IAFF ALBERTA FIRE FIGHTER HEALTH

RECOGNIZE PREVENT DETECT



Strengthening occupational cancer recognition, prevention and early detection will better protect Alberta's Fire Fighters.

OCCUPATIONAL CANCER PARITY

RESTORING PARITY TO ALBERTA'S FIRE FIGHTERS

Alberta has a history of leading other provinces and territories in recognizing Fire Fighter occupational cancers. In recent years, other jurisdictions have continued advancing, leaving Alberta comparatively behind in recognizing **seven cancers.**

THE ASK

For the Minister of Jobs, Economy, Trade and Immigration to bring parity to Alberta's Fire Fighters by amending the *Fire Fighters' Primary Site Cancer Regulation* to include the following **seven occupational cancers**:

- Primary Site Penile Cancer
- Mesothelioma Cancer (Non-Pulmonary)
- Laryngeal Cancer
- Nose Cancer
- Pharyngeal Cancer
- Tracheal Cancer
- Bronchial Cancer

LATENCY

SHORTER LATENCY PERIODS REFLECT TODAY'S UNDERSTANDING

Occupational cancers have various latency periods, the length of time a Fire Fighter must have worked before a cancer claim can be recognized as occupational.

With additional studies, we are learning that many of those latency periods are far too great. Current studies indicate a **2-7 year latency period** is much more appropriate for Fire Fighter occupational cancers.

THE ASK

For the Minister of Jobs, Economy, Trade and Innovation to bring Alberta's Fire Fighter cancer coverage in line with current research by amending the Firefighters' Primary Site Cancer Regulation to reduce the latency period for all Fire Fighter occupational cancers to **2 years.**

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CANCER PREVENTION MECHANISMS

"AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE."- BENJAMIN FRANKLIN

We know there are numerous carcinogens in the products of combustion. Fire Fighters have no choice but to enter these environments to suppress the fire. Our PPE protects us, to various degrees, from these carcinogens, but we can do more.

Exposure tracking, additional sets of bunker gear, decontamination protocols, station designs, and culture can all help reduce the absorption of these known carcinogens.

EARLY CANCER DETECTION

MEANS EARLY INTERVENTION AND BETTER OUTCOMES

Early cancer detection saves WCB from the costs associated with a late diagnosis. Ontario's Workplace Safety and Insurance Board (WSIB) estimates the average cost of a fatal Fire Fighters occupational cancer claim is **$500,000**, whereas annual early cancer screening costs approximately **$750** per Fire Fighter.

In addition to these known worker compensation costs, the costs of the Heroes grant, insurance policies, and a Fire Fighter burdening the provincial health care network in an already overtaxed system are all additional costs

THE ASK

For the Minister of Jobs, Economy, Trade and Innovation to establish a *Fire Fighter Cancer Prevention & Early Detection Regulation*, as per OHS Act Sections 56 and 59, to ensure that **preventative measures are taken and Fire Fighters are screened early for cancers.**

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NEURODEGENERATIVE DISEASE



Fire Fighters are at a disproportionately greater risk of developing neurodegenerative diseases over the course of their careers.

OCCUPATIONAL EVIDENCE

Our occupational cancer work began with simple observations. We observed our peers developing cancer at rates greater than the average person. We then began to study the correlation between cancer and firefighting, and can now prove causation.

Currently, we are witnessing the same story play out again, but this time with neurodegenerative diseases such as Amyotrophic Lateral Sclerosis (ALS) and Parkinson's Disease.

EMERGING RESEARCH

These are devastating diagnoses, with studies and epidemiological literature showing occupational causation related to firefighting.

The occupational evidence continues to build. The data is becoming compelling, and soon there will be no doubt that Fire Fighters are at a disproportionately greater risk of developing neurodegenerative diseases over the course of a career.

SEE THE EVIDENCE

AN OPPORTUNITY TO LEAD

Alberta has an opportunity to again lead other jurisdictions by recognizing neurodegenerative diseases as presumptive diseases for firefighting.

THE ASK

For the Minister of Jobs, Economy, Trade and Innovation to rename the *Fire Fighters Primary Site Cancer Regulation* to the ***Fire Fighters Occupational Disease Regulation*** and add **ALS and Parkinson's Disease** as presumptive occupational diseases for Fire Fighters.

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THE EVIDENCE

Evidence continues to build, with studies identifying occupational exposures and increased risks of ALS associated with firefighting.

GOUTMAN ET AL. (2022)
Occupational Exposures & ALS

Goutman et al. (2022) identified occupational exposure to particulate matter, volatile organic compounds, metals, combustion and diesel exhaust as ALS risk factors, providing important insight into occupational exposures and settings that increase ALS risk.

LÓPEZ-PINGARRÓN ET AL. (2023)
ALS, Environmental Exposures & Firefighting

López-Pingarrón et al. (2023) describe how oxidative stress, neuroinflammation and environmental exposures can contribute to motor neuron damage associated with ALS. The study also identifies firefighting among professions observed in ALS patients.

VANACORE ET AL. (2010)
Fire Fighters & ALS Risk

Vanacore et al. (2010) found Fire Fighters showed a two-fold excess risk of developing ALS, with an Odds Ratio (OR) of 2.0.

ALBERTA WCB POLICY
Work-Relatedness & Causation

WCB policy states that where an occupational exposure has been established, a relative risk of 2.0 or higher makes it more likely than not that the occupational exposure materially contributed to the worker's risk of developing the disease.

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SINGLE EGRESS STAIRWELLS

During a fire or other emergency in a multi-storey residential structure, stairwells provide residents a way out and Fire Fighters a way in.

FIRE FIGHTER OPERATIONS

When Fire Fighters arrive, it is these same stairwells we use to access and extinguish the fire. These stairwells also serve as tool caches, masonry (non-combustible) safe havens, and are where we connect our fire hoses to the building's water supply. We, our tools, and our hoses take up a lot of space.

SINGLE EGRESS / POINT ACCESS BLOCKS

Whether we call the reduction of stairwells to only one stairwell Single Egress or Point Access Blocks, the point is the same: the now singular safe haven from which Fire Fighters work and through which residents evacuate is exponentially more congested and does not meet the objectives of the National and Alberta Building Codes.

PUBLIC SAFETY CONCERNS

Easements to these important codes are being provided to developers so they may remove stairwells to build larger or additional suites. We aren't developers. We are Fire Fighters who understand public safety and what it takes for us to successfully do our jobs, so we oppose Point Access Blocks. However, we see a way forward that maintains public safety and our ability to perform while reducing construction to a singular stairwell.

THE SOLUTION: SCISSOR STAIRS

The solution is scissor stairs: two separate staircases crossing each other inside a single vertical shaft, as shown at right. This saves the space developers are looking for while maintaining a means of **egress for residents** and a means of **ingress for Fire Fighters**. We won't obstruct their exit, and they won't obstruct our operations. This also does not require an exception to the National or Alberta Building Code.

HOW SCISSOR STAIRS WORK



TWO STAIRCASES. ONE SHAFT.
Two separate staircases within a single vertical shaft.



SEPARATED EGRESS & INGRESS
Residents exit while Fire Fighters enter.

THE ASK

The Minister of Municipal Affairs implement a STANDATA requiring scissor stairs in single-egress applications.

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