

Initiative

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Enhance the personal and organizational accountability for health and safety throughout the fire service.

Executive Summary

All too often fire service health and safety initiatives fall short of their intended goals, in part due to accountability by the organization or the individual firefighter. Often this lack of accountability rests with a general attitude where bravado is the primary ingredient that one must possess in order to be perceived as a good firefighter by one's self, his/her peers and the public at large. It is the intent of this paper to address this attitude head-on by suggesting strategies whereby it is not only the organization's responsibility, but the individual firefighter's as well, to ensure that accountability is an integral component to creditable health and safety programs. The 2nd Initiative asks us to make a personal commitment to accountability regarding health and safety issues at all times and at all levels of our fire service careers.

INTRODUCTION

In recent decades, employee health and safety programs have become a major issue addressed by local government. During this time there has been a growing concern of the impact that job-related injuries and illnesses have had on the nation's firefighters. Data collected over the past 30 years by the National Fire Protection Association (NFPA) and other fire protection organizations has illustrated that many firefighters can expect in their lifetime a high probability of becoming injured while on duty. In more severe cases, firefighters may also suffer from long-term illness or die due to job-related factors. Those who follow firefighter mortality trends have identified two primary components to the problem: poor physical health of many officers and firefighters, and a lack of implementation of comprehensive wellness programs where individual and organization accountability is an integral component to the program.

Recently, the Firefighter Life Safety Initiatives program identified a series of initiatives that, in unison, are meant to reduce firefighter fatalities by 25 percent by over the next five years and 50% in the five year period after that. One of these initiatives, the premise of this paper, is to enhance the personal and organizational accountability within health and safety programs. Above all else, the Firefighter Life Safety Initiative posits that every member of a department must be “accounted for” by the organization (which has conducted a thorough analysis of every job and its risk) and by his or her own knowledge of acceptable and unacceptable risks

Recommendation # 1: *Develop a model accountability checklist for every position in the organization for all the identified risks and standard practices associated with those risks.*

Recommendation # 2: *Develop accountability expectations for all ranks of the organization from the fire chief through the supervisory chain down to the individual firefighter.*

Recommendation # 3: *Every organization should publish a safety accountability statement that holds all members of the organization accountable at all times.*

It is the purpose of this paper to define organization accountability and to provide examples of programs that best illustrate accountability as an integral component within all health and safety initiatives.

DEFINING ORGANIZATIONAL ACCOUNTABILITY

Organizational accountability can be defined as being willing to commit the proper type and amount of resources, backed up by adequate policies and procedures, which ensure that the organization assumes responsibility for establishing, implementing, and measuring the results of programs intended to protect the health and safety of firefighters. A major challenge into today’s political and public policy environment is the assurance that adequate resources are available for health and safety programs that include accountability as an integral component to the program. Organizational accountability should include:

Recommendation #4: *Physical Examinations. Examinations should be integral through a firefighter’s career. Pre-employment baseline examinations followed by annual examinations should be a mandatory policy for all fire service agencies.*

Recommendation # 5: *Adoption of Model Programs. Health and safety programs that are comprehensive consist of components such as annual examinations and evaluations, ongoing physical and mental health programs, tobacco abatement and nutrition incentives. NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments and the IAFC/IAFF Fire Service Joint Labor Management Wellness-Fitness Initiative can be used as model programs.*

Recommendation #6: Focused Management and Oversight of Programs. *A management system should be in place that supports the ongoing management and sustainability of health and safety programs. Management must develop a culture within the organization that sustains a positive attitude of health and safety programs; ideally, a program manager should be appointed to ensure continuity and oversight of programs. In some organizations, the safety officer assumes the role of manager of health and safety programs.*

Recommendation #7: *Environmental Stress Management.* Working conditions, both in quarters and on the emergency scene, may impact a firefighter's physical condition. Examples include rehab functions on the emergency scene and fire stations designed with facilities to provide job-related physical and mental stress reduction.

Recommendation #8: Physical Fitness Program Facilities and Support Staff. *Adequate equipment and facilities are necessary to successful programs. Amenities may be provided in-house or through commercial fitness providers. Facilities, equipment and professional oversight can be shared where local colleges and universities or major medical centers are present. Larger fire organizations may be able to provide their own workout facilities, whereas smaller organizations may have to rely on outside providers due to the economics of equipment purchasing and upkeep.*

Recommendation #9: Extended Support System. *Health and safety programs should not stop with the time a firefighter spends on duty or in the fire station. Programs should be marketed as a way of life even during time spent off duty. Where possible, programs should be extended to allow for health and wellness to become an integral part to not only while on duty, but throughout the firefighter's daily life.*

Challenges

Many challenges exist that can impact the accountability of health and safety programs. Many of these ingrained into the fabric and culture of the American fire service will take time to overcome; in some cases, it may take as much as a whole generation to greatly impact these limitations. Some key challenges include:

Diverse Organizations: Public fire protection and emergency services have traditionally been seen as a local responsibility. Generally, these services are provided by organizations that are governed or are under the oversight of municipal, county or other forms of local governance. Services are provided by organizations ranging from large, complex and sophisticated municipal fire departments employing thousands of fulltime firefighters to very small simplistic independent volunteer fire departments where neighbors are helping neighbors. In many cases, holding the small community volunteer organization accountable to

the same degree as fulltime career fire departments is not realistic.

Culture: The culture of the fire service includes a certain level of bravado; often this behavior is expressed through attitudes and practices that counter health and safety programs where accountability of not only the agency, but also the individual is paramount. Often, attitudes develop within the ranks that foster a culture where the organization is assumed to take full responsibility for accountability of firefighter health and safety. No program can be fully effective if individual firefighters are not held accountable as well. In recent years, there has been a resurgence of the firefighter being viewed as the American hero; in some cases, this image has overshadowed attempts to change attitudes toward firefighter health and safety programs.

ACCOUNTABILITY: DEVELOPING A NATIONAL STRATEGY

There are several examples of programs that can be adopted to enhance the accountability of both the individual and the fire/rescue organization. Examples include seat-belt policies, and diet and exercise programs aimed at eating less and exercising more. Others include safe apparatus operation such as stopping at negative right-of-ways, slowing down while responding in heavy traffic and those that incorporate corrective action and modified behavior incentives. In order to meet a reduction of firefighter deaths by 25 percent in the next five years, a multifaceted approach must be used. Previous experience has demonstrated the shortfalls in similar campaigns where organizational and individual accountability was not an integral part to the campaign. The following offers examples of elements that can be integral components to a successful national campaign for reducing firefighter casualties.

Recommendation # 10: Accountability Checklist. *Each function, program and position within the organization should have identified risks and standard practices defined to prevent and mitigate potential hazards. A good reference for checklist development is NFPA 1500, Fire Department Occupational Safety and Health Program. The standard references a checklist that considers the organization's percentage of compliance, estimated cost to comply, and expected compliance date. The checklist is ideal due to its ability to be modified to reflect the expectations and complexity of the organization.*

The checklist includes the following elements:

- Fire department organizational statement
- Risk management plan
- Safety and health policy
- Role and responsibilities
- Occupational safety and health committee
- Records management
- Appointment of health and safety officer
- Training, education and professional development

- Member qualifications, proficiency, and medical and physical requirements
- Protective clothing and respiratory protection
- Facilities, apparatus and equipment
- Emergency operations management
- Infectious control
- Member assistance program
- Critical incident stress program

Recommendation # 11: Campaigns. *Various communities have found some success through the implementation of health and safety campaigns. A good example is the recent launch of the Firefighter Safety Campaign by the Workplace Safety and Insurance Board in Toronto, Ontario. The campaign consists of six posters featuring photos of Ontario firefighters wearing self-contained breathing apparatus. The focus of the campaign is to encourage individual firefighters to take the initiative of properly wearing their breathing apparatus, ensuring that the apparatus is properly fitted and cleaned in order to reduce their exposure to occupational hazards and diseases.*

Recommendation # 12: National Model Safety Programs. *There are numerous model firefighter health and safety programs developed throughout North America. One program, the International Association of Fire Chiefs (IAFC) Guide to Model Policies and Procedures for Emergency Vehicle Safety. It consists of a comprehensive program intended to reduce vehicle related deaths and injuries. The program serves more than just as an informational resource on vehicle safety. It also provides excellent examples of policies and procedures to cover topics and policy development for basic driving procedures, emergency response, riding aboard emergency vehicles, special safety considerations, accident reporting and investigation, and the use of personal vehicles.*

CONCLUSION

When implemented correctly, a national firefighter health and safety campaign, through a concerted effort by national, state, and local government agencies, in cooperation with fire service and related organizations, can make a major impact on reducing job-related casualties over the next five years. To be most effective, however, campaign coordinators must be willing to face head-on resistance by some members of the fire service who only provide lip service to holding everyone accountable to health and safety concerns.

No longer should it be acceptable by fire chiefs or members of their force at all levels of rank to hide behind longstanding customs that promote reckless and irresponsible behavior that jeopardizes the safety and well-being of the citizens they serve and fellow firefighters. National campaigns can only go so far in impacting the unacceptable level of firefighter job-related casualties. The diversity of the American fire service makes it difficult to expect a universal approach to reducing the number and rate of casualties. But, through national level guidance

and support, each fire department can make a difference by contributing to the gradual paradigm shift where individual and organizational accountability is present.

The best approach to improving the health and safety of the fire service is for management *and* labor, in both career and volunteer services, to work cooperatively in the implementation of strategies that foster positive behaviors in order to minimize firefighter casualties.

Recommendations

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