



ALBERTA PROFESSIONAL  
**FIRE FIGHTERS  
& PARAMEDICS  
ASSOCIATION**



# Important Information About Your Health

## LETTER FOR YOUR PHYSICIAN

Addresses Presumptive Coverage for cancer,  
Heart Disease and Heart injury

Recommended fire fighter  
physical Exam, lab and screening test.

**Alberta Professional Firefighters  
&  
Paramedics Association**

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To All APFFPA Members,

This letter is intended to address Presumptive Coverage for Cancer, Heart Disease and Heart Injury with recommended Fire Fighter Physical Exam, Lab and Screening Tests.

The intention is to offer some insight and education about the increased risk of Occupational diseases Fire Fighters are at risk of developing.

For clarity, these conditions have been recognized by [WCB and legislation in the Workers Compensation Act](#) as being causally related to the profession of Fire Fighting. **This does not mean WCB will cover the cost associated with the screening tests recommended in the letter addressed to Physicians.**

In June of 2022, experts from around the world met at the International Agency for Research on Cancer (IARC) to finalize their evaluation of occupational exposures for the profession of Fire Fighting. Occupational exposure as a firefighter was upgraded and classified as “*carcinogenic to humans*” (Group 1) based on “**sufficient**” evidence for cancer in humans. Simply put, the profession of firefighting is causing cancer.

The letter makes **recommendations** for best practices for Fire Fighters' annual exams, labs, screening tests, and associated ages when these tests should begin. These are **recommendations** that your attending Physician can use their discretion in ordering or not depending on their professional opinion. In some cases, with increased risks due to medical or family history, they may also choose to order tests starting at an earlier age.

The examination, labs and screening tests listed can all be covered by benefits if you meet specific criteria that put you at higher risk of the preceding conditions (firefighters), and is dependent on what your Physician writes on the requisition.

The APFFPA will work to educate Alberta Physicians about the increased risks Fire Fighters have to help increase compliance and decrease resistance to the requisition of exams, labs and tests conducted for our members. The “Letter for Fire Fighter Attending Physician” is one strategy to help us create an awareness of the risks associated with our profession.

Local Associations should continue to partner with their administration teams to implement and build on IAFF Wellness Fitness Initiatives that support the testing and prevention of illness and injury of our members.  
<https://www.iaff.org/wellness-fitness/>

Here are some things that you can personally do to help gain compliance with having these tests conducted:

- Building a good rapport with your family doctor and providing them with the “Letter for Fire Fighter Attending Physician”
- If you don't have a family Physician, try and consistently see the same doctor at a walk-in clinic to build rapport. This will also increase your continuity of care.
- Patience as the APFFPA works on your behalf to increase the knowledge of risks associated with our profession with Physicians in Alberta.

Thank you,  
APFFPA



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To Alberta Physicians,

Dear Sir/Madam:

*Re: Cancers, Heart Injury/Disease and Psychological Injury Presumption For Fire Fighters*

This letter is to assist you as the attending physician of a Fire Fighter in Alberta and to provide information on the particular aspects of the occupational risks associated with Fire Fighting.

The Government of Alberta first enacted Fire Fighter presumptive coverage in the [Worker's Compensation Act](#) in 2003, with subsequent amendments in 2005, 2010, 2011, 2018, and 2023. This Act recognizes the research and scientific evidence linking the connection between the risks and exposures related to the occupation of Fire Fighting to cancer, heart injury/disease, and psychological injury.

In June of 2022, scientists from around the world met at the International Agency for Research on Cancer (IARC) to finalize their evaluation of occupational exposures for the profession of Fire Fighting. Occupational exposure as a firefighter was upgraded and classified as “*carcinogenic to humans*” (Group 1) based on “**sufficient**” evidence for cancer in humans. Simply put, the profession of firefighting is causing cancer.

According to the Act, these occupational injuries/diseases must be presumed to be due to the nature of the worker's employment as a Fire Fighter, unless the contrary is proven.

For the purpose of the Workers Compensation Act, the primary site cancers and the minimum period of exposure for each disease are the following:

#### PRIMARY SITE CANCERS

#### MINIMUM PERIOD OF REGULAR EXPOSURE

1. Primary leukemia	5 years
2. Primary site brain cancer	10 years
3. Primary site bladder cancer	15 years
4. Primary site cervical cancer	10 years
5. Primary site lung cancer in non-smokers	15 years
6. Primary site ovarian cancer	10 years
7. Primary site ureter cancer	15 years
8. Primary site kidney cancer	20 years
9. Primary site colorectal cancer	15 years
10. Primary site testicular cancer	10 years
11. Primary site esophageal cancer	25 years
12. Primary non-Hodgkin's lymphoma	20 years
13. Primary site prostate cancer	15 years
14. Primary site skin cancer	15 years
15. Primary site breast cancer	10 years
16. Multiple myeloma	15 years
17. Primary site mesothelioma	15 years
18. Primary site pancreatic cancer	10 years
19. Primary site soft tissue sarcoma	15 years
20. Primary site thyroid cancer	10 years



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These cancers and heart injury/disease are presumed to be linked to the occupation of Fire Fighting, have a special legal and scientific standing in Alberta, and are recognized in the legislation mentioned. [Download Poster](#)

The legislative recognition affects the aspect of medical coverage for Fire Fighters in Alberta. Certain tests dealing with Fire Fighters that help identify these cancers and heart injury/disease are part of the areas of special consideration for you as a physician due to the increased occupational risk Fire Fighters face versus the general public.

If you require any further information in regards to this topic, please contact the Alberta Professional Fire Fighters and Paramedics Association.

For your information, WCB is the organization responsible for the administration of these recognized presumptive cancers and heart injury/disease. Their Claims Call Centre number is (Toll-free: 1-866-922-9221 (Canada)).

If you require any further help with this topic, contact us at [Admin@apffpa.ca](mailto:Admin@apffpa.ca)

Yours Sincerely

Codey McIntyre  
President



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# **Recommended Fire Fighter Physical Exam, Lab and Screening Tests**

## **ANNUAL EXAM**

- Blood pressure, pulse
- Respiratory rate, temperature
- Oxygen saturation
- Weight and body-fat index
- Thorough skin exam
- Hearing testing
- Oral exam
- Eye Examination (every 2 years)

- Heart and Spirometry (lung testing)
- Abdominal and testicular exam
- Fecal occult blood testing
- Pelvic and Pap for females
- Vascular and neurological exams
- Mental health assessment
- Musculoskeletal exam

## **ANNUAL LABS AND SCREENING TESTS**

- Complete blood count (White blood cell count (with differential), Red blood cell count, Platelet count, Liver function tests, Triglycerides, Glucose, Blood urea nitrogen, Creatinine, Sodium, Potassium, Total Protein, Albumin, Calcium, Cholesterol, HCO<sub>3</sub>)
- Comprehensive metabolic / chemistry panel
- Liver function tests
- Hepatitis profile
- Thyroid panel
- Diabetes Test (Fasting Plasma Glucose test) Hemoglobin A1c (for diabetes monitoring);
- Fasting lipid profile and blood glucose
- Urinalysis and urine biomarkers: PH, Glucose, Ketones, Protein, Blood, Bilirubin, (Microscopic: WBC, RBC, White Blood cell casts, Red cell casts, Crystals)

- EKG - All members should undergo a resting EKG & an aerobic/cardiopulmonary test. Members over 50 years old should get EKG's and the stress test done annually.
- Pulmonary function test every three years
- Low-dose helical chest CT scanning (begin at age 50)
- Colonoscopy (begin age 40 and every five years)
- Exercise stress echocardiogram test (begin age 40 and every three years)
- Mammograms for females (begin age 35)
- Chest X-Ray (every 3 years): An initial Baseline is useful for healthy individuals for late comparison in the event that a disease develops. All members are recommended to have a chest X-ray every 3 years.



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Male members are recommended to be screened for prostate-specific antigen (PSA) and have a digital rectal exam. The PSA test covered may vary depending on the benefit carrier. Regular testicular self-exams are also recommended.

Female members are recommended to perform regular breast self-exams, to annually have a doctor palpate the breasts, and to have a mammogram every two years at a minimum. PAP tests to screen for cervical cancer should also be done at a minimum every two years, with no family history. Please note that female reproductive cancers (Ovarian, Cervical) are considered occupational diseases by WCB.

Breast cancer incidence and mortality rates increase with age. An annual clinical breast examination is required. Self-examination should be encouraged, and educational information should be made available to interested patients.

- Mammography screening shall be performed on all women uniformed personnel beginning at age 40 and continuing every other year until age 50, at which point annual mammography is indicated.
- Annual mammography should be obtained before age 50 if clinically indicated.
- The United States Preventive Services Task Force (USPSTF) recommends screening for cervical cancer in women ages 21 to 65 years, with a pap smear every three years.
- For women ages 30 to 65 years who want to be screened less frequently (every five years), screening should be a combination of a pap smear and human papillomavirus (HPV) testing.

#### **Recommended Immunizations:**

Tetanus/Diphtheria vaccinations (personnel should get tetanus /diphtheria boosters every 10 years). It is also recommended to get annual flu shots.



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Province of Alberta

## **WORKERS' COMPENSATION ACT**

Revised Statutes of Alberta 2000  
Chapter W-15

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### **Alberta Heart Injury, Psychological coverage for firefighters.**

#### **DESCRIPTION:**

#### **Presumption re firefighters**

#### **24.1 (1)** In this section,

(a) “full-time firefighter” means an employee, including officers and technicians, employed by a municipality or Metis settlement and assigned exclusively to fire protection and fire prevention duties notwithstanding that those duties may include the performance of ambulance or rescue services;

(b) “municipality” means a municipality as defined in the Municipal Government Act.

(b.1) “paramedic” means a paramedic as defined in section 24.2;

(NOTE: Clause (b.1) applies with respect to accidents that occur on or after April 1, 2018. See SA 2017 c25 Sched. 2 s16(2).)



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(c) “part-time firefighter” means a casual, volunteer or part-time member of a fire protection service of a municipality or Metis settlement.

(2) If a worker who is or has been a firefighter suffers an injury that is a primary site cancer of a type specified in the regulations, the injury shall be presumed to be an occupational disease, the dominant cause of which is the employment as a firefighter, unless the contrary is proven.

(3) The presumption in subsection (2) applies only to a worker who has been a full-time member of a fire protection service of a municipality or Metis settlement for a minimum period prescribed by the Lieutenant Governor in Council by regulation and who has been regularly exposed to the hazards of a fire scene, other than a forest-fire scene, throughout that period.

(4) The Lieutenant Governor in Council shall make regulations

(a) designating primary site cancers to which the presumption in subsection (2) applies;

(b) prescribing periods of employment for the purpose of subsection (3) which may be different for the different diseases designated under clause (a).

(5) Repealed 2011 c17 s2

(6) Repealed 2011 c17 s2

(7) If a worker who is a firefighter suffers a myocardial infarction within 24 hours after attendance at an emergency response, the myocardial infarction shall be presumed to have arisen out of and occurred during the course of employment as a firefighter unless the contrary is proven.

(NOTE: Subsection (7) applies with respect to accidents that occur on or after April 1, 2018. See SA 2017 c25 Sched. 2 s16(2).)

(7.1) If a worker who is a paramedic suffers a myocardial infarction within 24 hours after being dispatched or attending at an emergency response, whichever is later, the myocardial infarction shall be presumed to have arisen out of and occurred during the course of employment as a paramedic unless the contrary is proven.

#### **Presumption re EMTs, etc.**

**(a) 24.2 (1)** In this section, “correctional officer” means a peace officer referred to in section 10 of the Corrections Act;

(b) “emergency dispatcher” means an emergency dispatcher for a first responder;

(c) “firefighter” means a full-time firefighter or part-time firefighter as defined in section 24.1;

(d) “first responder” means a firefighter, paramedic, peace officer or police officer;

(e) “paramedic” means an individual who is a regulated member of the Alberta College of Paramedics under the Health Professions Act and who holds a practice permit issued under that Act;

(f) “peace officer” means an individual appointed as a peace officer under section 7 of the Peace Officer Act who is authorized by that appointment to use the title “Sheriff”;



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(g) “physician” means an individual who is a regulated member of the College of Physicians and Surgeons of Alberta under the Health Professions Act authorized to use the title “physician” and who holds a practice permit that allows for unsupervised practice issued under that Act, or an individual who has a similar status under similar legislation in Canada;

(h) “police officer” means an individual appointed as a police officer under section 5 or 36 of the Police Act or as a chief of police under section 36 of the Police Act;

(i) “post-traumatic stress disorder” means Posttraumatic Stress Disorder as that condition is described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association;

(j) “psychological injury” means any psychological disorder or condition that meets the diagnostic criteria for a disease or condition that is described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association;

(k) “psychologist” means an individual who is a regulated member of the College of Alberta Psychologists and who holds a practice permit issued under the Health Professions Act, or an individual who has a similar status under similar legislation in Canada.

(2) If a worker who is or has been an emergency medical technician, firefighter, peace officer or police officer is diagnosed with post-traumatic stress disorder by a physician or psychologist, the post-traumatic stress disorder shall be presumed, unless the contrary is proven, to be an injury that arose out of and occurred during the course of the worker’s employment in response to a traumatic event or a series of traumatic events to which the worker was exposed in carrying out the worker’s duties as an emergency medical technician, firefighter, peace officer or police officer.

(3) The Board shall

(a) assist a worker who is diagnosed with post-traumatic stress disorder in obtaining, or

(b) provide to the worker treatment by culturally competent clinicians who are familiar with the research concerning treatment of first responders for post-traumatic stress disorder.

(4) The Board shall

(a) assist a worker who is diagnosed with a psychological injury in obtaining, or

(b) provide to the worker treatment by culturally competent clinicians who are familiar with the research concerning treatment for psychological injuries.



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