

International Association of Fire Chiefs

Guide to Implementing the

**IAFC / IAFF
FIRE SERVICE
JOINT LABOR MANAGEMENT
WELLNESS/FITNESS
INITIATIVE**

**Specially Designed for
Small and Medium-Sized
Fire Departments**



IMPLEMENTING THE WELLNESS/FITNESS PROGRAM

Introduction

The International Association of Fire Chiefs (IAFC)/International Association of Fire Fighters (IAFF) Fire Service Joint Labor Management Wellness/Fitness Initiative (WFI) was jointly developed by 10 fire chiefs and 10 IAFF local union presidents for the sole purpose of developing and maintaining fit uniformed personnel. For the past 20 years, annual fire fighter death statistics have shown that 50% of fire fighter fatalities are the result of poor health conditions. Fire department personnel who respond to emergency incidents are required to put forth a high level of physical effort over a significant length of time. This output, over time, can and will affect the overall fitness and wellness of the fire fighting and emergency response system.

If significant progress is to be made in the future to reduce health-related fire fighter deaths and serious injury in fire departments of all sizes, the fire service at large must embrace the improved wellness/fitness program model. This document has been prepared by the Health and Safety Committee of the IAFC to serve as a guide to implementing this initiative. Any fire department can use this process to evaluate a current wellness/fitness program or to design and implement a new program that meets the criteria identified in the WFI.

A wellness/fitness program that is developed and implemented in accordance with the WFI will help secure the highest possible level of health to fire response personnel. While individual elements of those programs may vary somewhat from department to department, the program development process will be similar. This document provides a suggested step-by-step approach that will result in a written plan that will describe the various elements of a comprehensive wellness/fitness program. The suggested method or approach may be modified to meet local needs and conditions.

Step 1: Obtain a Copy of the Wellness/Fitness Initiative Program Manual

The WFI program documentation is available to fire chiefs through the IAFC and to local union officials through the IAFF. After obtaining a copy of the manual, take the time to read it carefully and view the video to become familiar with the general program approach and objectives.

Members of the IAFC may obtain a copy of the WFI program documentation by contacting the IAFC as follows:

International Association of Fire Chiefs
4025 Fair Ridge Drive
Fairfax, VA 22033-2868
703.273.0911
703.273.9363 (Fax)

Fire departments with affiliates of the IAFF may obtain a copy of the WFI program documentation at no cost by contacting the IAFF as follows:

International Association of Fire Fighters
Department of Occupational Health and Safety
1750 New York Avenue, NW
Washington, DC 20006
202.737.8484
202.737.8418 (Fax)

Step 2: Establish a Project Team

A project team should be established to develop and implement the program. This team should include representation from all areas and ranks within the organization, as well as the fire department physician or an appropriate health care professional. One of the primary responsibilities of the team members will be to communicate with members throughout the organization about the development and implementation of the WFI. For the plan to be effective, all members of the organization should feel that they have the opportunity to provide input to the process. The members selected or appointed to the team should be good communicators. Good written and verbal communications skills will be an extremely important aspect of the process.

Step 3: Compare the Wellness/Fitness Program with Established Practices

The fire department's current established practices and procedures should be compared to the program requirements and recommendations. The accompanying checklist of the individual sections and topics will provide an initial assessment as to where the organization stands in relation to the program objectives. Many organizations will determine that a number of program elements are already in place.

Step 4: Identify Functions Where Changes or Additions Are Needed

The primary effort will be directed to identifying areas that will require changes and/or new program elements. The current activities in relation to each point should be listed, then objectives for new elements should be identified.

Step 5: Identify Alternative Approaches for Each Objective

Once a list of changes and/or new elements has been created, a number of alternatives should be established. All of the alternatives should be evaluated in terms of effectiveness, cost, and time required for implementation. Some consideration should be given to examining the possibility of developing a joint program with other public safety agencies, either in the same or adjacent jurisdictions (e.g., police and fire in the same jurisdiction; a regional fire-based program). There may be other entities, either public or private, in the area which already have a similar program in place due to federal regulations. At this time, a determination should be made on the limits of available funding, or alternative funding services and the expected cost/benefit for each needed objective.

Step 6: Select the Best Alternatives

For those items for which there are a number of possible alternatives, the most appropriate alternative should be selected. The choice will depend on the specific situation that exists in each organization. The approach chosen by one fire department might not be feasible for another.

Step 7: Prepare a Draft Plan

Once the best alternatives have been chosen, new program elements and changes should be assembled to develop a draft plan for the overall program and its implementation. The draft plan may be organized in any manner that suits the needs of the department. The draft plan should identify how the department intends to meet the objectives of the program, and should present a timetable for phasing-in those elements that will lead to full completion over time.

Step 8: Administrative Review of the Draft Plan

At this point it is appropriate to conduct a comprehensive review of the draft plan, obtaining comments and suggestions from all of the sources that should review the plan. This step should include legal, risk-management, budget reviews, and perhaps others.

Step 9: Submit the Draft Plan for Adoption

After the draft plan has been finalized, it should be submitted to the authority having jurisdiction for review and discussion. The authority having jurisdiction could be a fire chief, mayor or city manager, or a city council, town board, or district trustees. Adequate support information should be submitted to identify the need for the program and the goal of achieving specific levels of fire fighter wellness and fitness. The anticipated benefits to the individual members, the fire department, and the community at large should be thoroughly documented. Educating all parties responsible for the adoption of the plan is crucial to the success of the program. The draft plan should emphasize that the majority of the initiatives are designed to bring the fire department into compliance with Occupational Safety and Health Administration (OSHA) and National Institute for Occupational Safety and Health (NIOSH) regulations and Chapter 8 of National Fire Protection Association (NFPA) Standard 1500.

Step 10: Adopt the Plan

After the concept of the plan has been accepted and approved, the plan should be officially adopted. This may often be accomplished through an administrative process, such as a general order signed by the fire chief, or it may require formal adoption through a statute, law, or ordinance. This adoption process should establish a commitment to follow through with the programs, practices, and procedures identified in the plan document.

Step 11: Organize Implementation Teams

After the plan has been adopted, one or more implementation teams should be established to carry out the specifics of the plan. Each team should be responsible and accountable for implementing specific sections of the plan. The implementation teams should report to the specific authority designated by the fire chief.

Step 12: Identify Implementation Strategy

A common-sense approach should be used in implementing the plan. Each specific element of the plan should be integrated in such a way that full accomplishment of the program objectives is ultimately achieved. The implementation strategy should consider the specific circumstances of the individual fire department.

Step 13: Implement the Plan

After the implementation strategy has been established, the plan should be implemented. The implementation should follow the step-by-step sequence identified.

Step 14: Monitor Progress

After implementation, progress should be regularly and periodically assessed. Standard project management practices should be employed to maintain steady progress toward completing implementation.

Step 15: Review and Update the Plan Regularly

The plan should be reviewed periodically to measure progress, evaluate effectiveness and ensure that the objectives and assumptions are still valid. Appropriate changes or modifications to the plan should be made to reflect new information or changing conditions.

Conclusion

Implementing a program that covers all of the identified elements of the IAFC/IAFF Wellness/Fitness Initiative may not be quick and easy. However, the process is an extremely important part of an overall approach to maximize a fire department's ability to ensure a high level of service to the community. More importantly, it provides a critical level of maintenance and support to the most important element within the department – our own personnel.

WELLNESS / FITNESS PROGRAM IMPLEMENTATION CHECKLIST

PROGRAM CONTENT	IMPLEMENTATION		ESTIMATED COST	CURRENT BUDGET AMOUNT	PROJECTED COMPLETION DATE	REMARKS OR MODIFICATION
I. MEDICAL COMPONENT	Full	Partial				
A. FIRE DEPARTMENT PHYSICIAN						
B. ANNUAL MEDICAL EVALUATION						
1. MEDICAL HISTORY						
2. PHYSICAL EXAMINATION						
a. Vital Signs						
b. Head, Eyes, Ears, Nose, Throat						
c. Neck						
d. Cardiovascular						
e. Pulmonary						
f. Gastrointestinal						
g. Genitourinary						
h. Rectal						
i. Lymph Nodes						
j. Neurological						
k. Musculoskeletal						
l. Body Composition						
3. TESTING						
a. Laboratory Tests						
b. Heavy Metal Screening						
c. Urinalysis						
d. Vision						
e. Hearing						
f. Pulmonary Function						
g. Chest X-ray						
h. EKG						
i. Cancer Screening						

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	Full	Partial				
C. IMMUNIZATIONS & INFECTIOUS DISEASE SCREENING						
D. INDIVIDUAL HEALTH RISK APPRAISAL						
E. OCCUPATIONAL EXPOSURES						
II. FITNESS COMPONENT						
A. Medical Clearance						
B. Time For Exercise						
C. Equipment & Facilities						
D. Exercise Specialists & Peer Trainers						
E. Philosophy Of Fitness						
F. Fitness Evaluation						
1. Aerobic Capacity						
2. Flexibility						
3. Muscular Strength						
4. Muscular Endurance						
G. Self Assessment						
H. Personalized Exercise Prescription						
III. REHABILITATION COMPONENT						
A. Medical Liaison						
B. Physical Therapy Services						
C. Clinical Pathway Rehab						
D. Alternate Duty Program						
E. Injury Prevention Program						
F. Injury Prevention Committee						

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	Full	Partial				
IV. BEHAVIORAL HEALTH COMPONENT						
A. Behavioral Health Specialist						
B. Periodic Evaluation						
C. Employee Awareness						
D. Service Access Policy						
E. Nutritional Program						
F. Tobacco Use Policy						
G. Tobacco Cessation Program						
H. Employee (Member) Assistance						
1. Substance Abuse						
2. Stress Management						
3. Family Relations						
I. Infectious Disease Issues						
J. Critical Incident Stress Management						
K. Chaplain Program						
V. DATA COLLECTION						
A. Data Collection System						