
Mini-Summit Report

Health – Wellness – Fitness

The National Fallen Firefighters Foundation is hosting a series of mini-summit meetings relating to specific topics relating to firefighter health and safety. The primary purpose of these sessions is to seek guidance from involved and experienced individuals and identify the best practices, strategies and methods to implement the 16 Firefighter Life Safety Initiatives. In addition, the mini-summits provide an opportunity to involve more participants in the effort to reduce firefighter fatalities and to exchange valuable information among individuals who are involved in different aspects of the firefighter health and safety mission.

The National Fallen Firefighters Foundation conducted the Mini-Summit on Health – Wellness – Fitness Issues in San Diego, California on February 20, 2006. This event was held in conjunction with the Firehouse World Exposition and Conference, with the cooperation of Cygnus Business Media.

Approximately half of the line-of-duty deaths that occur each year in the United States are attributed to heart attacks or acute cardiovascular incidents. Close to 50 sudden deaths each year are officially recognized as line-of-duty fatalities caused by heart attacks. In addition, a much larger number of firefighter deaths, illnesses and disabilities can be linked to occupational stress, exposure to carcinogenic agents or infectious diseases, or to other factors that can be related to the firefighter's work environment. Overall health and wellness issues are extremely significant factors in most discussions relating to the prevention of firefighter injuries and occupational illnesses and, particularly, in relation to direct, indirect and contributory causes of premature deaths.

Physical fitness is also a critical issue within the fire service, relating to individual performance and survival as well as organizational effectiveness. All of these topics are incorporated within the broad category of health, wellness and fitness issues.

The mini-summit participants were divided into four discussion groups to examine particular topics and develop recommendations within those areas. Each group then reported back to an assembly of all the mini-summit participants, which produced an overall priority ranking for all of the recommendations.

Group 1 was assigned to address the medical standards that should be applied to firefighters as well as long-term health monitoring

Group 2 addressed physical fitness standards and programs. The subject of operational rehabilitation at incident scenes was also assigned to this group.

Group 3 examined the broad spectrum of health and wellness programs, which are intended to reduce the susceptibility of firefighters to many of the known risks of the profession.



Group 4 specifically considered behavioral and psychological issues that relate to firefighter health, wellness and fitness. This discussion included motivational factors that help to promote positive attitudes and actions toward health and fitness as well as the negative psychological impacts that are often associated with emergency service providers.

Medical Standards

The highest priority issues identified by the medical discussion group made reference to the existing consensus standard that provides criteria for firefighter medical examinations. The participants endorsed the use of NFPA 1582: *Standard on Comprehensive Occupational Medical Program for Fire Departments* as the best guidance that is currently available for fire departments to establish entry level requirements, and to evaluate the medical condition of incumbent firefighters. While there is room for continuing progress and improvements in the document, the group considered that an appropriate standard already exists and should be used. The real challenge facing fire departments is when and how to apply the existing standard.

Training and Education The group identified an urgent need for training and education, to make the fire service more aware of the NFPA standard and its requirements, as well as the rationale behind those requirements. A combined program of education and advocacy to encourage much wider use of NFPA 1582 throughout the fire service was recommended.

Fitness for Duty Standard This group also emphasized the need for a definitive “fitness for duty” standard that would apply to all firefighters. The compelling purpose for this measure would be to ensure that every individual who is involved in emergency response duties is medically and physically fit to perform the expected functions. The standard must be realistic and must be validated in relation to the duties that firefighters in different types of agencies and different assignments are expected to perform.

Firefighters who are medically or physically unfit should be considered as placing themselves in danger as well as compromising the mission of the organization and the safety of other firefighters. The fact that many firefighters are not medically and/or physically fit is widely recognized; the death rate from heart attacks provides ample proof. The most difficult challenge is how to address the problem, particularly as it relates to individuals who are currently employed as career firefighters, or who serve as active members of volunteer fire departments. There is predictable fear and resistance to a measure that could have a direct impact on the status of many individuals.

The discussion group concluded that the fire service cannot continue to ignore this problem. The issue must be addressed in a manner that is fair and reasonable, placing the emphasis on ensuring that all firefighters are truly fit for the duties they are expected to perform. The solution to this problem must help firefighters achieve their appropriate levels of fitness, but it should not continue to allow high-risk firefighters to continue to perform emergency duties.

Program Evaluation A third major recommendation from this group addressed the need for a comprehensive landmark study to establish the cost/benefit ratio of health-wellness

and fitness programs. The analysis, which could be based on existing programs, should objectively weigh the cost of ensuring that firefighters are fit and healthy against the consequences of complacency. The participants expressed confidence that the study would prove that investing in firefighter health and fitness is highly cost effective and that it would help to convince decision-makers to provide the necessary funding.

Two additional recommendations produced by this group were directed toward funding for programs that would support fitness for duty. The first recommendation was to establish a direct link between state and federal grant programs and the implementation of health and fitness standards. The second recommendation was to establish permanent funding streams for health and fitness programs within fire department budgets, so that they become an integral component of the organization instead of an optional program.

Physical Fitness and Incident Scene Rehabilitation

The physical fitness discussion group identified the same need for a “fitness for duty” standard as the medical group proposed. This group made several references to the cultural issues that stand in the way of important changes in the fire service. The discussion referred to need to change the cultural values before outcomes can change.

The participants observed that the fire service often tends to send the wrong message or conflicting messages regarding health and fitness. While health and fitness issues are emphasized and widely supported in principle, the lack of physical fitness is often tolerated and individuals who die as a result of being unfit are honored as heroes. This situation points out a serious dichotomy between belief and behavior. It was observed that the fire service tends to consider a line of duty death an acceptable outcome, while compelling an individual to meet a physical fitness standard is considered somehow unfair.

The prevailing fire service culture places a high value on an individual's willingness to serve as a firefighter and to accept the associated risks. While setting high standards for new firefighters is culturally acceptable, setting standards that would be difficult or impossible for some incumbent members to achieve is often viewed as unacceptable. The fire service cannot continue to stress the importance of physical fitness and still allow individuals who are unfit to risk their own lives and compromise the mission.

There was general agreement that the strongest efforts should be directed toward changing the fitness culture for entry-level firefighters. Incumbent members who fear the consequences of change should be gradually motivated by peer pressure or eliminated through attrition. The suggested fitness for duty standard should be introduced progressively to give those members time to meet the standard, find alternative duties or retire.

This group also suggested changing the definition of a line-of-duty death to eliminate those who die in non-heroic circumstances, particularly if the death could have been prevented by enforcing a realistic fitness for duty standard. The group felt that the existing fire service culture often rewards performance that should have been considered as unacceptable.

In order to promote and encourage physical fitness, the fire service should emphasize the lives that are saved as a result of fitness assessments and the performance improvements that are achieved through effective physical fitness programs. The focus should be directed toward positive results and away from the potential adverse impact on individuals who see fitness standards as a threat. There are hundreds of positive experiences that should be recognized and shared. Every case where a firefighter's life is saved as a result of a medical examination or physical fitness evaluation should be recorded and publicized.

This group advocated most the same approaches as the medical group to justify and obtain funding for physical fitness programs, including a cost/benefit study and grant funding programs. The cost of providing physical fitness programs and enforcing fitness standards should be compared to the consequences of ignoring the problem.

The use of family pressure as a motivational factor for firefighters was highly recommended. The discussion participants felt that family members would have a strong positive influence if they understood the risks factors associated with unfit firefighters. The family members might be able to reach their firefighters more effectively than internal fitness-promotion efforts.

The leadership of fire service was criticized for failure to accept accountability for the existing situation in many fire departments. The participants believed that in too many cases, appointed leaders fail to provide the leadership that is required. The individuals who should be setting the example are willing to express support for the cause of physical fitness, but they are unwilling to take the actions that could produce positive results. The leadership of the fire service must overcome the fear of negative consequences and focus on changing policies that will save the lives of firefighters.

The group urged the National Fallen Firefighters Foundation to take a strong advocacy role and partner with state and local agencies to directly support the implementation of physical fitness programs. The Foundation should also establish a resource center to provide timely information, research data and model program information to the fire service.

The final area addressed by this group was incident scene rehabilitation. The discussion identified several fire departments that have strong established programs that should be used as models. The need for special training and qualified individuals to manage the rehab function was emphasized. It was suggested that this function could be performed by individuals who are not necessarily qualified to participate in emergency operations, but can still perform a valuable supporting role. Some fire departments have established an auxiliary group to perform rehab, or have assigned it to a designated corps within the organization.

Health and Wellness Programs

The group that was assigned to consider health and wellness programs came to the conclusion that there are numerous excellent programs already in use by different fire departments and organizations. These programs should be documented to create "best practice" examples that can be used and adapted by other organizations. The National Fallen Firefighters Foundation was encouraged to develop a best practice guide and

identify model programs. Information on program implementation and maintenance should be readily available to every fire department from a central source.

The participants developed an extensive list of topics that should be included in health and wellness programs, including:

- Diet, nutrition and nutritional supplements
- Stress management
- Addictions
- Work/rest cycles
- Work/life balance

Referring to the cultural issue, the group expressed the opinion that the most urgent challenge for most fire departments is to create a positive atmosphere of wellness throughout the organization. This attitude has to become an integral value and a basic component of the fire service culture. In most fire departments today, wellness is still viewed as an “added concern” as opposed to a fundamental value of the organization. The group felt that fire service leaders must make wellness a priority, before it can be become fully integrated into the culture.

The thorough integration of a wellness culture would ensure that appropriate physical fitness facilities are available and scheduled time is routinely provided for their use. Coaching and mentoring would be provided and confidentiality would be respected. Nutrition would become an organizational concern, including an emphasis on incident scene replenishment and post-incident nutrition.

The discussion went on to focus on the value of organizational partnerships to promote wellness, identifying a wide range of organizations that have shared interests and valuable resources. In addition to labor and management cooperation in career organizations, volunteer organizations need to support wellness initiatives for their members. Insurers and risk managers should be encouraged to invest in health, wellness and fitness programs as a strategy to reduce claims and losses. Community organizations and health care institutions are often very willing to support initiatives within local fire departments and many physicians and allied health care professionals have volunteered their services to assist in developing local programs.

This group also made note of the need for cost/benefit studies to establish the value of investments in firefighter wellness programs. There was general agreement that the required funding will become available when fire service leaders can prove that there will be a positive return on the investment.

The need for realistic testing methods and performance assessment standards was echoed by this group, specifically as a means of qualifying members to participate in emergency operations duties. The participants expressed the opinion that validated performance standards should be an integral component of a comprehensive health – wellness – fitness program. Standards should be developed for existing firefighters, as well as for entry level personnel, and all members should be evaluated periodically. The performance based standards should also apply to members returning to duty after injuries or illnesses.

Behavioral and Psychological Issues

The discussion group that was assigned to consider behavioral and psychological issues devoted considerable time to the connection between organizational values and individual and group behavior. Once again, the culture issue was identified as the greatest single factor that can have an impact on reducing firefighter deaths and injuries. There was broad agreement that the health and safety performance of the fire service will only change when expectations and standards of acceptable behavior change.

The question of acceptable and unacceptable risks was a major component of this discussion. The group discussed the need to reinforce health and safety as fundamental values at every level within the fire service and to make high risk behaviors less acceptable. It was noted that firefighters often apply an illogical value system to their mission, feeling that public recognition for courage and personal sacrifice justifies or even demands high risk behaviors.

The discussion also noted that we often perpetuate a distorted image of the firefighter as a risk taker instead of a competent professional. The public does not really expect firefighters to die in the line of duty or to needlessly risk their personal health and safety. The cultural issues that need to be addressed are almost entirely internal to the fire service.

It is up to the leadership of the fire service to change these perceptions; particularly the internal thought processes that influence firefighter behavior. The general trend in the fire service is to express quiet support for safety, while openly praising and rewarding high risk deeds and accomplishments. Actions that are performed safely and conscientiously are given little, if any recognition, while high risk actions are publicly praised, even if they are performed recklessly and violate accepted safety standards. An individual who dies in the line of duty is universally considered to be a hero, even if the death was predictable, preventable and futile.

The general opinion of the group was that individual firefighters will begin to change their perceptions after the values expressed by their organizations and leaders have changed. It is up to the leaders of the fire service to set the proper examples and reward the appropriate behaviors. The individuals who are in leadership positions should provide positive role models along with mentoring for up and coming leaders.

The group provided several recommendations for actions and programs that would have a positive impact on firefighters:

- The NFFF “Courage to be Safe” theme expresses some of the basic values that need to be promoted. This program should be widely distributed and publicized.
- A revised image of the firefighter as a highly trained, physically fit, competent and caring professional should be promoted internally and externally. Firefighters should be encouraged to live up to these expectations.
- Positive role models should be identified and used to define the new image through mentoring and a wide range of promotional and educational media.

All fire service organizations should work together to promote the appropriate values.

Summary of Highest Priority Recommendations

1. Training and education must focus on increasing knowledge and understanding of existing medical/fitness standards (particularly NFPA 1582) and advocating their use.
2. A “fitness for duty” evaluation standard and process should be adopted for all firefighters. (Fear of the consequences for incumbent firefighters must be addressed, but must not prevent this from occurring.)
3. A landmark study should be performed to measure the cost/benefit factors for health-wellness-fitness programs and identify the consequences of inaction.
4. The perceptions of firefighters toward health-wellness-fitness and risk acceptance in general must be changed. This is an important component of the fire service culture issue.
5. Fire service leaders must strive to adopt a positive wellness atmosphere throughout their organizations.
6. The fire service must stop accepting and rewarding negative and destructive behavior.
7. Fire service leaders must provide leadership and for the of health wellness and fitness programs and must be accountable for positive or negative outcomes.
8. Best practice models should be identified, documented and widely distributed.
9. Fire departments and fire service organizations should develop partnerships with other organizations to promote health, wellness and fitness.
10. A priority should be placed on developing standardized medical and physical fitness evaluation criteria that can be used to establish fitness for duty.