment	1	comment by: <i>Prof. Filippo Tomasello</i>	<p>Thanks for this proposal, which indeed adds clarity on the medical and fitness requirements for RFFS personnel. However, Regulation 139 gives to the aerodrome operator responsibility for RFFS and for Aeronautical Ground Lights (AGL). In reality in several countries RFFS and AGL are provided by organisations different from the aerodrome operator. This has caused difficulties in defining the oversight mechanisms, e.g. in Qatar, where the EASA rules are transposed, but where RFFS and AGL are provided by the CAA.</p> <p>It is suggested that in the future EASA plans to reconsider the safety oversight aspects of RFFS and AGL, including cases where these services are neither provided directly nor contacted by the aerodrome operator, but instead provided by branches of the government administration.</p>
response	Noted		<p>EASA would like to thank you for the supportive comment. According to Annex VII to Regulation (EU) 2018/1139, the aerodrome operator is responsible for the operation of the aerodrome and shall have, directly or through arrangements with third parties, all the means necessary to ensure safe operation of aircraft at the aerodrome. EASA considers that the term 'third parties' includes also governmental organisations; however, the overall responsibility remains with the aerodrome operator.</p>
comment	3	comment by: <i>Zurich Airport</i>	<p><i>The physician responsible for the fire fighters and ambulance personal at Zurich airport has checked the NPA 2018-15 concerning RFFS.</i></p> <p><i>Many of the requirements listed in the NPA are in line with existing national fire fighter and ambulance regulation. However, a few differences exist. We see a possible conflict with the national regulations. Since these regulations are also valid for fire fighters outside airports, we see a possible dilemma.</i></p>



response	<p>Moreover, the NPA is very detailed, maybe even too detailed for an international regulation. Therefore, we suggest to stick to the national regulations.</p> <p>Noted</p>
comment	<p>5 <span style="float: right;">comment by: <i>Baptiste MOUTH</i></span></p> <p>Inside a lot of pages, we speak about "until". I think, it's necessary to give more precisions :</p> <ul style="list-style-type: none"> <li>- Temporary unfit ?</li> <li>- Permanent unfit ?</li> <li>- ...</li> </ul>
response	<p>Noted</p>
comment	<p>17 <span style="float: right;">comment by: <i>S. Martens</i></span></p> <p>Sehr geehrte Damen und Herren,</p> <p>mit der Bitte um Würdigung unserer Argumente und Anmerkungen zur NPA 2018-15</p> <p><b>1) AMC1.ADR.OPS.B.010(b)(c)</b>  <b>Training auch an Nicht-Kerosin-Feuer:</b> die Ergänzung wird ausdrücklich positiv bewertet, sorgt sie für Klarheit und Stabilität bei allen Flughafenfeuerwehren die solche umweltfreundlichen und für die Übenden sicheren Anlagen besitzen oder temporär anmieten.</p> <p><b>2) GM1.ADR.OPS.B.010(a)(4)</b>  <b>Medizinische Bewertungen</b>  Die genannten Bewertungen für die Erstuntersuchung vor Einstellung, Standards für medizinische Untersuchungen und medizinisches Personal und Datenschutz entsprechen dem hohen Standard in Deutschland und müssen aufgrund berufsgenossenschaftlicher und arbeitsschutzrechtlicher Verpflichtungen schon heute eingehalten werden muss.</p> <p><b>3) GM2.ADR.OPS.B.010(a)(4)</b>  <b>Medizinische Kriterien für Feuerwehrpersonal</b>  Grundsätzlich entsprechen die genannten Kriterien dem Erkenntnisstand der Arbeitsmedizin. In jedem Fall muss das Prinzip beibehalten werden, dass wenn eine Untauglichkeit festgestellt wird, dies zunächst immer als temporär eingestuft wird, so dass der Arbeitnehmer die Möglichkeit bekommt seine Untauglichkeit durch medizinische Behandlung wieder beheben kann und nach erneuter Untersuchung wieder als fit eingestuft werden kann.</p> <p>Ergänzende Hinweise:</p> <ul style="list-style-type: none"> <li>· In der Fachwelt ist der BMI (Body-Mass-Index) teilweise jedoch umstritten, er sollte nie als alleiniges Kriterium angewendet werden</li> <li>· Schwangerschaft: da Gefahrgüter, wie infektiöse oder radioaktive Frachtstücke sowohl in Fracht- als auch in Passagierflugzeugen vorhanden sein kann, sollte mit Bekanntwerden der Schwangerschaft sofort ein operativer Einsatz nicht mehr erlaubt sein. Nachgeordnete Tätigkeiten, zum Beispiel in der Feuerwehrleitstelle,</li> </ul>

d.h. außerhalb des Gefahrenbereichs sind unkritisch. Diese Einschätzung wird durch europäische Arbeitsschutzvorschriften gestützt, siehe Artikel 10 (2) in der europäischen Richtlinie 2013/59 EURATOM und sollte durch die EASA nicht verändert werden

- Visuelles System: die genannten Werte sollten den Werten entsprechen, wie sie zum Führen von Kraftfahrzeugen in Europa vorgegeben sind und nicht abweichen; siehe Richtlinie 2006/126/EG vom 20.12.2006
- Es fehlt ein Hinweis, dass das Ergebnis der Untersuchung in hochaggregierter Form (d.h. ohne medizinische Details) an der Leiter der Flughafenfeuerwehr zu geben ist, damit der Arbeitnehmer bei Untauglichkeit nicht oder bei eingeschränkter Tauglichkeit richtig, d.h. sicher eingesetzt wird, bzw. auf die Behandlung von Untauglichkeit drängen kann.

#### **4) GM3.ADR.OPS.B.010(a)(4)**

##### **Fitness**

Die regelmäßige Bewertung der Fitness ist für den Arbeitnehmer wie für den Flughafenunternehmer wichtig.

Die Flexibilität –je nach den betrieblichen Möglichkeiten- unter den verschiedenen Tests auszuwählen ist wichtig, damit dies in der Praxis umgesetzt werden kann.

Hinweise:

- Es fehlt ein vernünftiger Hinweis, wie lange die Aufzeichnungen gespeichert werden sollten. Es wird ein Zeitraum von max. 5 Jahren empfohlen.
- Es fehlt ein Hinweis, dass das Ergebnis des Fitnesstest an der Leiter der Flughafenfeuerwehr zu geben ist, damit der Arbeitnehmer bei eingeschränkter Tauglichkeit richtig, d.h. sicher eingesetzt wird und Empfehlungen zur Wiedererlangung der Fitness gegeben werden können.

Für Rückfragen stehe ich gerne zur Verfügung!

##### **Stefan Martens, M.Sc.**

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*Director Airport Fire Brigade*

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Vorsitzende	des	Aufsichtsrats	/
<i>Chairman of the Supervisory Board</i>			
Staatssekretärin		Doris	Nordmann
Geschäftsführer /			
<i>Chief Executive Officer</i>			



	Dr. Registergericht Amtsgericht Hannover, HRB 4704	Raoul / Register	Hille court
response	<p>Noted</p> <p>In regard to GM2 ADR.OPS.B.010(a)(4), EASA would like to state the following:</p> <p>The BMI is not considered as one criterion, but needs to be considered together with a cardiovascular risk factor review and a pneumological examination by specialist.</p> <p>The proposed guidance includes also the possibility to impose operational limitations, which is in line with the submitted comment.</p> <p>The tasks of the rescue and firefighters are not only related to driving; therefore, reference to driving standards is not appropriate.</p> <p>In regard to GM3 ADR.OPS.B.010(a)(4), EASA is providing guidance on how the physical fitness tests should be conducted. Administrative issues are not part of the GM.</p>		
comment	<p>24 <span style="float: right;">comment by: <i>European Powered Flying Union</i></span></p> <p>European Powered Flying Union (EPFU) thanks the Agency for preparing this NPA. One of the members of our Board was Chief of Ground Operations Training of an Air Force, for this reason he still is familiar with the thematics as regards personnel, environment, vehicles, and special equipment. Thank you for your interest in our statements.</p> <p>With this NPA the Agency wishes to support a level playing field for those involved in rescue and fire fighting operations at aerodromes. On page 4/48 the Agency writes "...that there are indeed are national regulations or policies that establish medical and physical fitness requirements..." and on page 6/48 we read that "EASA is not aware of any occurrence where the medical and physical fitness...had an impact on the execution of their duties."</p> <p>Just above this the Agency writes: "EASA had concluded that personnel involved in the operations of aerodromes must be subject to common safety requirements, and therefore some medical and physical fitness requirements for rescue and firefighting personnel were included in Annex Va of Basic Regulation 216/2008." (in the meantime repealed).</p> <p>According to our understanding "common safety requirements" do not have much in common with "medical and physical fitness requirements". On the other hand the list presented on page 7/48 does not contain "mental fitness", which, in my opinion, should also play high role, but within the text we find a chapter named "psychiatry", a too strong term in my opinion.</p>		



response	<p>In the end, the conclusion of the Agency is to propose Option 1 (provide guidance) which provides an overall positive safety impact without the need to change the current national regulations or policies, allowing aerodrome operators to focus on areas not covered by the national regulation or policies. This we at EPFU support.</p> <p>Noted</p> <p>EASA would like to thank you for your support. The statements mentioned in the explanatory note are either outcomes of surveys conducted by EASA or explanations provided in Opinion No 03/2007; therefore, they cannot be challenged. The list on page 7 contains the content of the guidance material, and mental fitness is included in the medical fitness, as already stated in Annex VII to Regulation (EU) 2018/1139.</p>
comment	<p>27 <span style="float: right;">comment by: <i>ADV - German Airports Association</i></span></p> <p>EASA NPA texts are extensive. They should be provided in a manner that is easy to read and work through. Highlighting text in blue isn't helpful in that regard. A light gray highlight should be used.</p>
response	<p>Noted</p>
comment	<p>28 <span style="float: right;">comment by: <i>ADV - German Airports Association</i></span></p> <p>ADV strongly supports the provision of RFFS medical requirements in GM. It provides the necessary flexibility to match with existing German national law.</p>
response	<p>Noted</p> <p>EASA would like to thank you for the supportive comment.</p>
comment	<p>44 <span style="float: right;">comment by: <i>Federal Office of Civil Aviation (FOCA), Switzerland</i></span></p> <p>The Federal Office of Civil Aviation (FOCA) would like to thank the agency for the opportunity to comment on this NPA.</p> <p>FOCA supports the provision of only guidance material for medical and physical fitness requirements for rescue and firefighting personnel.</p> <p>However, FOCA is not in favor of a future shift of these requirements from GM to AMC, because they are considered excessively demanding compared to the current national requirements.</p> <p>Swiss Fire Brigade Association promulgates medical and physical fitness requirements for professional firefighters in Switzerland. These national requirements are followed by professional aerodrome firefighters.</p>
response	<p>Noted</p>



comment	55	comment by: <i>UAF (Union des Aéroports Français)</i>
	<p>UAF support these GMs but « Unfit » is not clearly defined. In some sentence, it seems to define a complete unfit and in other sentence it seem to define a partialy unfit.</p> <p>UAF proposal : add instead of unfit: “complete unfit or unfit ” or “partialy unfit”.</p>	
response	<p>Noted</p> <p>The term ‘unfit’ has the meaning that the person is not able to exercise their duties. The GM provides the cases where operational limitations may apply.</p>	
comment	65	comment by: <i>Airside safety</i>
	<p>daa feels that any changes to the current medical and fitness requirements should have a lead in time of 5 years for RFFS personnel to adapt to the new system depending on the age profile.</p>	
response	<p>Noted</p> <p>The purpose of the GM is to support the States and the aerodrome operators to evaluate their current physical and medical fitness requirements and adapt them, if necessary. Therefore, the timeline of the implementation, if required, depends on the individual cases.</p>	
comment	67	comment by: <i>Finavia Oyj</i>
	<p>Finavia Corporation endorses and supports the proposed amendment.</p>	
response	<p>Noted</p> <p>EASA would like to thank you for the supportive comment.</p>	
comment	75	comment by: <i>Fridfinnur</i>
	<p>Isavia formed a working group to assess the proposal stated in the RMD.0589. Airport operations, and human resources where represented in the group. Isavia medical contractor was consulted on medical part of the proposal.</p> <p>Isavia comments are based of our current experience of running medical, and physical programs and the impact that this proposal could have on operations at our airports.</p> <p>Isavia has in place as part of SMS procedures and standards for medical assessment, medical criteria and physical fitness for rescue and firefighting staff according and exceeding current standards.</p> <p>There are challenges to maintain current standards at smaller and remote airports and fragile communities. In general, Isavia wants to express concerns regarding how potentially hindering the proposal can be for the future operation of those airports.</p>	



	<p>Isavia proposes further consultation regarding regulations for airport in fragile and remote communities</p> <p>The scope of the proposal seems to be aimed at large airports in competitive environment which have dedicated rescue and firefighting service and not airports with integrated functions which are important at smaller airports.</p> <p>Retirement ages in Iceland is 70 years which is among the highest in Europe, it is already a challenge for small airports to accommodate RFF employees in later part of their working life. The proposal makes it almost impossible for these employees to work in RFFS.</p>
response	<p>Noted</p> <p>The purpose of the GM is to support the States and the aerodrome operators to evaluate their current physical and medical fitness requirements and adapt them, if necessary.</p>
comment	<p>83 <span style="float: right;">comment by: PL CAA Aerodrome Department</span></p> <p><b>AMC1 ADR.OPS.B.010(a)(4) Rescue and firefighting services</b>  PL CAA proposes to amend existing <b>AMC1 ADR.OPS.B.010(a)(4)</b> and supplement it with additional two AMCs in the following way:</p> <p><b>“AMC1 ADR.OPS.B.010(a)(4) Rescue and firefighting services</b>  MEDICAL STANDARDS FOR RFFS PERSONNEL  <u>RFFS personnel, when responding to an accident, need to be capable of withstanding physically aggressive conditions whilst performing efficiently.</u>  The aerodrome operator should ensure that appropriate medical and physical fitness standards are met by RFFS personnel <u>so that they be able to carry out rescue and firefighting activities safely, successfully and without undue fatigue.</u>”</p> <p><b>“AMC2 ADR.OPS.B.010(a)(4) Rescue and firefighting services</b>  <u>A medical assessment programme should be developed in order to ensure that RFFS personnel meet the medical standards and are free of any physical or mental illness, which might lead to incapacitation or inability to perform their assigned duties and responsibilities.</u>”</p> <p><b>“AMC3 ADR.OPS.B.010(a)(4) Rescue and firefighting services</b>  <u>The physical fitness of rescue and firefighting personnel should be evaluated at regular intervals. For this reason, a physical fitness evaluation programme is necessary. The key fitness components that should be evaluated to allow RFFS personnel to perform their duties are aerobic fitness, anaerobic fitness and flexibility.</u>”</p> <p><b><u>Rationale:</u></b>  It is proposed that the basic (general) requirements for medical standards and physical fitness of RFFS personal should be established in the AMCs instead of GMs.</p>



response	<p>Without the abovementioned provisions of AMCs, the information contained in the GMs will not be binding and in most cases will not be taken into account or not be applied at the aerodromes at all.</p> <p>For this reason it is proposed to include in AMCs at least some general (basic) requirements concerning medical and physical fitness standards for RFFS personnel and how to check compliance with these standards. Their scope and details are left to the aerodrome operators (in GMs), which provide necessary flexibility.</p> <p>Noted</p> <p>EASA has conducted an impact assessment in order to identify the best option. A flexible approach, where minimum requirements would have been detailed at implementing rule level and possibility of different implementation using the AMC level, has been investigated; however, the potential safety benefits are outweighed by the economic and social impact.</p>
comment	<p>96 <span style="float: right;">comment by: <i>UGT AENA union</i></span></p> <p style="text-align: center;">Attn: European Union Air Safety Agency (EASA)</p> <p>The <i>Unión General de Trabajadores (UGT) AENA</i> union, as a labor organisation integral part of the State Union Coordinator, representative body of the workers in the entities and/or companies part of AENA S.M.E., S.A. Group, and representing the interest of the workers of the both groups <b>IC05 Rescue and Firefighting Coordinator: Crew Commander</b> and <b>IC10 Rescue and Equipment Technician: Firefighter</b> , by means of this document, and within the deadline, we submit our comments on this NPA 2018-15 Rescue and firefighting at aerodromes.</p> <p><b>COMMENTS</b></p> <p>FIRST.- No scale of assessment has been established, neither in the medical examinations nor in psychophysical tests, adapted to sex and age at any point of this NPA 2018-15.</p> <p>SECOND.- Efficiency of RFFS personnel is determined by three main factors:</p> <p>Physical condition Training Experience</p> <p>Physical condition and training are considered in this NPA 2018-15 but not experience. The latest is of great importance for RFFS personnel's efficiency, as it qualifies them to identify problems quickly, plan optimal and satisfactory alternative solutions, producing a fast, adequate and correct decision making reaction. Physical fitness can be achieved before performing tasks in rescue and firefighting services. Training can be given before and during performance of tasks in rescue and firefighting services. On the contrary, experience provides an invaluable knowledge</p>



that can only be achieved by a long term performance in rescue and firefighting services tasks.

On the other hand, human physical condition declines over time. This set us on a crucial scenario in which balance between physical fitness and experience should be found. For such reason physical requirements should be adapted in accordance to age of personnel.

We would, logically, like to have personnel with the greatest physical capacity possible, but these capacities are limited in human beings. However, if we only considered the greatest capacities humans have reached to, we would limit access to RFFS to only a small group of individuals in the total of our society, resulting in that there would not be enough to cover our needs of personnel. Therefore, within the target of having RFFS personnel available with the greatest physical capacity possible, it would be sensible to turn to recognised research studies that collect the average of healthy and educated individuals, structured by age and sex.

THIRD.- Firefighters in AENA S.M.E., S.A., not only have they passed a selective process in which their physical capacity is checked, by means of rigorous physical tests, but also go through an annual checking of their professional competence and thorough medical tests, and their psychophysical condition is kept and proven by means of planned daily activities consisting in work and training practices they should carry out on a routine basis, in such a way that the performing of those means the maintenance of a proper physical fitness: speed, agility, strength, resistance, etc...

FOURTH.- This NPA 2018-15 explicitly recognises that EASA has no evidence of any incident in which the medical or physical condition of the RFFS personnel had any impact in the carry out of their duties; and also recognises that no alternatives in accordance to the RTM have been submitted, for such reason we would like to highlight the necessity of unifying some minimum physical and medical fitness criteria, but from this criteria we cannot accept the suggestion that firefighters, when responding to a hypothetical aircraft accident, need to be capable of withstanding 'physically aggressive conditions whilst performing efficiently their duties', moreover, it is compared to cabin crew medical requirements to respond to emergency situations. The first is not comparable to the second, so is not valid as an example to standardise tests and let alone to increase physical-medical requirements for firefighters. If we focus the efficiency of the intervention of these professionals in the simple objective criteria of physical strength and everlasting medical fitness, we will discard firefighters in a certain age range, but with a greater professional experience, and female firefighters because of their different biological equipment. There is no evidence that interventions in aircraft accidents shows an imperative need of a physical strength or resistance and additionally subject to a constant medical supported scrutiny, on the contrary, psychological control and global vision of the situation is what makes an early response of those involved more effective, and these features, among other, are exhibited by elder firefighters.

Introducing new criteria in medical and psychological controls, or in the stress tests firefighters do on a regular basis, seems reasonable and necessary but starting from the essential criteria that the first person that needs to be protected is the worker, the firefighter. This cannot be achieved by believing that the most important competence of rescuers is physical performance, as that would lead to subordinate health to overstrain, leaving aside organisation, teamwork, control of the situation,



experience, training, etc. Even more, medical controls should not be set to 'be fit' criteria, as that is clear when the firefighter is admitted to take up the job, but rather to check if the strain buildup, along his career path, leads to some kind of health condition.

About psychological control, we could assign a differential criterion. In first place, personality traits (these are stable over time), that could affect a firefighter when performing his duties, are solved with psychometric tests performed by candidates when they are admitted. It is also true that some personality factors (these are temporary) might add to the firefighter's personal background depending on their life experiences, and these should be checked via the regular or extra controls, if a traumatic event took place, carried out on workers. It is here that we see that the NPA does not go in depth and doesn't place the control at the level of importance it should have, well over the physical requirements and at least at the same level of the medical ones. We are not trying to say that the controls should be so rigorous that, in the same way as physical requirements, they became an obstacle for the firefighters performing their tasks but, on the contrary, it should be a shield to protect firefighter's psychological fitness and not having to pay the bill when facing aviation disasters, and unfortunately, we have recent experiences in Spain to support our statements. These controls, in addition, should help to detect weaknesses that may contribute to cause traumas and prepare the firefighter to be resilient, a fact quite more important to improve efficiency of firefighter teams than physical strength.

For all the reasons mentioned above, we consider that the implementation of the measures contained in NPA 2018-15, about reinforcing medical and physical condition requirements, would mean a great impact in working conditions and job stability, without providing real benefits to the performance of tasks of AENA S.M.E., S.A. Airport Operator RFFS workers.

In this same way, we believe it is necessary to highlight, and this NPA doesn't do so, the following:

- - Fire brigades presently suffer from shortages of personnel and lack a real application of work safety procedures and based on prevention. For the mentioned reason we believe we should advance increasing a model based on firefighters teamwork, and leave behaving a system based on individual strength of solo working men.
- - Having achieved advanced and proved knowledge, in a context of highly specialised working experiences, related to fire fighting and rescue of airport accident and incident victims; a detailed and well founded comprehension of theoretical and practical aspects and working methodology in those fields of study more related to airport firefighter.
- - Being able to predict and control the evolution of complex situations via developing new and innovative working methods adapted to the precise technological and professional field in which airport firefighter tasks are carried out.
- - Having developed enough autonomy to take part in any project that considers the professional talent of an airport firefighter within his area of



	<p>competence, in different contexts, and in that case, with a high degree of knowledge transfer to younger professionals.</p> <ul style="list-style-type: none"> <li>• - Being able to take the responsibility for their own professional development and specialisation in one or more of their fields of competence.</li> </ul> <p>Madrid, March 17th , 2019</p> <p style="text-align: right;">Silvia García Frías Head of training of UGT AENA union</p>
response	<p><b>Noted</b></p> <p>EASA, in order to avoid any discrimination issue due to sex and age, decided not to specify the frequency of the medical assessments. Furthermore, the responses to the surveys that EASA has conducted showed that there are different practices followed in the Member States. Any attempt to harmonise at European level at this point may have led to negative economic and social impact. Nevertheless, in the guidance provided, the frequency of the re-examinations may take into account different factors, including sex and age.</p> <p>EASA acknowledges the fact that physical fitness, training and experience are very important for the efficient performance of rescue and firefighters. Nevertheless, the medical criteria recommended by EASA are considered achievable and appropriate for the rescue and firefighters' tasks; additionally, a person is excluded from any activity only if they suffer by medical diseases which are putting themselves and the other firefighters at risk. In the majority of the cases, re-evaluation is allowed following an unfit assessment.</p> <p>The importance of the medical fitness of rescue and firefighting personnel has been acknowledged at European level; therefore, specific essential requirements have been included in Regulation (EU) 2018/1139. EASA does not have for the time being any evidence that the medical fitness of rescue and firefighters has contributed to further casualties; therefore, it was decided to provide guidance instead of proposing implementing rules. In addition, please refer to the introductory note of paragraph 9.2 in Annex 14 where the principal objectives of the rescue and firefighting service are detailed. Although the role of the cabin crew in the evacuation of aircraft is important, rescue and firefighters may need to initiate the rescue of those occupants unable to make their escape without direct aid. In that respect, their tasks are very demanding and have to be performed in closed and narrow spaces with limited visibility and high temperatures.</p> <p>Lastly, we wish to inform you that your conclusions are well received; however, they are outside the scope of this rulemaking task. Nevertheless, EASA will consider them in its future activities.</p>

comment

115

comment by: ANA,SA

Concerning the Notice of Proposed Amendment 2018-15 “Rescue and firefighting services at aerodromes”, RMT.0589 we would like to send the following comments:

- This EASA document NPA 2018-15 concerning the Human Resources matter we consider that the decision-making competencies and the stress management referred to should be safeguards in the recruitment and selection phase, as well as continuously developed, so we suggest that this detail be included in the writing the document.

The same applies to psychological tests that may support the prior identification of limitations and / or phobias associated with the performance of this function.

- On the other hand, it should be noted that this document leaves no room for any graduation of proficiency levels, with the same physical requirement whatever the function.

It is our opinion that it should be possible to be graded depending on the function, ie, there should be considered different tolerance margins depending on the operator function, operations and / or command.

Com os Melhores Cumprimentos  
Best Regards

Pedro Reis

response

Noted

This NPA refers to the medical fitness of rescue and firefighters and does not address any other tests or criteria that may be considered by the State or the aerodrome operator.

The proposed medical criteria address all the cases; however, EASA does not specify them for every function — which needs to be done at local level.

comment

146

comment by: Avinor AS

**GENERAL COMMENTS  
AMC1  
ADR.OR.D.017(a);(b)  
TRAINING PROGRAMME  
OF RFFS PERSONNEL  
GENERAL**

8 We wish to use VR simulation technology as a supplement to our current fire-training regime. As such, we would request that the EASA requirements allow/open up for training of this sort as part (VR simulation or other computer simulation).

We would also like to point out that the technology have made significant progress over the last years and a number of airport operators already have begun experimenting with the technology. Furthermore, the technology is environmentally friendly, less costly and have a number of scenarios that could not otherwise be used in training (for



		instance “high-risk” exercises). Please reach out to Avinor for more information on this matter.
<b>GENERAL COMMENTS GM1 ADR.OPS.B.010(a)(4) MEDICAL ASSESSMENT</b>	8	<p><i>“Optimum physical and medical fitness would mean that a firefighter is able to carry out rescue and firefighting activities safely, successfully and without unjustified fatigue.”</i></p> <p>Optimum physical and medical fitness is also important to protect health and safety of the firefighters</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
<b>GENERAL COMMENTS GM3 ADR.OPS.B.010(a)(4) Rescue and firefighting services PHYSICAL FITNESS EVALUATION PROGRAMME</b>	36	<p>Rationale: <i>The comments have been prepared by the Norwegian labour inspectorate</i></p> <p>Rationale: The comments have been prepared by authorized external medical personnel from Synergi Helse AS</p>

response

Noted

The use of VR simulation is indeed a new method of training; however, EASA needs to assess further the effectiveness of the training in order to be included in the AMC.

comment

149

comment by: *Ruth (Spanish CAA)*

Establishing this regulation at a GM level leaves full responsibility to the states for its implementation. This means National Authorities will have to deal on their own with the social and economic impact caused by the regulation with no solid support from that regulation, as it is “only” guidance material. That is too much responsibility for the States in an issue like this one. This issue needs strong regulations the States can work with.

response

Noted

EASA has conducted an impact assessment in order to identify the best option. A flexible approach, where minimum requirements would have been detailed at implementing rule level and possibility of different implementation using the AMC level, has been investigated; however, the potential safety benefits are outweighed by the economic and social impact.





comment	153	comment by: <i>Swiss Aeroclub</i>
	<p>We thank EASA for submitting this NPA for comments.</p> <p>As it is stated in the document, there exist already a number of national rules on this subject, but there is no need for harmonisation due to safety reasons. Given that fact, one could question if any action from EASA is needed. If there is a general consensus, that some kind of regulation is needed, Option 1 (provide guidance) is the only appropriate means.</p> <p>Furthermore it should be noted, that the new basic regulation is only applicable for airports as defined in Art. 2 (1) d) of EU Regulation 2018/1139. In order to prevent overzealous CAAs to apply this GM to each and every airport, it is requested to state in the document that the applicability of the GM is strictly limited to airports as mentioned before.</p>	
response	<p>Noted</p> <p>EASA would like to thank you for your supportive comment. EASA considers that it is not necessary to state the applicability of the GM, because the EASA mandate is clearly described in Regulation (EU) 2018/1139.</p>	

## 2. In summary — why and wh

p. 4-7

comment	62	comment by: <i>Airside safety</i>
	<p>2.1 Why we need to change the rules – issue/rationale</p> <p>daa have sought the opinion of medical professionals that routinely carry out service medicals for Airport and National Fire Services in Ireland. They are of the opinion that the current medical policy adopted by daa is satisfactory for the roles carried out by aviation fire fighting personnel. Therefore option 0 or option 1 are the preferred options from the daa point of view.</p>	
response	<p>Noted</p>	
comment	99	comment by: <i>Cluj Napoca Avram Iancu International Airport</i>
	<p>We think the initiative could be a positive one, because we know the fact that, without common rules for the EASA Member States, the requirements to demonstrate RFFS medical fitness will continue to differ from one country to another, resulting in level playing field issues.</p>	
response	<p>Noted</p>	

## AMC1 ADR.OPS.B.010(b);(c) Rescue and firefighting services

p. 8

comment	2	comment by: <i>Steve Garrett</i>
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The existing text reads "...including pressure-fed fuel fire drills...". I have always interpreted this as any "fuel" under pressure - the most obvious being Avgas, Jet-A1, Kerosene, Petrol and various flammable gases. "Fuel" is a generic term (it could be any combustible material), there is no mention of "Jet Fuel". Therefore, the new proposed amendment to read "...fuel fire drills or any other type of fuel provided that the techniques applied are the same as for jet fuel" is confusing; it adds in the assumption that the original text "fuel" only refers to "jet fuel" - whereas the word "jet" was never used! Semantically it is also confusing i.e. "fuel or any other type of fuel".

Furthermore, the reference to "the same techniques being applied as for jet fuel" is also a redundant clause; the text already mentions "...live fire drills commensurate with the types of aircraft, and type of rescue and firefighting equipment in use at the aerodrome.." - this clause adequately covers the "same techniques". Perhaps, for clarity, the original could be amended to read "...live fire drills commensurate with the types of aircraft, fuels, and rescue and firefighting equipment in use at the aerodrome...".

My suggestion regarding "pressure-fed fuel" would be to leave the original AMC text as it is, and to include a clarification statement in an additional GM e.g. "As part of firefighting and rescue personnel live fire drills, training simulators and/or equipment should be used to expose firefighters and rescuers to realistic conditions of flames, fumes and heat, to be expected during aircraft accidents involving fire. To simulate such conditions it will be necessary to ignite a source of fuel fed under pressure into the training environment. Sources of fuel are not restricted to aviation grades, nor liquids, but the fuel used should meet the needs of the training programme."

The negative clause - "Sources of fuel are not restricted to aviation grades, nor liquids" could be replaced with a more positive statement - "Sources of fuel may include aviation grade fuel, other liquid fuels and gases".

response

Partially accepted

The wording has been improved to provide more clarity. The proposal to leave the AMC in its original version and provide additional GM is not supported. EASA understands that the use of other type of fuels other than jet fuel is widely used and since the techniques which are applied are the same as for jet fuel fires, the objectives of the training are met; therefore, they could be included in the AMC.

comment

7

comment by: *Heathrow*

This makes sense and allows aerodrome operators to use LPG to simulate aircraft fire scenarios and therefore maintain the competence of fire fighters

response

Noted

EASA would like to thank you for the supportive comment.

comment

25

comment by: *ADV - German Airports Association*

	ADV strongly supports that amendment. It facilitates safety by improving training and the compliance with environmental standards.
response	Noted EASA would like to thank you for the supportive comment.
comment	37 <span style="float: right;">comment by: <i>Hahn</i></span> I strongly support this admentment. It give clearness to user and provider of such training installtions. Use of gas allows to follow EASA and enviroment regulations. Gas driven installations are safer then pits with kerosene.
response	Noted EASA would like to thank you for the supportive comment.
comment	50 <span style="float: right;">comment by: <i>Federal Ministry of Transport Germany, Aerodrome Department</i></span> Training auch an Nicht-Kerosin-Feuer / pressure-fed fuel fires: die Ergänzung wird ausdrücklich positiv bewertet und begrüßt.
response	Noted EASA would like to thank you for the supportive comment.
comment	57 <span style="float: right;">comment by: <i>UAF (Union des Aéroports Français)</i></span> UAF support French CAA comments and want to had the following comment: in this GM, if the RFFS personnel is unfit or in case of any limitation to operational duty, there is no way to inform airport operator RFFS manager.  <u>UAF proposal</u> : (1) <i>advise the person</i> , and the aerodrome manager (in order to respect medical secret) <i>whether fit or unfit</i>
response	Noted EASA would like to thank you for the supportive comment. In regard to the notification of the airport operator RFFS manager, the organisation employing them should receive a copy of the medical report. EASA understands that there are cases where the organisation providing rescue and firefighting services may be a different organisation; therefore, the aerodrome operator needs to be informed. EASA has the view that in this case the issue could be handled through the arrangements the aerodrome operator has with the sub-contracting organisation.
comment	66 <span style="float: right;">comment by: <i>UK CAA</i></span>  <b>Page 8</b>

**Paragraph AMC1 ADR.OPS.B.010(b);(c)**

**Comment** – UK CAA agrees with the proposed change but would recommend adding to the associated guidance material:

*“Where liquified petroleum gas (LPG) is used to simulate burning jet fuel consideration should be given to the absence of a smoke plume, therefore some other means may be required to provide alternative cues for making command and control decisions, and positioning of RFFS resources.”*

**Rationale:** This will ensure that personnel undertaking the training are required to take into consideration all factors that would confront them in the event of a real aircraft accident involving a jet fuel fire.

response Noted

comment 81 comment by: PL CAA Aerodrome Department

In the amended part of **AMC1 ADR.OPS.B.010(b);(c)** letter (a), PL CAA suggests adding the word "extinguishing" before the word “techniques”:

“or any other type of fuel provided that extinguishing techniques applied are the same as for jet fuel”.

**Rationale:**

The above change will make the provision more precise, and will specify that the AMC is not about tactical aspect of dealing with fire, but rather about physicals of extinguishing agents for liquid fuels.

response Accepted

The text has been revised as proposed.

comment 97 comment by: Andreas Herndler, CAA Austria

There are no training facilities, run by gas, known which require the same techniques applied are the same as for jet fuel.

Furthermore AT suggests to define the periodicity of live fire drills: "rescue and firefighting personnel actively participate in live fire drills **at least every 2 years** commensurate with the types of aircraft, and type of rescue and firefighting equipment in use at the aerodrome, including pressure-fed fuel fire drills or any other type of fuel provided that the techniques applied are the same as for jet fuel; and"

response Not accepted

It is well known that gas fires do not require the same techniques as jet fuel fires; however, the objective of the training is to exercise on the techniques used for jet



fuel fires. In regard to the frequency of the training, this is specified under ADR.OR.D.017 as proposed in Opinion No 03/2019.

comment

98

comment by: *Andreas Herndler, CAA Austria*

It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies. Therefore RFFS do not differ from other firefighting personnel.

Therefore a new AMC is suggested:

**AMC1 ADR.OPS.B.010(a)(4) Rescue and firefighting services  
National guidance on medical standards for RFFS personnell might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.**

response

Noted

The current AMC1 ADR.OPS.B.010(a)(4) gives enough flexibility on using national guidance. Concerning the objective of the proposed by EASA guidance material, please refer to the explanatory note of the NPA.

comment

102

comment by: *Graz Airport*

rescue and firefighting personnel actively participate in live fire drills at least every 2 years commensurate with the types of aircraft, and type of rescue and firefighting equipment in use at the aerodrome, including pressure-fed fuel fire drills or any other type of fuel provided that the techniques applied are the same as for jet fuel;

Rational:

there are no training facilities, run by gas, known which require the same techniques applied are the same as for jet fuel.

response

Not accepted

It is well known that gas fires do not require the same techniques as jet fuel fires; however, the objective of the training is to exercise on the techniques used for jet fuel fires. In regard to the frequency of the training, this is specified under ADR.OR.D.017 as proposed in Opinion No 03/2019.

comment

116

comment by: *Avinor AS*

We wish to use VR simulation technology as a supplement to our current fire-training regime. As such, we would request that the EASA requirements allow/open up for training of this sort as part (VR simulation or other computer simulation).

We would also like to point out that the technology have made significant progress over the last years and a number of airport operators already have begun



	<p>experimenting with the technology. Furthermore, the technology is environmentally friendly, less costly and have a number of scenarios that could not otherwise be used in training (for instance “high-risk” exercises). Please reach out to Avinor for more information on this matter.</p> <p>As mentioned under general comment (No 1): We wish to use VR simulation technology as a supplement to our current fire-training regime. As such, we would request that the EASA requirements allow/open up for training of this sort as part (VR simulation or other computer simulation).</p>
response	<p>Noted</p> <p>The use of VR simulation is indeed a new method of training; however, EASA needs to assess further the effectiveness of the training in order to be included in the AMC.</p>

comment	<p>118 <span style="float: right;">comment by: CAA Norway</span></p> <p>Supported.</p>
response	<p>Noted</p> <p>EASA would like to thank you for the supportive comment.</p>

comment	<p>147 <span style="float: right;">comment by: F. Ehmoser</span></p> <p>rescue and firefighting personnel actively participate in live fire drills <b>at least every 2 years</b> commensurate with the types of aircraft, and type of rescue and firefighting equipment in use at the aerodrome, including pressure-fed fuel fire drills or any other type of fuel provided that the techniques applied are the same as for jet fuel; and</p> <p><i>There are no training facilities, run by gas, known which require the same techniques applied are the same as for jet fuel.</i></p>
response	<p>Not accepted</p> <p>It is well known that gas fires do not require the same techniques as jet fuel fires; however, the objective of the training is to exercise on the techniques used for jet fuel fires. In regard to the frequency of the training, this is specified under ADR.OR.D.017 as proposed in Opinion No 03/2019.</p>

<b>GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services   1. General</b>	p. 8-9
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comment	<p>10 <span style="float: right;">comment by: Heathrow</span></p>
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response	<p>It is good to see that this text is now GM as this will allow aerodrome operators to adopt recognised national medical and fitness standards for fire fighters that meets their operational needs</p> <p>Noted</p> <p>EASA would like to thank you for the supportive comment.</p>
comment	<p>22 <span style="float: right;">comment by: <i>Newcastle Airport</i></span></p> <p>Newcastle International welcomes the fact that there will be a recognised RFFS fitness and medical standard to assist our Occ Health department determine the level of medical examination required.</p> <p>Regular ECG and blood tests are welcome.</p>
response	<p>Noted</p> <p>EASA would like to thank you for the supportive comment.</p>
comment	<p>45 <span style="float: right;">comment by: <i>European Powered Flying Union</i></span></p> <p>GM1 <span style="float: right;">ADR.OPS.B.010(a)(4)</span>  Medical assessment  1 General  p 8/48</p> <p>We propose to differentiate between those driving a (heavy) single purpose firefighting vehicle to the accident/incident site and those personnel executing rescue operations.</p> <p>Rationale  We are normally confronted with two different situations: highly trained drivers/special equipment operators engage technical equipment at the same time supervising/controlling its functioning, other highly trained rescue staff will fulfil completely different tasks under varying and sometimes dangerous conditions. These staff categories, allow us to use this term, are confronted with different situations with which medical requirements should correspond.</p>
response	<p>Noted</p> <p>The proposed GM covers all the areas where a rescue and firefighter should be medically assessed. It is impractical to specify each case separately and this is expected to take place at local level. Nevertheless, Regulation (EU) 2018/1139 already contains this provision.</p>
comment	<p>51 <span style="float: right;">comment by: <i>Federal Ministry of Transport Germany, Aerodrome Department</i></span></p> <p>Die genannten (medizinischen) Bewertungen für die</p> <ul style="list-style-type: none"> <li>• Erstuntersuchung vor Einstellung,</li> </ul>

- Standards für medizinische Untersuchungen und medizinisches Personal und
- Datenschutz

entsprechen dem hohen nationalen Standard in Deutschland und müssen aufgrund berufsgenossenschaftlicher und arbeitsschutzrechtlicher Verpflichtungen schon heute eingehalten werden.

Ein großes Problem wird darin gesehen, dass den zuständigen Luftfahrtbehörden die medizinischen Fachkenntnisse fehlen, um diese zu überprüfen, zu bewerten und somit sicherstellen zu können, dass die Vorschriften eingehalten werden und dass alle in der Auflistung enthaltenen Punkte aus (arbeits-)medizinischer Sicht gerechtfertigt sind. Diese Problematik würde auch im Vollzug derart detaillierter Vorschriften auftreten. Das GM könnte von den zuständigen Behörden kaum als verlässliche Entscheidungshilfe herangezogen werden. Die Bewertung der medizinischen Tauglichkeit von Feuerwehrpersonal sollte in der Entscheidungskompetenz von medizinischem Fachpersonal liegen; die Luftfahrtbehörden sollten prüfen können, ob die Feuerwehrleute fähig und qualifiziert sind, aber dazu gehört nicht die Hinterfragung der festgestellten medizinischen Tauglichkeit. Dementsprechend bedarf es einer flexiblen Möglichkeit der nationalen Zuständigkeitsverteilung, d.h. Luftfahrtbehörden muss es ermöglicht werden, diese Aufgaben an die bisherigen zuständigen nationalen Behörden im Wege des Verwaltungsverfahrens zu delegieren.

Eine EU-weite Empfehlung sollte sich auf die wichtigsten Punkte und generellen Standards beschränken. Mit Übernahme allgemeiner Standards könnten ohne zusätzliche Gefährdungen (z.B. durch Fehlinterpretationen oder abweichende nationale Standards) die Ziele des Entwurfs (u.a. Aufrechterhaltung eines hohen Sicherheitsniveaus, Förderung gleicher Wettbewerbsbedingungen, Wirksamkeit von Rettungs- und Feuerwehrpersonal bei Notfällen verbessern) besser erreicht werden. Dabei sollte die Möglichkeit bestehen, dass die Mitgliedsstaaten ihre Verpflichtungen durch Verweise auf bestehende nationale Vorschriften und Verfahren erfüllen.

Anstelle einer Auflistung spezifischer medizinischer Parameter sollten besser „Performance Based“ Standards definiert werden, die auf den Umgang mit auftretenden Krankheiten und Problemen abzielen. Die detaillierte Liste der medizinischen Parameter wird vor allem künftig nicht allumfassend sein und es ist vorgezeichnet, dass in der Praxis Probleme bzw. Krankheiten auftreten werden, die nicht in der Auflistung enthalten sind. Daher wird eine derartig detaillierte Auflistung sehr kritisch gesehen. Einer Definition allgemeiner Standards, die es ermöglichen, mit jeder Situation umzugehen, sollte der Vorzug gegeben werden.

Als wichtige Punkte und generelle Standards könnten beispielsweise folgende festgelegt werden:

- § die allgemeine Atemschutztauglichkeit der RFFS-Kräfte muss kontinuierlich gewährleistet sein
- § Eignungsuntersuchung vor der Anstellung und regelmäßige Folgeuntersuchungen sollten durchgeführt werden
- § die Planung des eingesetzten RFFS-Personals pro Schicht muss in der Lage sein einzelne Ausfälle kompensieren zu können





§ RFFS dürfen keinen Gesundheitszustand haben, der ihre Einsatzfähigkeit oder die Sicherheit während des Einsatzes gefährdet. Ist dies der Fall, sind RFFS Kräfte vor einem erneuten Einsatz durch einen Facharzt zu beurteilen

§ Medizinische Tests und Fitnesstests sollen gewährleisten, dass die Einsatzbereitschaft nicht gefährdet ist (usw.).

Es ist zudem nicht sinnvoll, unterschiedliche medizinische Anforderungen an Personal von Flughafenfeuerwehren und an das Personal von öffentlichen örtlichen Feuerwehren zu stellen. Dabei ist zu berücksichtigen, dass ein Luftfahrzeug nicht zwingend an einem Flugplatz verunfallt. Gerade in den An- und Abflugsektoren kann es zu Vorfällen kommen. Diese werden dann durch örtliche, zum Teil freiwillige Feuerwehren abgearbeitet, welche den nationalen Standards unterliegen. Zwar regeln die Vorgaben einen Einsatz der Flughafenkräfte auch im Umfeld des Flughafens, dann jedoch in Kooperation mit den externen Kräften. Auch bei Einsätzen auf dem Flugplatzgelände selbst ist es gerade bei Großschadenslagen oder länger andauernden Lagen erforderlich, dass die Kräfte des Flugplatzes durch externe Stellen (Berufsfeuerwehr / städtische Feuerwehr, Freiwillige Wehren, Rettungsdienst, THW etc.) unterstützt werden. Die dann anrückenden Kräfte erfüllen nicht die Empfehlungen des NPA, sind aber für die Abarbeitung der Notlage von immenser Bedeutung. Insbesondere deshalb ist es erforderlich, zwar generelle Standards zu setzen, jedoch hinsichtlich des Detaillierungsgrades auf die bestehenden nationalen Standards zu verweisen, damit alle Einsatzkräfte den gleichen Regularien unterliegen.

Die bestehenden nationalen Richtlinien, Gesetze und Verfahren für Rettungs- und Feuerwehrkräfte sind anderen Aufsichtsbehörden als der Luftfahrtbehörde zugeordnet. Es macht wenig Sinn, die in dieser Hinsicht (RFFS-Spezifikationen) ohne Fachkenntnisse agierenden Luftfahrtbehörden mit dieser Überwachung zu betrauen. Standards für Rettungs- und Feuerwehrkräfte sollten daher einheitlich geregelt sein und nicht auf potenzielle Einsatzbereiche spezifiziert werden. Die Zuständigkeit für die Überwachung der im NPA aufgeführten medizinischen Einzelvorgaben sollte allein bei den bislang nationalen zuständigen Behörden verbleiben, deren Personal die notwendigen medizinischen Kenntnisse hat. Die Überwachung des Flugplatzes und des Flugplatzbetreibers (u.a. Managementsystem des Flugplatzbetreibers) ist dagegen Aufgabe der Luftfahrtbehörde. Hier ist eine Trennung sinnvoll und notwendig.

Zu berücksichtigen ist auch der Datenschutz, der in Bezug auf medizinische Angelegenheiten sehr hoch angesetzt werden muss. Derartige Daten müssten in den unterschiedlichen Behörden verwaltet werden.

response

Noted

Regulation (EU) No 139/2014 already requires the aerodrome operator to ensure that medical fitness of rescue and firefighting personnel is demonstrated; therefore, no additional requirements are added. For this reason, we do not expect that the new GM will change the working practices of the Competent Authority. The objective of the GM is detailed in the explanatory note of the NPA.

comment

68

comment by: AENA



En este párrafo se habla de los key fitness components, entre los que se incluyen: aerobic fitness, anaerobic fitness, flexibility and medical fitness, sin embargo, en la lista mencionada más abajo, sólo se habla del aerobic fitness, anaerobic fitness y flexibility. Se considera que para que el texto sea coherente debería incluirse en el listado citado más abajo también qué se entiende por medical fitness.

Para que la redacción sea completa, debería incluirse también dentro de los key fitness components el mental fitness.

In this paragraph the key fitness components are composed by the aerobic fitness, anaerobic, fitness, flexibility and medical fitness. In the list mentioned below it is only mentioned the aerobic fitness, the anaerobic fitness and flexibility, but not the medical fitness. In order to have a coherent and consistent text, the list mentioned should include a point for the medical fitness.

In order to have a complete text, it should also include in the key fitness components the mental fitness.

response

Not accepted

The intention is to explain the meaning of aerobic and anaerobic fitness as well as flexibility. Of course, medical fitness is a key fitness component.

comment

103

comment by: Graz Airport

National guidance on medical standards for RFFS personnel might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.

It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies.

Therefore RFFS do not differ from other firefighting personnel.

response

Noted

The objective of this GM is detailed in the explanatory note of the NPA.

comment

117

comment by: Avinor AS

*“Optimum physical and medical fitness would mean that a firefighter is able to carry out rescue and firefighting activities safely, successfully and without unjustified fatigue.”*

Optimum physical and medical fitness is also important to protect health and safety of the firefighters



	Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i>	
response	Noted	
comment	148	comment by: <i>F. Ehmoser</i>
	It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies. Therefore RFFS do not differ from other firefighting personnel.	
response	Noted	
	The objective of this GM is detailed in the explanatory note of the NPA.	

<b>GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services   2. Definitions</b>
----------------------------------------------------------------------------------

p. 9

comment	8	comment by: <i>Heathrow</i>
	Agree	
response	Noted	
	EASA would like to thank you for the supportive comment.	
comment	39	comment by: <i>Hahn</i>
	Putting RFFS medical requirements into GM is best way to follow EASA and national law. Good solution from EASA.	
response	Noted	
	EASA would like to thank you for the supportive comment.	
comment	60	comment by: <i>CAA-NL</i>
	1. GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services 2. Definitions	
	For the purpose of this guidance, the following definitions should be considered: 'Assessment' means the conclusion on the medical fitness of a person based on the evaluation of the applicant's medical history, medical examinations and medical tests such as, but not limited to, (electrocardiography) ECG, blood pressure measurement, blood testing, and X-ray. The definition of 'assessment' implies that besides the evaluation of the medical history prior medical examinations and medical tests are compulsory and need always to be performed. This is contradicting with later texts related to subsequent assessments, not the initial assessment. Further the examples of examinations and	



	<p>tests used in the definition of 'assessment' are not needed, they are obvious in the rest of the GM, where is specified what may be needed in the various situations.</p> <p>(d) Each subsequent medical assessment should include:</p> <p>(1) an assessment of the medical history; and</p> <p>(2) a clinical examination (if deemed necessary) in accordance with medical best practices.</p> <p>We suggest the following text:</p> <p>'Assessment' means the conclusion on the medical fitness of a person based on the evaluation of the applicant's medical history and any medical examinations and medical tests that are performed.</p>
response	<p>Accepted</p> <p>The text has been revised as proposed.</p>
comment	<p>61 <span style="float: right;">comment by: CAA-NL</span></p> <p>2. GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services</p> <p>2. Definitions</p> <p>For the purpose of this guidance, the following definitions should be considered:</p> <p>'Examination' means inspection, palpation, percussion, auscultation or any other means of investigation especially for diagnosing a disease.</p> <p>'Investigation' means the assessment of a suspected pathological condition of an applicant by means of examinations and tests to verify the presence or absence of a medical condition.</p> <p>The definition of 'examination' revers to 'investigation' and the definition of 'investigation' revers to 'examination', which clutters the understanding of both words.</p> <p>Further 'investigation' revers to 'assessment' as an active investigative process where the definition of 'assessment' confines the word to drawing the conclusion at the end of the whole process.</p> <p>We wonder whether we need to define these words here and cannot refer back to the standard dictionary use within a medical surrounding.</p>
response	<p>Accepted</p> <p>Both definitions have been deleted.</p>
comment	<p>69 <span style="float: right;">comment by: AENA</span></p> <p>En la actualidad, en España, los GMPs y OHMPs no tienen asignadas entre sus competencias las recogidas en esta NPA. Esto hace que la aplicación con este tipo de personal sea muy difícil e incluso imposible. Así, se considera necesario añadir dentro de los posibles profesionales que pueden hacer este papel a los "médicos examinadores aéreos" o los centros médicos aeronáuticos reconocidos.</p> <p>Nowadays, in Spain, the GMPs or OHMPs don't have in their competencies, the ones included in this NPA. This implies that the application with this staff could be very difficult, or even impossible. We consider necessary to include in the possibilities of medical staff, the AMEs (Aero Medical Examiner) or AeMCs (Aero Medical Centres).</p>

response	<p>Accepted</p> <p>The text has been revised as proposed.</p>
comment	<p>88 <span style="float: right;">comment by: Ruth (Spanish CAA)</span></p> <p>Definitions suggest "medical staff" in this regulation means GMP or OHMPs. In our country, a GMP or OHMPs has not the capability nor the competences to carry all of the examinations established through this regulation.</p> <p>We think there is no necessity of restricting the concept of medical staff to only GMP or OHMP. This definition should include "... or AeMC or AME when necessary" so each country can decide where to carry these examinations depending on the competences of their GMPs and OHMPs.</p> <p>The definition of who is to carry these examinations is one of the biggest worries for our airport managers.</p>
response	<p>Accepted</p> <p>The text has been revised as proposed.</p>
comment	<p>104 <span style="float: right;">comment by: Graz Airport</span></p> <p>National guidance on medical standards for RFFS personnel might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.</p> <p>It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies.</p> <p>Therefore RFFS do not differ from other firefighting personnel.</p>
response	<p>Noted</p> <p>The objective of this GM is detailed in the explanatory note of the NPA.</p>
comment	<p>112 <span style="float: right;">comment by: UK CAA</span></p> <p><b>Page 9</b></p> <p><b>Paragraph GM1 ADR.OPS.B.010 (a)(4) – 2. Definitions</b></p> <p><b>Comment</b> - CAA recommends expanding the definition of 'Medical staff' to read: <i>'Medical staff' means general medical practitioners (GMPs) and occupational health medical practitioners (OHMPs) who have appropriate qualifications and/or experience in the field of occupational medicine practice.</i></p>



response	<b>Rationale</b> - This will provide operators and national aviation authorities with assurance that medical assessments are undertaken by appropriately qualified and trained staff. This will ensure a higher level of safety and consistency within RFFS
	Accepted  The text has been revised as proposed.

<b>GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services   3. Medical confidentiality</b>	p. 9
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comment	38	comment by: <i>Hahn</i>
	<p>Medical data must be protected. But fire chief need minimum information if one of his staff is not fit, to use him/her safely and can organize fitness program to regain fitness. So fire chief must get a rough idea from OHMP to support his unfit crew member.</p>	
response	<p>Not accepted</p> <p>Medical data is subject to confidentiality; therefore, it cannot be disclosed. In any case, if a person is considered fit subject to operational limitations, these limitations are included in the medical report.</p>	

comment	105	comment by: <i>Graz Airport</i>
	<p>National guidance on medical standards for RFFS personnel might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.</p> <p>It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies. Therefore RFFS do not differ from other firefighting personnel.</p>	
response	<p>Noted</p> <p>The objective of this GM is detailed in the explanatory note of the NPA.</p>	

<b>GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services   4. Decrease in medical fitness</b>	p. 9
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comment	18	comment by: <i>French CAA</i>
	<p>We agree with these guidance but we suggest to add the necessity to make the RFF personnel aware of his obligations. For instance, RFF personnel should sign an information paper when the medical report is delivered.</p>	
response	<p>Noted</p>	

comment	89	comment by: <i>Ruth (Spanish CAA)</i>
	The last paragraph is not clear. Is it possible to return to work without a medical examination that determines whether further test are needed or not?	
response	Noted	
	Points (a) to (f) specify when a person should ask for medical advice. In these cases, a medical fitness assessment is required in order to decide whether the person is fit to resume duties. The same applies after a recovery from a significant illness or an injury.	
comment	106	comment by: <i>Graz Airport</i>
	National guidance on medical standards for RFFS personnell might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.	
	It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies. Therefore RFFS do not differ from other firefighting personnel.	
response	Noted	
	The objective of this GM is detailed in the explanatory note of the NPA.	

**GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 5. Medical staff**

p. 10

comment	4	comment by: <i>Baptiste MOUTH</i>
	5.(c) Inform the immediate superior about the decision (fit or unfit)	
response	Noted	
	The comment is not clear.	
comment	107	comment by: <i>Graz Airport</i>
	National guidance on medical standards for RFFS personnell might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.	
	It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies. Therefore RFFS do not differ from other firefighting personnel.	



response Noted  
The objective of this GM is detailed in the explanatory note of the NPA.

comment 113 comment by: UK CAA  
**Page 10**  
**Paragraph GM1 ADR.OPS.B.010(a)(4) – 5. Medical Staff**  
**Comment** - UK-CAA recommends that EASA should add guidance on the appropriate qualifications and experience of the medical staff who will undertake or supervise the medical assessments and examinations. For example, EASA may wish to specify a minimum period following qualification in medicine, the holding of a recognised occupational medical qualification, and/or experience in occupational medicine practice.  
**Rationale** - This will provide operators and national aviation authorities with assurance that medical assessments are undertaken by appropriately qualified and trained staff. This will ensure a higher level of safety and consistency within RFFS

response Noted

comment 145 comment by: Avinor AS  
( a) The authorized medical staff must have the knowledge of the rescue and firefighting personnel’s workloads and risk factors  
*Rationale: The comments have been prepared by authorized external medical personnel from Synergi Helse AS*

response Accepted  
The text has been revised as proposed.

comment 151 comment by: Federal Office of Civil Aviation (FOCA), Switzerland  
*Comment FOCA: According to 5(a), medical examinations and/or assessments should be conducted by authorized medical staff. Without any specification, FOCA assumes that medical staff is not authorized and supervised by the CAA as for pilots.*

response Noted  
The aerodrome operator is responsible to ensure that medical requirements are met. The concept is not the same as for pilots. For this reason, the term ‘authorised’ has been deleted.

comment 156 comment by: Copenhagen Airports A/S





	<p>Subject: Medical staff.</p> <p>Proposal: Requirements to the medical staff and a broader set-up for the final assessment of whether the person is fit or unfit should be established.</p> <p>Justification: Due to the fact that GMs expand in the fields of medical and physical examinations higher requirements to the medical staff must be imposed. Alignment should be consider to other competant staff within aviation that requires medical examination by approved medical staff. To assess whether a person is fit or not fit to the RFSS function it requires competent staff from RFSS and the work environment department before final decision should be made.</p>
response	<p>Partially accepted</p> <p>The concept is not the same as for flight crews and air traffic controllers. The aerodrome operator is responsible to ensure that medical requirements are met. Nevertheless, the text has been revised to ensure that medical staff has knowledge of the rescue and firefighting personnel workloads and risk factors.</p>

**GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 6. Medical assessment programme**

p. 10

comment	<p>9 <span style="float: right;">comment by: <i>Heathrow</i></span></p> <p>Agree. This allows aerodrome operators to set up a programme that fits their recognised national standards</p>
response	<p>Noted</p> <p>EASA would like to thank you for the supportive comment.</p>
comment	<p>90 <span style="float: right;">comment by: <i>Ruth (Spanish CAA)</i></span></p> <p>Is there a recommended frequency for re-examinations? GM should recommend a frequency.</p>
response	<p>Noted</p> <p>The frequency of the re-examinations is not defined, but the factors that should be taken into consideration for each rescue and firefighter are detailed.</p>
comment	<p>108 <span style="float: right;">comment by: <i>Graz Airport</i></span></p> <p>National guidance on medical standards for RFFS personnell might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.</p> <p>It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies.</p> <p>Therefore RFFS do not differ from other firefighting personnel.</p>



response	Noted The objective of this GM is detailed in the explanatory note of the NPA.
comment	114 <span style="float: right;">comment by: UK CAA</span>  <b>Page 10</b>  <b>Paragraph GM1 ADR.OPS.B.010(a)(4) – 6. Medical assessment programme</b>  <b>Comment</b> - UK-CAA recommends expanding the second paragraph to read: <i>“The programme should include an initial assessment prior to employment and re-examinations at regular intervals. The frequency of the re-examinations may take into account the age of the person, the medical history, etc. (e.g. a three yearly programme until the age of fifty, and annually thereafter)”</i>  <b>Rationale</b> - To assist with consistency of periodicity within member states, and operators within member states.
response	Not accepted The frequency of the re-examination of each firefighter depends on many factors, including medical history; therefore, EASA will not propose specific frequencies.

<b>GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services   7. Medical assessments</b>	p. 10-12
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comment	70 <span style="float: right;">comment by: AENA</span> In the point b) there are some terms we consider vague or imprecise, such as abnormality, wound, injury or sequel from an operation, etc.
response	Noted Indeed, the terms are very generic, but the content of this GM should be read in conjunction with GM2 ADR.OPS.B.010(a)(4).
comment	72 <span style="float: right;">comment by: AENA</span> In the point c) we consider that the list of clinical examinations should include all the items referred in the GM 2ADR.OPS.B.010 (a)(4) and not only the ones mentioned now (cardiovascular system, respiratory system, musculoskeletal system otorhinolaryngology and visual system). These items are: <ul style="list-style-type: none"> <li>· Cardiovascular system</li> <li>· Respiratory system</li> <li>· Digestive system</li> </ul>



- Metabolic and endocrine system
- Haematology
- Genitourinary system
- Infectious diseases
- Obstetrics and gynecology
- Musculoskeletal system
- Psychiatry
- Neurology
- Visual system
- Othorhinolaryngology
- Dermatology
- Oncology

Is the scope of this subsequent medical assessment mentioned in the d) point, the same than the initial one? Does it take into account all the items mentioned bellow?:

- Cardiovascular system
- Respiratory system
- Digestive system
- Metabolic and endocrine system
- Haematology
- Genitourinary system
- Infectious diseases
- Obstetrics and gynecology
- Musculoskeletal system
- Psychiatry
- Neurology
- Visual system
- Othorhinolaryngology
- Dermatology
- Oncology

In the paragraph: "Nevertheless, if during any medical assessment there is a doubt or if clinically indicated, additional medical examinations, tests or investigations may also be conducted if considered necessary by the medical staff."

We consider convenient to add as a possibility, psychiatric assessments after big catastrophes

response

Noted

Point (c) refers to the initial assessment and more specifically point (c)(2) details the clinical examinations that should be conducted. It is important to note that point (c)(1) suggests an assessment of the medical history, which in certain cases may require additional clinical examinations. GM2 ADR.OPS.B.010(a)(4) refers to the medical criteria.

comment

73

comment by: *Fridfinnur*

NPA proposes detailed medical assessment, which will certainly result in increased costs for airports. That said, it is noticeable that the proposal for medical assessments



response	<p>it is not mandatory not include screening for most common substance abuse, like psychoactive substances, alcohol and illegal drugs. The proposal is just for screening of alcohol.</p>
	Noted
comment	<p>74 <span style="float: right;">comment by: AENA</span></p> <p>It should be coherent with the GM2 ADR.OPS.B.010 and include every item mentioned:</p> <ul style="list-style-type: none"> <li>· Cardiovascular system</li> <li>· Respiratory system</li> <li>· Digestive system</li> <li>· Metabolic and endocrine system</li> <li>· Haematology</li> <li>· Genitourinary system</li> <li>· Infectious diseases</li> <li>· Obstetrics and gynecology</li> <li>· Musculoskeletal system</li> <li>· Psychiatry</li> <li>· Neurology</li> <li>· Visual system</li> <li>· Othorhinolaryngology</li> <li>· Dermatology</li> <li>· Oncology</li> </ul>
response	<p>Noted</p> <p>Please refer to the response to comment #72.</p>
comment	<p>91 <span style="float: right;">comment by: Ruth (Spanish CAA)</span></p> <p>Paragraph (b) includes very unclear and unspecific information. What is an abnormality? Is every chronic disease is problematic? Is any wound or sequel problematic? The medical requirements are sufficiently thorough through the document and there is no necessity for this paragraph.</p> <p>Additionally, we believe this regulation should include the necessity of, not a complete assessment, but at least a psychiatric evaluation after participating in potentially traumatizing experiences.</p>
response	<p>Noted</p> <p>Please refer to the response to comment #70.</p>
comment	<p>100 <span style="float: right;">comment by: Cluj Napoca Avram Iancu International Airport</span></p> <p>We also estimate that Additional guidance material will support us – as aerodrome operator - to assess the appropriateness of our current requirements and if is</p>

	necessary to improve them. Your proposal regarding GM1 ADR.OPS.B010(a)(4) and GM2 ADR.OPS.B010(a)(4), contains too much details.
response	Noted  EASA already provides enough guidance material to support the implementation.
comment	<b>109</b> <span style="float: right;">comment by: <i>Graz Airport</i></span>  National guidance on medical standards for RFFS personnell might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.  It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies. Therefore RFFS do not differ from other firefighting personnel.
response	Noted  The objective of this GM is detailed in the explanatory note of the NPA.
comment	<b>144</b> <span style="float: right;">comment by: <i>Avinor AS</i></span>  ( c ) (3) self declaration  Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i>
response	Noted  The comment is not understood.

<b>GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services   8. Medical report</b>	p. 12
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comment	<b>19</b> <span style="float: right;">comment by: <i>French CAA</i></span>  Currently in French law the transmission of the medical report to the employer is forbidden according to the medical secret principle even if the report is limited to the indications described in the GM proposed (fit or unfit the date of the next medical assessment and limitations).  We considered that the requirement for the personnel to hold at any time one medical report is too much demanding. It would be sufficient to require that each person could justify of his medical fitness in a reasonable delay.
response	Noted



EASA considers important for the employer to be aware if a rescue and firefighter is fit to execute the duties. The method proposed by EASA does not prevent other methods from being used in order to achieve the objective.

In regard to the proposal that a person shall hold one medical report at any time, EASA does not understand why this is too demanding.

comment 34 comment by: *ADV - German Airports Association*

There should be a provision that the relevant results of the medical assessment is to be given to the competent entity within the airport fire brigade. It has to ensure that the employee, in the case of limited fitness, is used safely and recommendations can be given to regain fitness.

response Noted

EASA proposes to transmit the medical report to the employer of the rescue and firefighter. This is an issue that should be dealt within the organisation.

comment 92 comment by: *Ruth (Spanish CAA)*

Medical information is confidential in Spain. Medical staff does not have the power to provide such information to the employer.

We see two options regarding this limitation:

- Medical staff would provide a verdict of “fit” or “unfit” to the organization, with no further information
- Creating a RFFS personnel medical certificate (like ATCO or pilots). RFFS personnel would obtain or be denied this certificate and that would be what they provide to the employer.

response Noted

EASA does not propose to transmit medical data to the employer. Only the indication ‘fit/unfit’ should be disclosed together with any operational limitations. Furthermore, the establishment of a medical certificate for rescue and firefighters is not foreseen in Regulation (EU) 2018/1139.

comment 110 comment by: *Graz Airport*

National guidance on medical standards for RFFS personnel might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.

It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies.



	Therefore RFFS do not differ from other firefighting personnel.
response	Noted  The objective of this GM is detailed in the explanatory note of the NPA.

<b>GM1 ADR.OPS.B.010(a)(4) Rescue and firefighting services   9. Limitations</b>	p. 12-13
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comment	11 <span style="float: right;">comment by: <i>Heathrow</i></span>  This is positive and allows aerodrome operators to make a risk based decisions about bringing fire fighters back to operational duties
response	Noted  EASA would like to thank you for the supportive comment.

comment	20 <span style="float: right;">comment by: <i>French CAA</i></span>  1 - When the wearing of corrective lenses or hearing aids are required is should be mandatory to have a spare.  2- According to these provisions, when a person does not meet all the medical criteria, the medical staff may declare fitness with operational restrictions. The restrictions listed in (d) and (e) appear to be incompatible with firefighting missions (except (d)(5) "driving"). Indeed, allowing such restrictions would either lead to a decrease in the effectiveness of rescue services (e. g. during firefighting operations a personnel RFF may be confronted with situations incompatible with their restrictions) or to an increase in staff costs to compensate the applied limitations. For the reasons mentioned above, operational limitations cannot be permanent and must therefore only be possible for temporary periods.
response	Noted  In regard to point 1, EASA considers that this should be arranged at local level taking into account the operational requirements.  For point 2, the list provided contains examples and is not exhaustive. In any case, the limitations are considered to be a temporary nature, which can be removed following a re-assessment. Furthermore, EASA does not consider that a person should be employed as a rescue and firefighter if they fail to pass the initial assessment.

comment	58 <span style="float: right;">comment by: <i>UAF (Union des Aéroports Français)</i></span>  UAF support French CAA comments
response	Noted



comment	93	comment by: <i>Ruth (Spanish CAA)</i>
	<p>There is a lack of definition in the concept of “limitations” and its implementation. Is medical staff able to evaluate how medical limitations can influence in an RFFS job? Are they capable of establishing operational limitations having no knowledge of the characteristics of RFFS work?</p> <p>Additionally, this paragraph talks about operational limitations o and aids. Two examples of aids are provided, but there are no examples of operational limitations that could help understand what this means.</p>	
response	<p>Noted</p> <p>The medical report contains the limitations which then should be assessed by operational staff in order to determine which tasks a person can perform safely taking into account the established limitation(s).</p>	

comment	111	comment by: <i>Graz Airport</i>
	<p>National guidance on medical standards for RFFS personnell might be considered as adequate to ADR.OPS.B.010(a)(4). In case of missing national specifications GM1 ADR.OPS.B.010(a)(4) comes into force.</p> <p>It is not necessary to use additionally medical standards for RFFS personnel, because if the national requirements are applied, the staff is sufficiently prepared and medically checked to deal with all kinds of emergencies.</p> <p>Therefore RFFS do not differ from other firefighting personnel.</p>	
response	<p>Noted</p> <p>The objective of this GM is detailed in the explanatory note of the NPA.</p>	

comment	143	comment by: <i>Avinor AS</i>
	<p>(d) the employer must be able to facilitate the work for the rescue and firefighting personnel with these limitations</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>	
response	<p>Noted</p>	

**GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 1. CARDIOVASCULAR SYSTEM**

p. 13-21

comment	35	comment by: <i>ADV - German Airports Association</i>
	<p>General Comment on GM2 ADR.OPS.B.010 (a)(4):</p>	





response	<p>There should be a provision reflecting the maintenance of the principle that if a unfitness is found, this is always initially classified as temporary, so that the employee gets the opportunity to regain his/her fitness by medical treatment and after re-examination can be classified as fit again. Only a little percentage of temporary unfitness becomes permanent.</p> <p>Noted</p> <p>The GM distinguishes clearly between the cases where a rescue and firefighter is considered permanently unfit and the cases where an unfitness is considered temporary and subject to further evaluation.</p>
comment	<p>52 <span style="float: right;">comment by: <i>Federal Ministry of Transport Germany, Aerodrome Department</i></span></p> <p>Grundsätzlich entsprechen die genannten Kriterien dem Erkenntnisstand der Arbeitsmedizin. Beibehalten werden muss, dass, sofern eine Untauglichkeit festgestellt wird, dies zunächst immer als temporär eingestuft wird, sodass der Arbeitnehmer die Möglichkeit bekommt, seine Untauglichkeit durch medizinische Behandlung wieder beheben und nach erneuter Untersuchung wieder als einsatzfähig eingestuft werden zu können.</p>
response	<p>Noted</p> <p>The GM distinguishes clearly between the cases where a rescue and firefighter is considered permanently unfit and the cases where an unfitness is considered temporary and subject to further evaluation.</p>
comment	<p>137 <span style="float: right;">comment by: <i>Avinor AS</i></span></p> <p>(e) Chronic obstructive airways disease</p> <p>(2) (v) use of beta-blocking agents should be disqualifying</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p>
comment	<p>138 <span style="float: right;">comment by: <i>Avinor AS</i></span></p> <p>(g) Syncope</p> <p>Recurrent vasovagal syncope should be assessed as unfit</p>



	<p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p> <p>This is already implied in point (g)(1).</p>
comment	<p>139 <span style="float: right;">comment by: Avinor AS</span></p> <p>(f) Other cardiac disorders</p> <p>(1) Abnormality of the pericardium, myocardium or endocardium</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Accepted,</p> <p>The text has been revised as proposed.</p>
comment	<p>140 <span style="float: right;">comment by: Avinor AS</span></p> <p>(3) Rescue and firefighting personnel with a suspected or established diagnosis, of any of the following conditions should be assessed as unfit. Following satisfactory treatment and specialist review, a fit assessment can be considered.</p> <p>(iii) Aneurysm of the infra-renal abdominal aorta after surgery;  (vi) off the list  (vii) off the list  (ix) off the list</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p> <p>It is understood that what is proposed in points (vi), (vii) and (ix) is to be considered as permanent unfitness. The EASA proposal does not contradict the comment; however, it allows the consideration of a fit assessment following satisfactory treatment and specialist review. This does not imply that a person is considered fit.</p>
comment	<p>141 <span style="float: right;">comment by: Avinor AS</span></p> <p>(2) Rescue and firefighting personnel with any of the following conditions should be assessed as unfit:</p>

	<p>(xi) Aneurysm of the infra-renal abdominal aorta  (xi) Significant disorder of cardiac rhythm, including pacemakers and ablation therapy  (xii) Abnormality of the pericardium, myocardium or endocardium  (xiii) Recurrent vasovagal syncope;</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p> <p>Please refer to the response to comment #140.</p>
comment	<p>142 <span style="float: right;">comment by: Avinor AS</span></p> <p>(a) General</p> <p>The frequency of the medical assessment should be determined by:</p> <ul style="list-style-type: none"> <li>• The risk of cardiovascular disease.</li> <li>• The risk of being exposed to contaminated working air that can affect the lung function. This will, among other things, depend on the frequency of and type of smoke/dust/gas and chemicals.</li> </ul> <p>The risk of cardiovascular disease during the next ten years should be considered by using for example NORRISK 2 or SCORE, regards to gender and age, smoker or non-smoker, cholesterol and systolic blood pressure. Other risk factors are also important like, heredity for cardiovascular disease, use of medication for hypertension, abdominal obesity, diabetes, rheumatoid arthritis and psychosocial stress</p> <p>There must be always considered further cardiological evaluation depends on the risk at certain age range. There should be strict requirements because the rescue and firefighting personnel has higher workload and strain on the heart than other employees.</p> <p>Rationale: <i>The comments have been prepared by the Norwegian labour inspectorate</i></p>
response	<p>Noted</p> <p>EASA recommends that each rescue and firefighter should follow a medical assessment programme, which includes initial assessment and re-examinations at regular intervals. EASA provides a list of criteria in order to determine the frequency; however, this list is not exhaustive.</p>

comment	<p>135</p> <p>(f) Asthma</p> <p>(e) Chronic obstructive airways disease should be assessed as unfit (f) treatment-causing asthma should be assessed as unfit</p> <p><i>Rationale: The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>	comment by: <i>Avinor AS</i>
response	<p>Noted</p> <p>The EASA proposal moves to the same direction; however, it allows a fit assessment following special evaluation and imposition of limitations in the execution of the duties.</p>	
comment	<p>136</p> <p>(e) Chronic obstructive airways disease</p> <p>(e) Chronic obstructive airways disease should be assessed as unfit (f) treatment-causing asthma should be assessed as unfit</p> <p><i>Rationale: The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>	comment by: <i>Avinor AS</i>
response	<p>Noted</p> <p>The EASA proposal moves to the same direction; however, it allows a fit assessment following special evaluation and imposition of limitations in the execution of the duties.</p>	

**GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 3. DIGESTIVE SYSTEM** p. 22-23

comment	<p>133</p> <p>(f) Hernia</p> <p>A fit assessment may be considered subject to the extent of symptoms, satisfactory treatment and after specialist evaluation. The risk of secondary complication or worsening is minimal. Regular follow-up should be required</p> <p><i>Rationale: The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>	comment by: <i>Avinor AS</i>
response	<p>Accepted</p>	



The text has been revised as proposed.

comment	134	comment by: Avinor AS
	(b) Oesophageal varices	
	A fit assessment may be considered subject to the extent of symptoms, satisfactory treatment and after specialist evaluation. The risk of secondary complication or worsening is minimal. Regular follow-up should be required	
	Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i>	
response	Noted	

**GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 4. METABOLIC AND ENDOCRINE SYSTEMS**

p. 23-24

comment	21	comment by: French CAA
	This GM accepts all type of diabetes. France considers the insulin-dependent diabetic is not compatible with RFF activities. This type of diabetes can result in sudden disability and endanger both victims and the personnel himself	
response	Noted	
	EASA accepts all the types of diabetes subject to specific conditions as detailed in the GM.	

comment	26	comment by: ADV - German Airports Association
	Proposed revised text:	
	(b) Obesity	
	(1) <b>Obese</b> Rescue and firefighting personnel (e.g. with a body mass index (BMI) $\geq 35$ ) may be assessed as fit only if the excess weight is not likely to interfere with the safe exercise of duties.	
	Rationale In the professional world, the BMI (body mass index) is partly controversial discussed, it should never be used as the sole criteria.	
response	Accepted	
	The text has been revised as proposed.	



comment	40	comment by: <i>Hahn</i>
	BMI is always in public discussion. It should never be a single criteria.	
response	Noted	
	The text has been revised. Please refer to the response to comment #26.	
comment	59	comment by: <i>UAF (Union des Aéroports Français)</i>
	UAF support French CAA comments	
response	Noted	
comment	132	comment by: <i>Avinor AS</i>
	(e) Diabetes mellitus	
	DM requiring the use of potentially hypoglycaemic medication(s) including sulphonyl ureas and insulin should be assessed as unfit	
	Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i>	
response	Noted	
	The GM does not prohibit considering the rescue and firefighter as unfit. Nevertheless, the GM considers a fit assessment as an option subject to very specific conditions.	

<b>GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services   5. HAEMATOLOGY</b>
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p. 24-25
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comment	63	comment by: <i>Airside safety</i>
	daa after seeking medical advice has concerns around this proposed amendment, specifically where it states that blood analysis is to be carried out. The current medical policy would call for bloods only if a result from the medical screening indicated that it was necessary.	
response	Not accepted	
	The GM refers to specific haematological disorders where specific tests may be required. In general, blood tests are not required (please refer to GM1 ADR.OPS.B.010(a)(4) point 7 – Medical assessments)	



comment	<p>128 <span style="float: right;">comment by: Avinor AS</span></p> <p>(c) Haemoglobinopathy and red cell enzyme defects</p> <p>should be be assessed as unfit</p> <p><i>Rationale: The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p> <p>The GM does not prohibit considering the rescue and firefighter as unfit. Nevertheless, the GM considers a fit assessment as an option subject to very specific conditions.</p>
comment	<p>129 <span style="float: right;">comment by: Avinor AS</span></p> <p>(d) Coagulation disorders</p> <p>should be be assessed as unfit</p> <p><i>Rationale: The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p> <p>The GM does not prohibit considering the rescue and firefighter as unfit. Nevertheless, the GM considers a fit assessment as an option subject to very specific conditions.</p>
comment	<p>130 <span style="float: right;">comment by: Avinor AS</span></p> <p>(e) Disorders of the lymphatic system</p> <p>should be be assessed as unfit</p> <p><i>Rationale: The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p> <p>The GM does not prohibit considering the rescue and firefighter as unfit. Nevertheless, the GM considers a fit assessment as an option subject to very specific conditions.</p>



comment	<p>131</p> <p>(f) Leukaemia</p> <p>should be assessed as unfit</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>	comment by: <i>Avinor AS</i>
response	<p>Noted</p> <p>The GM does not prohibit considering the rescue and firefighter as unfit. Nevertheless, the GM considers a fit assessment as an option subject to very specific conditions.</p>	

**GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 8. OBSTETRICS AND GYNECOLOGY**

p. 28

comment	<p>29</p> <p>Pregnancy: as dangerous goods, such as infectious or radioactive cargo may be present in both cargo and passenger aircraft, operative action on site should no longer be permitted immediately upon becoming aware of the pregnancy. Different activities, for example in the fire brigade control center, i.e. outside the danger area, are not critical. This assessment is supported by European OSH provisions, see Article 10 (2) in the European Directive 2013/59 EURATOM and should not be changed by EASA.</p>	comment by: <i>ADV - German Airports Association</i>
response	<p>Noted</p> <p>EASA proposes operational limitations which are in line with the comment.</p>	
comment	<p>42</p> <p>Aircraft carry often Dangerous Goods, including radioactive materials. Following Euroatom (Art. 10 (2) EC-Directive 59 from 2013 there is a must, as soon as a female firefighter declares her pregnancy, she is not allowed to work at an incident site. Only working in safe conditions, eg. office, control room, etc. is safe and should be permitted.</p>	comment by: <i>Hahn</i>
response	<p>Noted</p> <p>EASA proposes operational limitations which are in line with the comment.</p>	
comment	<p>127</p> <p>(b) Pregnancy</p>	comment by: <i>Avinor AS</i>





	<p>should be assessed as unfit under the whole pregnancy Male rescue and firefighters with reproductive problems (involuntary infertility) may request exemption from smoke diving task</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p> <p>EASA proposes operational limitations which are in line with the comment.</p>

**GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 10. PSYCHIATRY**

p. 29-30

comment 6 comment by: *Baptiste MOUTH*  
10.(b) How can we evaluate a psychiatric condition ???

response Noted

The GM proposed by EASA is based on the assumption that rescue and firefighting personnel are following their initial and re-current medical assessments which are conducted by medical staff using well-known medical practices. It is expected that if these are followed, then psychiatric conditions would be identified and treated.

comment 46 comment by: *European Powered Flying Union*  
10. Psychiatry  
p 29/48

Of course the term "psychiatry" is correct, however, we propose to replace it by "mental fitness".

Rationale  
To outsiders the term is unfortunately negatively occupied and arouses just such reservations.

response Noted

This is a term used also in other domains.

comment 47 comment by: *European Powered Flying Union*  
10. Psychiatry  
(a) Rescue and firefighting...



	p 29/48	
	Please do not use the term "recreational substances" throughout the entire document, simply write "drugs" or make use of another clear term.	
	Rationale Such substances have nothing to do with recreation, these substances simply and clearly are drugs, nothing else. These must be described as such, everything else is whitewashing. Even in small countries we are confronted much too often with incidents and accidents caused by consumers of "withewashed" drugs. Legalizing some of them does not change anything in the context of this paragraph.	
response	Noted	
	This is a term used also in other domains.	
comment	124	comment by: <i>Avinor AS</i>
	(d) Mood disorder	
	Any use of medication should be further evaluated by specialist	
	Rationale: <i>The comments have been prepared by the Norwegian labour inspectorate</i>	
response	Accepted	
	The text has been revised as proposed.	
comment	125	comment by: <i>Avinor AS</i>
	(e) Psychotic disorder	
	should be assessed as unfit	
	Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i>	
response	Noted	
	There is no disagreement with the comment; however, there should be a way to allow rescue and firefighters to execute their duties if the diagnosis is inappropriate or inaccurate or it was a single episode without recurrence.	
comment	126	comment by: <i>Avinor AS</i>
	(f) Deliberate self-harm	

	<p>should be assessed as unfit</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p> <p>The GM does not prohibit considering the rescue and firefighter as unfit. Nevertheless, the GM considers a fit assessment as an option subject to very specific conditions.</p>

**GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 11. NEUROLOGY**

p. 30-31

comment	<p>122 <span style="float: right;">comment by: Avinor AS</span></p> <p>(2) epilepsy without recurrence and off all treatment for more than 10 years</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
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response Noted

comment	<p>123 <span style="float: right;">comment by: Avinor AS</span></p> <p>(2) (i) the rescue and firefighting personnel are seizure free and off medication for a period of at least 10 years</p> <p>(3) Rescue and firefighting personnel who have experienced an episode of benign Rolandic seizure may be assessed as fit provided the seizure has been clearly diagnosed including a properly documented history and typical EEG result and the rescue and firefighting personnel have been free of symptoms and off treatment for at least 10 years</p> <p>Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
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response Noted

**GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 12. VISUAL SYSTEM**

p. 31-34

comment	<p>30 <span style="float: right;">comment by: ADV - German Airports Association</span></p> <p>Visual system: the values given should correspond to the values that are given for driving motor vehicles (heavy trucks) in Europe and do not deviate; see Directive 2006/126 / EC of 20.12.2006.</p>
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response Noted

The role of the rescue and firefighters is more demanding than the heavy truck drivers, considering the fact that many times they have to operate on environment with very poor visibility conditions.

comment 41 comment by: Hahn

Criteria for visual system should not differ from criteria for bus/truck driver in Europe.  
Criteria must follow EC-Directive 126 from 20.12.2006.

response Noted

The role of the rescue and firefighters is more demanding than the heavy truck drivers, considering the fact that many times they have to operate on environment with very poor visibility conditions.

**GM2 ADR.OPS.B.010(a)(4) Rescue and firefighting services | 15. ONCOLOGY**

p. 35-36

comment 121 comment by: Avinor AS

General comments:  
Oncology subject should have further discussions. The firefighters have an increased risk of cancer diseases due to work-related exposures depend on types, frequency and duration of the exposures.  
After completion of treatment for malignant disease, full recovery and fit for work currently, should the rescue and firefighting personnel continue working with the same exposures? Will this cause a higher risk for cancer disease in the future?  
What kind of responsibilities do the employers and the medical staff have if the rescue and firefighting personnel get malignant disease again in the future?

Rationale: *The comments have been prepared by authorized external medical personnel from Synergi Helse AS*

response Noted

The GM does not prohibit considering the rescue and firefighter as unfit. Nevertheless, the GM considers a fit assessment as an option subject to very specific conditions (please refer to point (d)).

**GM3 ADR.OPS.B.010(a)(4) Rescue and firefighting services**

p. 36-38

comment 12 comment by: Heathrow

The UK will continue to use a VO2 max of 42 ml/kg/min



response	Noted
comment	<p>31 <span style="float: right;">comment by: <i>ADV - German Airports Association</i></span></p> <p>There is no reasonable indication of how long the recordings should be stored. There is a period of max. 5 years recommended.</p>
response	<p>Noted</p> <p>This is up to the individual organisation or national regulations.</p>
comment	<p>32 <span style="float: right;">comment by: <i>ADV - German Airports Association</i></span></p> <p>There should be a provision that the relevant results of the fitness test is to be given to the competent entity within the airport fire brigade. It has to ensure that the employee, in the case of limited fitness, is used safely and recommendations can be given to regain fitness.</p>
response	<p>Noted</p> <p>The objective is to provide guidance on the physical fitness programme. How this will be managed depends on each organisation and at this stage is not EASA's intent to provide further guidance.</p>
comment	<p>36 <span style="float: right;">comment by: <i>Belfast City Airport</i></span></p>
response	Noted
comment	<p>43 <span style="float: right;">comment by: <i>Hahn</i></span></p> <p>I miss an identification how long to store the data. I recommend 5 years.</p> <p>Medical data must be protected. But fire chief need minimum information if one of his staff is not fit, to use him/her safely and can organize fitness program to regain fitness. So fire chief must get a rough idea from OHMP to support his unfit crew member.</p>
response	<p>Noted</p> <p>This is up to the individual organisation or national regulations.</p>
comment	<p>48 <span style="float: right;">comment by: <i>European Powered Flying Union</i></span></p> <p>GM3 ADR.OPS.B.010(a)(4) Fitness test (a) Operational fitness tests</p>

	<p>(5) Operating in an enclosed space</p> <p>Please add more information as regards acceptable dimensions of such an enclosed space.</p> <p>Rationale Any room as such is an enclosed space, we think, therefore we invite the Agency to prepare some guidance proposing minimum as well as maximum dimension.</p>
response	Noted
comment	<p>53 <span style="float: right;">comment by: <i>Federal Ministry of Transport Germany, Aerodrome Department</i></span></p> <p>Die regelmäßige Bewertung der Fitness ist für den Arbeitnehmer sowie für den Flughafenunternehmer wichtig. Die Flexibilität muss je nach den betrieblichen Möglichkeiten gewährt werden.</p>
response	Noted
comment	<p>64 <span style="float: right;">comment by: <i>Airside safety</i></span></p> <p>daa has concerns that by changing the current physical fitness evaluation program that it would put an unnecessarily onerous expectation on current RFFS personnel.</p>
response	<p>Not accepted</p> <p>EASA considers that the GM does not change the current physical fitness evaluation programme. It provides information on how it should be structured, what means could be used and how the results should be used. The training programme is based on current practices and does not introduce new elements.</p>
comment	<p>76 <span style="float: right;">comment by: <i>Fridfinnur</i></span></p> <p>Isavia agrees that RFF personnel should have good mental and physical fitness and be able to conduct rescue and firefighting in compliance with the operation of the airport, the proposal in Isavia opinion does not have the flexibility to take in account the different scale of the operations at airports.</p> <p>The proposal is not clear regarding how exactly to conduct the operational fitness test. The tests are well known for RFF but how they are conducted needs to be clarified. For example, how high the ladder is and how high should it be raised at the ladder raise and extension test, what weight should be used in the equipment carry and how far should the person walk with the equipment, this applies to all the proposed tests. This also goes for the proposal of the aerobic fitness assessment, how far to run or cycle how fast and so on. The requirement for VO2 Max is unclear regarding age and gender there is no international reference to a normal VO2 Max standard and the minimum of 35 ml/kg regardless of age is too high on our opinion.</p>



response Noted

EASA provides guidance on how the physical fitness programme should be developed and the means that could be used for the assessment.

comment 77 comment by: AENA

NPA establishes why we should measure but there's no criteria of what, how, and what results are acceptable and what results are not acceptable. There's no criteria about how to establish the baseline, how to compare with the person's baseline, with the age, etc. The NPA should establish how to measure the physical fitness, the criteria of being fit or not, and how to compare the results with the person's baseline.

Moreover, in order to avoid a collapse of the system, we think that the first step should be to measure the ARFF without any scale of being fit or unfit. After having the results, and in coordination with the national authorities and all the UE airports, the EASA should be able to establish the criteria of being fit or not. We think it is almost impossible to let this criteria in the airports operators because it could end in a big laboral conflict or in a lot of airports downgrading the ARFF category level. We think that now, the NPA should only include the requirement of measuring the physical fitness defining exactly the tests, but postponing the criteria of being fit or unfit to the results obtained in the UE airports. With the results, the EASA could develop another NPA with the final requirements. If this point remains in the airports, there will be a lot of different approaches and results, but the most difficult point, is that it could end in big laboral conflicts and a lot of downgrading airports.

response Noted

EASA provides guidance on how a physical fitness programme should be developed. There is no baseline scenario, but it is based on individual firefighter's performance. The results are not comparative with standard values or with other firefighters, but are used mainly to maintain or improve the fitness of each firefighter.

comment 78 comment by: AENA

What is "suitably qualified person" for doing these evaluations? It is necessary to define this criteria, because if not, it will imply a lot of claims or even laboral trials. Moreover, this person should be recognized in some way.

response Noted

The recommendation of a suitably qualified person has been deleted and the main focus is on the structure of the physical fitness programme.

comment 79 comment by: AENA

It is necessary to define what antidiscriminatory means.  
Does it imply the same criteria or different criteria between man and woman?

response	<p>It is necessary to define what non-competitive means. Nowadays, for example, one of the tests we do to hire the best staff are physical tests. The best results are consider the best potential staff. Are these tests consider as competitive or non-competitive?</p> <p>Noted</p> <p>The GM does not provide information in regard to entry requirements. This is something that is defined at national level and it is not EASA's intention to interfere on this issue. The purpose of the GM is to support aerodrome operators to structure a physical fitness programme to maintain or improve the physical conditions of the rescue and firefighters.</p>
comment	<p>86 <span style="float: right;">comment by: Ruth (Spanish CAA)</span></p> <p>This GM establishes several concepts and requirements, which are not clear and fail to provide guidance for its future application:</p> <ul style="list-style-type: none"> <li>- There is no advice on the recommended regular intervals for physical fitness evaluation.</li> <li>- There is no guidance on what a "suitably qualified person" is. What qualification does this person need?</li> <li>- What does anti-discriminatory mean while testing male and female firefighters? Should they have the same or different standards?</li> <li>- GM establishes the "baseline" concept for a person's physical fitness state. This concept requires more guidance on its application. How should this baseline be modified by age? How is baseline calculated for already active firefighters?</li> <li>- GM establishes fitness tests should be carried, but it provides no guidance or criteria on acceptable and unacceptable results for this test. These criteria should be provided in order to help countries establish an adequate evaluation of the test's results.</li> <li>- There is no additional information on what "standard protocols" should be used as reference for the fitness tests.</li> </ul>
response	<p>Noted</p> <p>As already stated in the explanatory note of the NPA, EASA's intention is to support aerodrome operators to develop and apply a medical and fitness programme for rescue and firefighters. EASA acknowledged the fact that all the States have such programmes in place. Any attempt by EASA to standardise them at EU level will have a social and economic impact that is not balanced by the safety benefit. EASA considers that already established practices could continue to apply; however, aerodrome operators and States may use this GM for improvements, if it is considered necessary.</p>
comment	<p>119 <span style="float: right;">comment by: Avinor AS</span></p> <p>Rationale: <i>The comments have been prepared by the Norwegian labour inspectorate</i></p>



response	<p>Rationale: The comments have been prepared by authorized external medical personnel from Synergi Helse AS</p> <p>The physical fitness evaluation should also include, addition to a)-c) d) Overall assessment of work technique, heat tolerance, breathing technique, mobility, balance, responsiveness, coordination, stress management</p> <p>Rationale: <i>The comments have been prepared by the Norwegian labour inspectorate</i></p> <p>Noted</p>
comment	<p>120 <span style="float: right;">comment by: Avinor AS</span></p> <p>Operational fitness tests used by Avinor for the rescue and firefighting personnel with full equipment seem to cover well (1) to (6). (7) needs to be covered in a separate test. (8)The VO2 max limits would be achieved by a firefighter when successfully executed the operational fitness tests of Avinor, There is however not a validated step test, e.g. Cooper, which gives a certain correlation to VO2 max. We would like to stress the point of view that VO2 max is of uncertain value regards to ensure the fitness level the rescue and firefighter personnel. VO2 max ml/kg is a measurement that is benefiting a smaller person whereas the same will probably not be the case in a real life rescue situation. Therefore it is uncertain if the test of VO2 max, directly or indirectly, will give more informations than (1) - (7). These considerations regarding testing VO2 max of the rescue and firefighting personnel are broadly agreed in the occupational health community in Norway.</p> <p>Rationale: <i>The comments have been prepared by the Norwegian labour inspectorate</i> Rationale: <i>The comments have been prepared by authorized external medical personnel from Synergi Helse AS</i></p>
response	<p>Noted</p>
comment	<p>155 <span style="float: right;">comment by: ANAC</span></p> <p>Concerning GM3 ADR.OPS.B.010(a)(4) Rescue and firefighting services, Physical fitness evaluation programme, the proposal refers to the fulfillment of the physical fitness evaluation programme at regular intervals. Nevertheless, ANAC recommends inclusion of a maximum period for this evaluation to occur, not exceeding 12 months, when personnel has no medical indication that establishes a specific evaluation period.</p>
response	<p>Noted</p>

**4. Impact assessment (IA) | 4.3. How it could be achieved — optio** p. 40



comment	13	comment by: <i>Heathrow</i>
	Option 1 would be the best one for aerodrome operators and takes nationally recognised standards into account. Options 2 & 3 may incur costs for aerodrome operators that do not currently have comprehensive medical and fitness programmes for fire fighters.	
response	Noted	

**4. Impact assessment (IA) | 4.5. What are the impacts**

p. 42-44

comment	14	comment by: <i>Heathrow</i>
	I agree with the statements made relating to safety, social and economic impacts	
response	Noted	

comment	80	comment by: <i>AENA</i>
	<p>We think there are four big impacts to take into account.</p> <p>Economic impact: One economical impact is due to the fact that we are going to check the medical and physical fitness more frequently and with higher criteria than now. But there's also a second economic impact due to the persons that are declared as unfit. This second impact is very difficult to determine, but may be, it should provoke we need more staff, that now we can estimate.</p> <p>Structural impact: Moreover than economical impact we think there are two big structural impacts. One is due to the fact that in Spain the GMPs or OHMPs don't have the competencies to do the evaluation required in the NPA. As this doesn't depend on the airport operator, we are not able to do anything about it. Besides, currently there is a big problem because there are not enough doctors to respond to the health system. In order to avoid this problem, we need that the NPA include as a possible medical staff the AEM or AeMC mentioned in the comments.</p> <p>The second structural impact is due to the fact that the personnel who has to evaluate the physical fitness is not recognized by any authority. This also could lead into a laboral conflict.</p> <p>Laboral impact: If the NPA does not define the requirements, and let the airports to do it, we could finally find a laboral conflict, because it should imply to try to negotiate with the laboral union parts.</p> <p>Operative impacts: The NPA should permit the airports a progressive implantation with two objectives, to determine the criteria that now is not defined, and to avoid a collapse of the system. Now there is no idea of the criteria of being fit or unfit in physical aspects, so it should be a good idea, first to measure, and then to establish the baseline. On the other hand, if the results of both evaluations implies staff unfit, the airport should have enough time to resolve this (hiring staff, training staff, etc) without dropping dramatically the ARFF category.</p>	



response

In order to avoid the big impacts mentioned, we find necessary:

To include as possible medical staff the AME or AeMC.

To define a recognized figure as suitability qualified person to do the physical evaluation.

To implement this NPA progressively, including this in the text of the final text.

Noted

EASA has accepted the comment and included in the medical staff the AME and AeMC. In regard to the definition of suitably qualified person to do the physical evaluation, EASA prefers to focus on the programme rather than on individuals; therefore, the proposal has been deleted. In regard to your last comment, we wish to remind you that the requirement for the rescue and firefighters to demonstrate their medical and physical fitness already applies. As explained, the objective of the GM is to support the aerodrome operators to review their medical and physical fitness standards and amend them, if they consider this necessary.

comment

95

comment by: *Ruth (Spanish CAA)*

#### SOCIAL IMPACT

In Spain, the application of this regulation would have a very high social impact associated with the strong unionization of the firefighters' collective.

Currently the "basic" medical examination that the main airport manager has implemented is part of the access tests and the subsequent proficiency checks. Proficiency check implementation have already encountered a strong opposition in firefighter union because of the lack of definition in some aspects.

Implementation of this regulation could result on workers having be relocated from their jobs into different jobs and this will obviously be very controversial.

This high social impact will exist whether the regulation in implemented as GM, AMC or IR.

#### ECONOMIC IMPACT.

The economic impact has two aspects to highlight:

- - First aspect is directly related to the increase in medical examinations and the number of tests. On the one hand, the cost of conducting all these tests is high. On the other hand, the time needed to do the tests also requires personnel coverage at an associated cost.

- - Secondly, the loss of "capacity" for firefighters who do not pass the tests is a critical aspect. Those firefighters unfit for service should be recycled in other functions (an aspect which would not be easy) or dismissed, which implies a loss of important human capital. In addition, new contracts and initial training for new personnel would be needed in order to maintain the necessary personnel, so, during a period of time, some parks could have a lack of personnel and would not provide the level of protection required (which has an impact on safety).

This high economic impact will exist whether the regulation in implemented as GM, AMC or IR.



response	<p>Not accepted</p> <p>GM1 ADR.OPS.B.010(a)(4) paragraph 7 points (c) and (d) describe the contents of the initial and subsequent medical assessments. EASA considers that during the initial assessment some clinical examinations are necessary, as this is the normal practice; however, for the subsequent medical assessments, a medical examination may be required on clinical indication. Furthermore, in GM2 ADR.OPS.B.010(a)(4), all the medical examinations are required only when a person has an established medical disorder. Therefore, we do not consider that the proposed GM increases the number of medical examinations.</p> <p>In regards to the second comment, EASA considers using firefighters that are not fit to execute their duties unsafe; therefore, the comment is not accepted.</p> <p>Finally, we wish to remind that firefighters are already required to demonstrate their medical and physical fitness by Regulation (EU) No 139/2014.</p>
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<b>4. Impact assessment (IA)   4.6. Conclusion</b>
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p. 44-45
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comment	<p>15 <span style="float: right;">comment by: <i>Heathrow</i></span></p> <p>I agree with the statement that Option 1 (provide guidance) is the best option</p>
response	<p>Noted</p>
comment	<p>23 <span style="float: right;">comment by: <i>Newcastle Airport</i></span></p> <p>Newcastle International Airport will support option 3, as an IR will give clear and concise direction in relation to RFFS medical and fitness standards.</p>
response	<p>Noted</p> <p>Please refer to the outcome of the impact assessment and the comparison of different options.</p>
comment	<p>49 <span style="float: right;">comment by: <i>European Powered Flying Union</i></span></p> <p>4.6 Conclusion 4.6.1 Comparison of options p 45/48</p> <p>We support "Option 1".</p> <p>Rationale Providing guidance is the most appropriate solution, to do more would not bring any benefit to anyone involved, an EASA-wide harmonisation is not required, any stricter regulation on this would create a bureaucratic monster should it cover all relevant external conditions from the Azores to Romania, from Crete to Lapland...</p>



response	Noted
comment	<p>101 comment by: <i>Cluj Napoca Avram Iancu International Airport</i></p> <p>So, for the moment, we consider that the appropriate option for us is to get guidance Issuance of GM concerning the medical and physical fitness requirements. That, because the transition from national requirements to common European requirements may necessitate additional effort, especially financial one, to ensure compliance with the new requirements.</p>
response	Noted
comment	<p>152 comment by: <i>Highlands and Islands Airports Limited</i></p> <p>Highlands and Islands Airports Limited supports the adoption of Option 1.</p> <p>This option affords the benefits of harmonisation without increasing the regulatory burden on aerodromes and will enable the HIAL group to interpret the guidance in such a way as to balance efficiency of process with supporting RFFS personnel in their health, fitness and capabilities in role.</p>
response	Noted
comment	<p>154 comment by: <i>Swiss Aeroclub</i></p> <p>We share the view that Option 1 should be preferred.</p>
response	Noted

## 5. Proposed actions to support implementation

p. 47

comment	<p>16 comment by: <i>Heathrow</i></p> <p>A dedicate thematic workshop/session would be very useful.</p>
response	Noted
comment	<p>94 comment by: <i>Ruth (Spanish CAA)</i></p> <p>Is there a recommended implementation period for this GM or will this be a decision of each national authority?</p>
response	<p>Noted</p> <p>EASA has not established a recommended implementation period, since the requirements for medical and physical assessments already exist. Nevertheless, it is</p>



expected that if an aerodrome operator decides to revise the medical and physical fitness requirements, a transition period should be considered.



