



WFI Best Practices Revisited

National Fire Service Study on the Wellness-Fitness Initiative and current Best Practices

The [International Fire Service Research Center and Policy](#) Institute (referred to as the Institute) was founded in 2007 by the International Association of Fire Chiefs (IAFC) to support the development of public policy decisions affecting the leadership, management, and operations of the fire and emergency service. The Institute has partnered with national fire service unions and associations: the International Association of Fire Fighters (IAFF), the IAFC, the University of Toronto, the Oregon Health & Science University Performance Lab, and NDRI-USA, Inc. (referred to as the National Study Partners), for this Fire Prevention Safety Grant (2019) project.

In this survey:

- There are 37 questions.
- The last optional question provides you an opportunity to share additional information about your department.
- Information about the next phase of this program.

Preparing for the survey, please:

- Review the IAFF/IAFC Wellness-Fitness information at [WFI Manual 2018 pdf](#)
- Prepare for your responses by utilizing the list of questions provided here [PDF attached to the questions](#)
- The questions in this survey shall require you to provide information regarding your department, which shall be referenced or obtained. Only programmatic type information about your department and WFI programs shall be represented on the public site.

Once you start taking this survey please note:

1. Your responses need to reflect program information about your department.
2. You must use the same device and web browser that you used to begin the survey. Responses are not automatically saved as each question is answered.
3. Your responses will only be saved and submitted, at the end of the survey when you click the NEXT or DONE button.

4. If you are not allowed to proceed after clicking on the NEXT button, please go back and check that all the questions have been answered. You will see: “ ! This question requires an answer.” above the question number of any incomplete question(s).

To start the survey, click "**I Accept**" and NEXT

By clicking "**I Accept**" you are consenting to participate in the WFI Study and information release related to programs for your fire department.

To help you decide if you want to take part in this study, you should know:

- Taking part in this study is completely voluntary.
- You can choose not to participate on behalf of your department.
- You are free to change your mind at any time if you choose to participate.





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1. Please select the option(s) that best describes your role(s) in your department.
Please select all that apply.

- Fire Chief
- Union Official
- OTHER: Chief Officer or Union Official or Civilian (e.g., Assistant, Deputy, Battalion, Health/Wellness professional)

2. What is the contact information for you at your Fire Department?

Your Name:

Rank or Position:

Phone Number:

Your Email Address:

3. What is the contact information for your Fire Department?

Name of Fire Department:

Street Address for Department HQ:

City/Town:

State/Province:

ZIP Code/Postal Code:

4. Please provide your department's primary IAFF local number. Number only. For example, 9, 99, 999, or 9999. If you do not have an IAFF Affiliate enter 00.

5. Choose the type of Fire Department.

- Career
- Volunteer
- Combination

6. Choose the geographic area for your fire department.

- Urban
- Suburban
- Rural

7. Are both labor and management familiar with the IAFF/IAFC Wellness-Fitness Initiative (WFI)?

- Yes
- No

8. Between labor and management, has your department implemented any of the components of the WFI? If so, please check all components that apply.

	Yes, currently	Not currently, but have in the past	Not currently, and never have	Don't know
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify other)

9. Does your department provide an alternate duty assignment for service-connected injuries or occupational illnesses?

- Yes
- No

10. Does your department provide an alternate duty assignment for non-service-connected injuries or occupational illnesses?

- Yes
- No

11. How many career members are currently employed?

(Inclusive of uniformed firefighting and EMS employees, and fire Inspectors/Investigators)

12. Approximately how many volunteer members does your department currently have?

The actual number (without punctuation - Example 1050) can be typed in the box on questions 12 to 22.

A horizontal slider interface for question 12. The slider bar is light gray with a white circle at the start (0) and a gray square at the end (1500). Tick marks are labeled at 0, 750, and 1500. The slider is currently positioned at 0.

13. Approximately how many members are currently off on family medical leave?

A horizontal slider interface for question 13. The slider bar is light gray with a white circle at the start (0) and a gray square at the end (1000). Tick marks are labeled at 0, 500, and 1000. The slider is currently positioned at 0.

14. Approximately how many members are currently on leave for an occupational illness?

Example: PTSD, cancer, hypertension.

A horizontal slider interface for question 14. The slider bar is light gray with a white circle at the start (0) and a gray square at the end (1000). Tick marks are labeled at 0, 500, and 1000. The slider is currently positioned at 0.

15. Approximately how many members are currently on leave for a non-occupational illness?

Example: Sick Leave as defined in your department

A horizontal slider interface for question 15. The slider bar is light gray with a white circle at the start (0) and a gray square at the end (1000). Tick marks are labeled at 0, 500, and 1000. The slider is currently positioned at 0.

16. Approximately how many members are currently on leave for service-connected injury?

A horizontal slider interface for question 16. The slider bar is light gray with a white circle at the start (0) and a gray square at the end (1000). Tick marks are labeled at 0, 500, and 1000. The slider is currently positioned at 0.

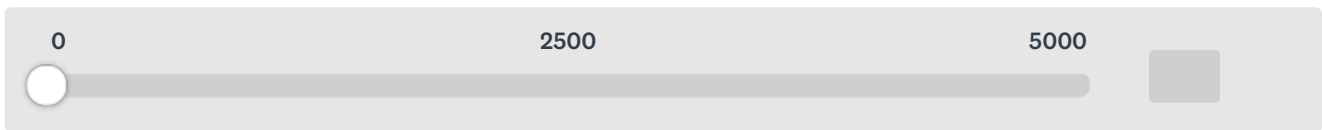
17. Approximately how many members are currently on a non-service-connected injury?



18. Approximately how many of your members are female?



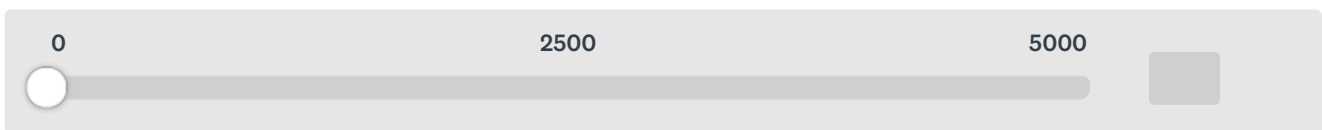
19. Approximately how many of your members are racial/ethnic minorities?



20. Approximately what is the average age of your membership?



21. Approximately how many of membership have military experience?



22. Approximately what percentage of your membership has EMT or higher EMS Certification?



23. Does your department, or its chosen agency, follow the guidelines outlined in *NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments*?

- Yes
- No
- Only partially
- Do not know

24. Does your department, or its chosen agency, follow the guidelines outlined in *NFPA 1583, Standard on Health-Related Fitness Programs for Fire Department Members*?

- Yes
- No
- Only partially
- Do not know

25. Does your department have a wellness-fitness committee?

- Yes
- No
- Do not know

26. Do your members have access to a health clinic or department physician/healthcare provider?

- Yes
- No
- Do not know

27. Are annual medicals exams mandatory?

- Yes, for every member
- No
- Department offers non-mandatory medical exams.

Other (please specify)

28. Does your department and/or union have IAFF/IAFC Certified Peer Fitness Trainers (PFT's)?

- Yes
- No
- Do not know

Other (please specify i.e., ACSM, NSCA, ACE, etc.)

29. Do your members have access to department Physical Therapists / Athletic Trainers?

- Yes
- No
- Do not Know

30. Do your members have access to a Peer Support or a Critical Incident Stress Management Team?

- Yes
- No
- Do not Know

31. Do your members have access to a licensed Dietician or Nutritionist?

- Yes
- No
- Do not Know

Other (please specify)

32. Between Labor and Management, is there a specific line-item budget(s) included that supports wellness-fitness programs? If Yes, please also select item(s) covered.

- Yes
- Medical Physicals
- Fitness Activities
- Equipment for Physical Fitness
- Department Peer Fitness Certification and Training
- Fitness apparel for members
- Gym memberships
- No

Other (please specify)

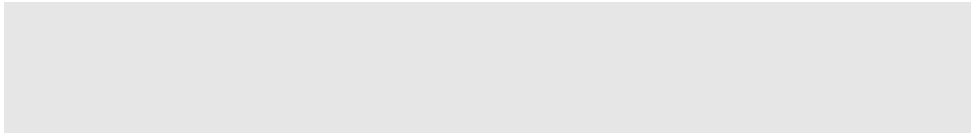
33. Does your department know about grants to support wellness and fitness?

- Yes
- No
- I do not know

If you are not allowed to proceed after clicking on the **NEXT** button, please go back and check that all the questions have been answered. You will see “!This question requires an answer.” above the question number of any incomplete question(s).

If you need assistance in completing this survey, please contact us at wfi@iafc.org

Please add any comments about this survey here.





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A member of the distinguished study partners team will be contacting departments responding to this survey for the next step in participating.

Thank you for your participation!

[International Fire Service Research Center](#)