

# Medical Evaluation Task Force

## GOAL STATEMENT

Develop a plan for fire departments across North America to achieve the goal of providing medical exams for career and volunteer firefighters in an effort to decrease the risk of potentially life threatening illnesses and health conditions.

*Mega Issue Responses*

August 5, 2010

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### Introduction

There is conclusive research that implementing annual medical exams for firefighters has the potential for improving the health and longevity of those firefighters, improving the safety of the community they serve, and generating significant net savings to their organization.

### Problem Statement

Recent studies show the majority of on-duty deaths in firefighters are work related with most being preventable with annual medical screenings. Yet most fire departments do not provide annual medical assessments.

### Background

Where is the fire service in North America in regards to annual programs? In addition, what are the current trends?

### Issues

Mega issues were created and disseminated to task force members to research. The answers to those issues generated the outcome and findings of the task force.

### Summary

Overall, it has been calculated that with an annual medical exam program firefighters and fire departments will be more productive, firefighter injuries and deaths will decrease, and overall health care cost for those firefighters will be reduced.

### Action Statement

Committee strongly recommends that the following action plan be pursued:

1. *Fire service-wide specific protocols be developed.*
2. *Implementation protocols be developed*
3. *Funding source(s) for the medical exams be identified.*
4. *Confidentiality issues/HIPAA compliant medical exams be instituted.*
5. *A secured data collection/evaluation process be developed.*
6. *Assistance and support for the development of a Fire Service Physician/Medical Provider Association be provided.*

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*The IAFC has always considered health and safety to be one of the most important areas of concern for all fire chiefs and has initiated, or participated in, a long list of programs related to health and safety. The establishment of this Medical Evaluation Task Force is a reflection of the importance that IAFC attaches to the responsibility of protecting our most valuable resource – our personnel.*

## Problem Statement

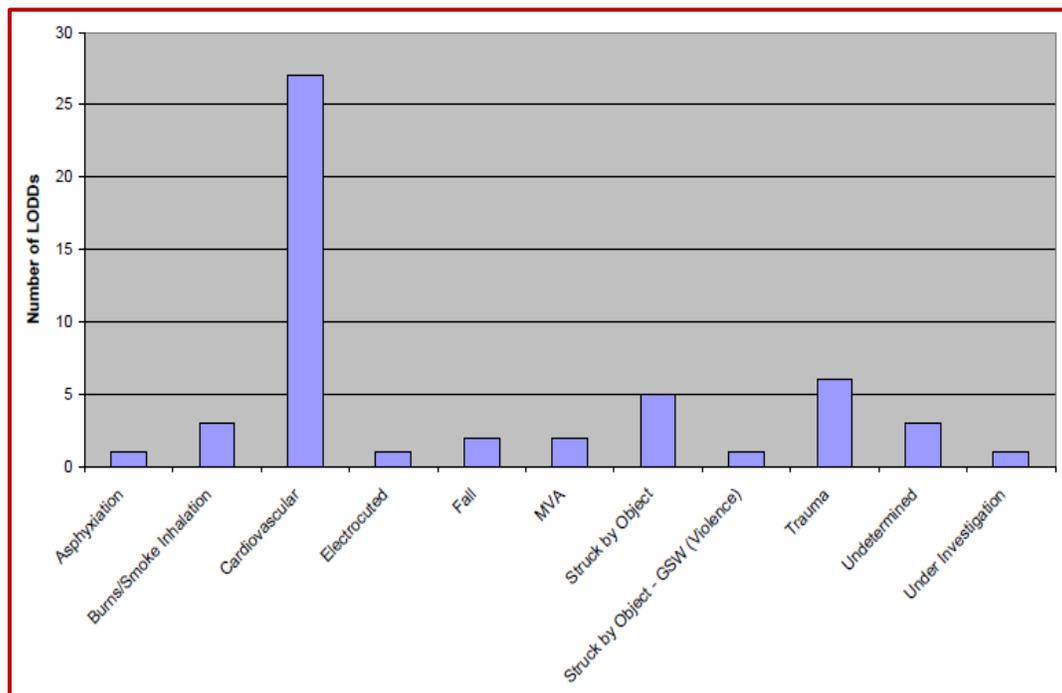
For the past 20 years, annual firefighter mortality rates have shown that 50 percent of firefighter fatalities are the result of various forms of heart disease. Harvard's researcher Stefanos N. Kales, MD, MPH, and colleagues, analyzed data on all firefighter deaths between 1994 and 2004, except those linked to the 9/11 terrorist attacks. The study shows the majority of on-duty heart deaths in firefighters are work related and are precipitated by physical and toxic factors.

A 2006 study commissioned by the International Association of Fire Fighters (IAFF) reported similar findings. Between 2000 and 2005, health and fitness-related factors contributed to over 50 percent of firefighter line-of-duty deaths. What these statistics indicate is that adverse outcomes facing firefighters and fire service organizations may be preventable through improvements in the underlying health and fitness of department personnel.

Firefighters are at an increased risk for musculoskeletal injuries and cardio-respiratory illness compared to other occupations. Occupational injuries are the leading cause of disability and/or early retirement for firefighters, and nationally cardiovascular disease is the most common cause of work related death for firefighters. Firefighters must perform physically intense work in extraordinary environments including high heat, low oxygen, high carbon monoxide, and other combustible products. In addition to these job-related hazards, cardiac risk factors are higher among firefighters than other comparable worker groups.

Hundreds of firefighters are injured each year, while fighting fires, rescuing people, responding to hazardous materials incidents, and training for their job (Figure 1). While the majority of these injuries are minor, any injury is debilitating for a firefighter. These injuries contribute to a significant human and financial toll, through lost work hours, higher insurance premiums, backfill overtime, disabilities and early retirement payments.

*2009 Line of Duty Deaths by Cause* - <http://www.everyonegoeshome.com/lodd/2009/>



**Figure 1:** Number of Fire Service Line of Duty Deaths in 2009

## **Background**

### *Current Trends of Wellness for Fire Departments in the United States and Canada.*

Over the last several years, trends have begun to form in the fire service of the United States. These trends have evolved out of what many departments have had in place for decades. Departments realized a need to have physically fit firefighters to perform in a physically demanding profession. These programs focused for the most part on force, power, and brute strength. As the craft of firefighting has transitioned into an all-encompassing field of emergency response, so too have the demands transitioned on those in the field.

The need for a more comprehensive program was identified by both labor and management, resulting in the IAFF/IAFC Fire Service Joint Labor Management Wellness-Fitness Initiative (WFI). From this collaboration was born a blueprint for a complete wellness program. The WFI identifies the following as major programs:

- Medical evaluation
- Fitness evaluation
- Injury and medical rehabilitation
- Behavioral health

With supporting documents on:

- Cost justification
- Data collection
- Implementation

Whether departments have tried to implement the WFI in its entirety, including the Candidate Physical Ability Test (CPAT) and Peer Fitness Trainer (PFT) programs, or using it to bolster the wellness program they have in place, one thing is for sure: access to its information has started to develop patterns in wellness.

### **The following trends have been evolving across the United States.**

**Planning**- Each department has realized that they require an implementation plan in place to achieve the desired results.

**Medical Exams/Fire Department Physicians**- There has been considerable work in mirroring National Fire Protection Association (NFPA) 1582 standard and the WFI medical to provide consistency in standards. Although NFPA standards provide very elaborate detail, guidelines, measurements, and policy recommendations for fire departments, the adoption of these standards has been a challenge for many fire departments. Some departments still utilize the member's primary care physician for annual medicals. Other larger departments have a physician on staff. However, the trend is to utilize a contracted physician or group of physicians to administer the WFI-based medicals. By doing this, the physicians/ Licensed Health Care Professionals (LHCP) are more familiar with the demands on a firefighter. In addition, many departments are requiring the contracted physicians to take additional fire specific training via workshops like the Phoenix Fire Surgeon's Certification Course <http://phoenix.gov/FIRE/hfssymp08.pdf> or the IAFF's Fire Ops 101. <http://www.iaff.org/events/07redmond/fireops101.asp>

Examples:

Fairfax, VA & Phoenix, AZ – Complete in-house Occupational Health Centers  
West Metro, CO – Group of Physicians spread out over district  
San Diego, CA – Physician contracted out  
Beckley, WV – Occupational Medicine Physician

**Peer Fitness Trainers (PFT)**- Since 2002, more than 4,000 have been certified by the IAFF/IAFC/American Council on Exercise (ACE) program as experts on fire service-specific fitness. The down side, for a variety of reasons, is that many have not remained certified after the initial 2 years.

**Required On-Duty Workout times**- Allotted time varies from 1 to 2 hours in a 24-hour shift. The trend is not only moving to on-duty but in an increase in the time expected to devote to it.

Examples:

**Carrollton, TX** 60-90 min on duty  
**Tualatin Valley Fire and Rescue, OR** 90 min on duty

**Nutrition**- Nationwide departments utilize resources like registered dietitians, nutritionists and website based menu programming.

Examples:

**Narragansett, RI** – Outsourced through Blue Cross  
**Indianapolis, IN** – Contracted public safety medical services dietician

**Exercise Programs**- Developed on an individual basis in response to the particular needs of the individual. These programs are based on the annual medical given by the Fire Department Physician/ LHCP and the fitness evaluations by the PFT. These provide critical information for the individualization of each exercise program. Trends in tools/programs used to accomplish improvement in functional core strength continue to become more fire service- specific.

Examples:

**Prince George's Co., MD** –  
Peer Fitness Trainer Programs  
Pre-Hire Fitness Preparation Program  
Recruit Fitness Training Program  
**Council Bluffs, IA** – Individual with PFT

**Behavioral Health Awareness**- Trending for Employee Assistance Programs (EAPs) include self-referral, supervisor suggested referrals and stress management crisis response teams. In addition, education on stress relief and stress management techniques has made a surge in the preventative measures offered by departments. The missing link for many is that outside EAPs may not be fire service-specific enough to provide the support/care that is needed.

Examples:

**Lewiston, ME** – Contracted Mental Health Provider for EAP  
**Austin, TX** – In house psychologist for EAP and Stress management

**Educational Classes**- Classes including injury prevention, nutrition, and stress management are just a few of the proactive and preventative topics being brought to firefighters across the United States. The trend is to empower the firefighter through education to achieve a higher level of fitness through a sound decision making process.

Examples:

**Orange County Fire Authority, CA** – Injury illness prevention program – required by CalOsha  
**Tualatin Valley Fire and Rescue, OR** – Target Calorie intake, source- USDA, taught in house

**Websites, Links, and News Letters**- Departments are utilizing a multimedia approach to bring pertinent information about health and wellness to the firefighter at a breadth and depth previously limited by technology. The new WFI Resource website <http://www.iaff.org/hs/wfiresource/default.html> is a perfect example of the fire service's willingness to share information and programs that work.

## The following trends have been evolving across Canada.

Wellness trends found the U.S. fire departments have also been observed in Canadian fire departments. The evolution of department wellness programs in Canada are a direct result of the IAFF/IAFC WFI model.

- ➔ **Planning**- Each department has realized that they require an implementation plan in place to achieve the desired results. The most common model used is the IAFF/IAFC WFI. Calgary is the lone Canadian department represented in the original 10 task force cities that developed the WFI.

### Medical Programs

#### Grand Prairie Fire AB

Physician contracted out

#### Medicine Hat Fire AB

Physician contracted out

#### Edmonton Fire AB

External contracted Physician  
& Nurse Services

#### Lethbridge Emergency Services AB

Physician contracted out

#### St John's Fire NL

Physician contracted out

#### Calgary Fire AB

Internal Wellness Facility

- 3 Staff Physicians (2 Wellness physicians and 1 Family Medicine)
- 3 Kinesiologists
- 1 Occupational Health nurse

- ➔ **Fire Department Medicals** – Most Canadian departments require a pre-employment medical exam and possibly a return to work medical based on a specific medical condition. A select few departments have specific occupational medicals for specialty teams (e.g., aquatic, hazmat). Most Canadian departments do not employ physicians; instead, they rely on the individual's private family physician to perform pre-employment and return to work medical exams. The largest drawback of the family physician performing these services is that they do not have a full understanding of the occupational demands of firefighting. There is less incentive for Canadian cities to fund annual medical surveillance programs compared to their U.S. counterparts. There is a lower return on investment due in large part to the Canadian health care system and the difference in the medical insurance model compared to the U.S. Despite this, some departments utilize the members' primary care physician for annual medicals. A select few departments have contracted physician services to administer the WFI medicals. In the last 4 years, there has been a movement towards annual surveillance medical exams, with most of the activity in the province of Alberta due in large part to the influence of Calgary's program.

- ➔ **Peer Fitness Trainers (PFTs)** - Since 2002, there have been 10 IAFF/IAFC/ACE peer fitness trainer certification courses hosted by Canadian cities, with an additional 2 classes scheduled in the remaining 2010 calendar year. There are in excess of 400 Canadian firefighters certified as PFTs under this program. Most of the Canadian departments have maintained the IAFF/IAFC/ACE certification of their personnel.

### Peer Fitness Trainers

#### Calgary Fire

PFT Programs

Recruit Fitness Program

Pre-employment Consultation

#### Saskatoon Fire

PFT Programs

Recruit Fitness Program

#### Lethbridge Fire

PFT Programs

Recruit Fitness Program

#### Halifax Fire

PFT Programs

#### Port Moody Fire

PFT Programs

### On-Duty Workout Times

|             |           |
|-------------|-----------|
| Toronto     | 1-2 hrs   |
| Brampton    | 1-2 hrs   |
| Calgary     | 60-90 min |
| Edmonton    | 60-90 min |
| Red Deer    | 60-90 min |
| Mississauga | 60 min    |

➔ Required On-Duty Workout times- Allotted time varies from 1-2 hours in a 10-24 hour shift. Most Canadian departments work 10 hour day shifts and 14 hour night shifts. There are a few departments, across the country that have adopted a 24 hour shift. However, they are in the minority.

➔ Exercise Programs- Developed on an individual basis in response to the particular needs of the individual. These programs are based on fitness evaluations by the PFT.

➔ Nutrition- Many Canadian departments utilize resources like registered dietitians through their respective EAPs along with nutrition website based menu programming (e.g., IAFF Fit to Survive, ACE fitness healthy recipes, and Health Canada nutrition index)  
Example:

Calgary Fire - Has a web-based menu programming along with access to a nationalist through EAP

➔ Behavioral Health Awareness- Trending for EAP include self-referral and supervisor suggested referrals. All departments have Critical Incident Response Teams. The missing link for many is that outside EAP programs often enough may not be Fire Service Specific enough to provide the support/care that is needed.

➔ Educational Classes- Classes including injury prevention, flexibility, functional movement training, and nutrition are just a few of the proactive and preventative topics being brought to FF across Canada.

### Educational Classes

Toronto Fire - Conducted a functional core stabilization course for their members

Edmonton Fire - Implemented a healthy back seminar for all personnel

Calgary Fire - Implemented nutrition and Yoga classes developed for fire personnel

**The WFI and its companion programs, CPAT and PFT certification, are now the industry standard in the United States and Canada to which everything else is compared.**

*Although the WFI and NFPA 1582 medical examinations mirror each other, the difference lies in application. NFPA 1582 is generally guided by standards where the WFI is regarded as an overall health promotion program.*

See Appendix A - [Employee buy in key to health program](#)

## **Issue 1**

*Should annual medical examinations be given to every firefighter in North America?*

Yes. Annual medical examinations should be given to every firefighter in North America. It is always better to prevent health problems than to treat them later. Please see [Start-Stop-Continue Worksheet](#) (Appendix B) that outlines some of the major points when instituting this type of exam.

### **Are there advantages and disadvantages of having annual exams?**

We have established a worksheet listing the pros and cons of having annual exams, which speaks to both the management and labor issue on the subject. See Appendix C [Pros & Cons Worksheet](#)

### **How do we address the concerns about the results of the exam affecting their employment?**

First and foremost, we must get across that the ultimate goal of having medical exams is to have a healthier firefighter. Any program must be based on the promotion of good health rather than the correction or treatment of poor health. These programs should be promoted and viewed as an employee benefit concerning both health promotion and disease prevention. Management needs to understand that medical exams are just the first step in better health and they should be prepared to support additional wellness program participation while at the same time creating an atmosphere in which firefighters are likely to participate.

The program needs to be viewed as a quality of life issue that will enhance performance of the firefighters creating a more desirable work environment. Overall, it is the right thing to do and “we care today, tomorrow and throughout your career” should be the motto.

### **Will annual medical exams improve the quality of life for a firefighter and are there significant advantages to the firefighter, management, and the fire service?**

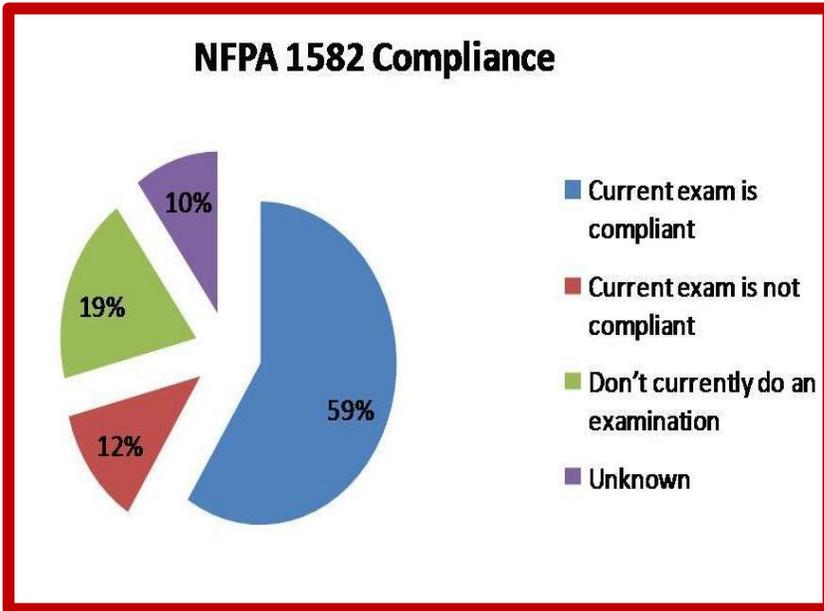
Yes. It is estimated that the cost of health care expenditures will increase from 8 to 14 percent. Therefore, annual medical cost to the fire service will only grow if we do not intervene. Statistically, we have found that the results of a well-managed wellness program are verifiable including, but not limited to, reduction of health care costs by 20 to 55 percent, decrease in short-term sick leave by as much as 32 percent, a savings of between \$2 and \$6 for every \$1 invested in fire service wellness programs. These programs also have been shown to reduce workers compensation and disability claims by as much as 30 percent.

A review of fire departments with well-managed wellness programs revealed that by encouraging healthy behaviors and choices, these organizations are reaping the rewards of decreased sick time, disability and health care costs, as well as savings in workers' compensation claims and costs. Further analysis shows that these measurable items are only a portion of the cost savings, and don't include savings associated with recruitment, employee engagement, and productivity. In addition, changing how firefighters interact and support one another (via PFTs) can translate to a more supportive and positive work environment overall.

– See Appendix D [Documented Advantages Worksheet](#)

## Issue 2

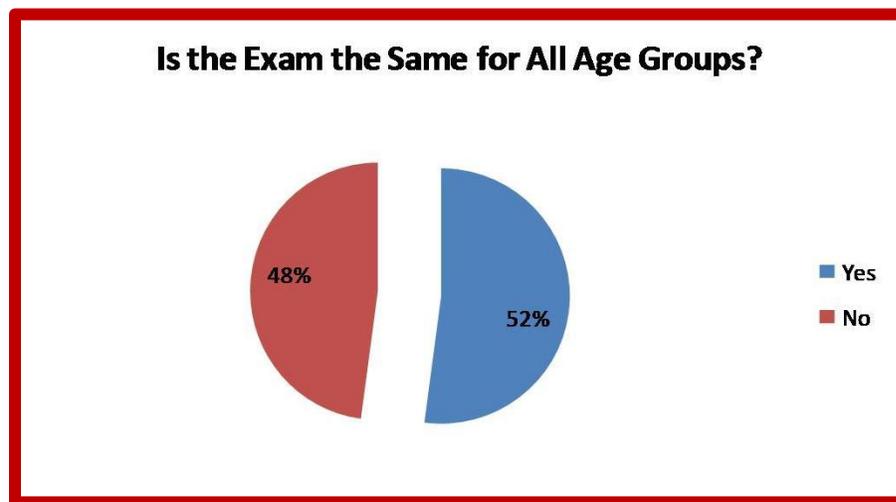
Is an NFPA 1582 compliant medical examination used or administered?



A random sample of the membership of three national fire service organizations (International Association of Fire Chiefs, National Fire Protection Association, and the Institution of Fire Engineers – United States of America Branch) revealed that the majority of firefighters that receive an annual medical are in fact receiving an NFPA 1582 compliant exam (Figure 2). Those fire departments and firefighters that did not provide or receive an NFPA 1582 medical examination stated reasons ranging from the cost of the exam, using their physician's own examination criteria, the politics of firefighter medical examinations, and the use of a regulatory agency examination such as the U.S. Department of Transportation or the Occupational Safety and Health Administration.

**Figure 2:** Fire Service organizations with NFPA 1582 compliant medical examinations.

Additionally, when asked whether the same medical examination is used for all fire department members, regardless of whether an NFPA 1582 compliant medical or some other hybrid version, the majority of the respondents noted that the exam is the same for all personnel (Figure 3).



**Figure 3:** Fire Service medical examinations for age.

Issue 2 data gathered from a survey of 196 total responses.

## **Issue 3**

*How should medical exams be administered and how will the results be evaluated?*

### **When should the medical exams be conducted?**

A comprehensive medical exam shall be conducted annually. Although there has been some discussion of scheduling the exam based on an individual's age, the task force believes the value of providing annual medical exams for such a high-risk occupation is medically significant. Related NFPA standards also confirm the task force's belief, and specifically recognize the need for medical exams, recommending them on an annual basis.

### **Who should conduct the medical exam?**

Firefighters may use any designated fire department physician, or other qualified providers, to conduct the medical exam. However, if using NFPA 1582 as the guideline the provider must have a complete understanding of the different sections within NFPA 1582, as well as understand the essential job tasks, physical demands, psychosocial stressors, and job-related exposures of a firefighter. In addition, they must realize the effects that various medical conditions can have on essential job tasks for firefighters. Post-exam, the provider must be able to provide both written and verbal feedback concerning the firefighter's overall health status, recommendations on any potential health risks, suggest plans to modify any adverse health risks, and encourage the firefighter to take ownership in their overall health.

In all cases, the particulars of the medical exam must remain confidential. The underlying requirement of the provider, to fire service management, is to state if a firefighter is "fit" or "not fit" for duty while retaining patient confidentiality. However, the physician should be considered a vital advisor/consultant to both labor and management on all general medical matters and potential occupational hazards.

### **What will an annual medical exam accomplish?**

The medical exam is intended to accomplish the following:

- Save firefighter's lives
- Improve the firefighter's overall health condition when necessary
- Inform firefighters of their occupational hazards and health status
- Monitor the acute and long-term effects the working environment has on firefighters
- Detect work-related patterns of disease that might indicate underlying health concerns
- Determine if an individual is physically able to perform essential job duties
- Provide quantifiable medical information on the entire workplace
- Provide a cost-effective investment in health promotion and disease prevention in the fire service.

### **How would the results of the program be evaluated?**

The IAFF/IAFC WFI Task Force has been working on creating and implementing a national data repository over the last couple of years. Currently they are researching the validity of the revised WFI data dictionary points as collected by Fairfax County via their annual medical evaluation. This validation research is being coordinated by Donald Stewart, MD (Fairfax County Fire & Rescue, VA) and conducted by Carrie Dorsey, MD, MPH of the University Of Maryland School Of Medicine, in conjunction with the Cornerstone Professional Group. With this validation process comes a reliable way to process significant information about how well the fire service is doing and reveal what changes may be needed to provide a higher quality of service.

## Issue 4

*What are the possible solutions for funding annual medical exams?*

It is the opinion of the task force that there will be a cost for annual medical exams for firefighters. We can ask the federal or local governments to pay for them or we can look to the fire insurance providers to pay for them. We tried to answer the question by assigning responsibility and identify who were the primary stakeholders in having firefighters who are in good health.

- The firefighters and their families
- The residents and taxpayers who are served by the firefighters
- Pension funds
- The insurance providers that benefit from healthy policy holders
- The workers comp company that saves money when firefighters don't get injured
- The local, state and federal governments that pay out benefits for injured and killed firefighters

After identifying the stakeholders that benefit from having healthy firefighters, we can look at who should fund medical exams to ensure that our firefighters get and stay healthy. We as firefighters understand the benefit of having health insurance and most of us accept the fact that we have to pay some type of co-pay or percentage of the premium. We insist that members of our families go to see the doctor for all those well-being checks and immunizations because we are concerned for our families' overall health and longevity. Then why is it that many in the fire service do not want to accept the fact that we have to take some responsibility for our own health and get an annual medical?

With this in mind, we can look at some of the possible solutions to paying for these annual medicals for our firefighters. We understand that these suggestions will not work in every part of the country or every workplace, but some variation or combination of what we are presenting will help.

### **Cost share between department, medical insurers, and employees?**

#### First Example:

*Employees are given annual medical exams at little or no cost to the employee. Bills for the medicals would first be submitted through the local medical insurance carrier for payment. The employer would then pay any portion not paid by insurance and any amount charged to the employee's deductible. Such medicals would include a minimum OSHA 1910 Respirator Certification, full blood screening, full medical history, and an evaluation to identify medical conditions that could affect their ability to perform their duties. All results of the tests from annual medicals shall be confidential between the employee and the medical exam center. The examination center will notify the employer as to whether an employee passes or fails the annual medical. Confidentiality of all medical data is critical and employees need to feel assured that their medical information will not be inappropriately shared. No fire department supervisor or manager should have access to medical records without the express written consent of the member. There are occasions, however, when specific medical information will be needed by a*

fire department administrator to make a decision about placement or a return to work, but only with written medical consent from the member to release the specific information necessary.

#### Second Example:

Employees would be given annual medical exams with the bills submitted through the employee's health insurance with the employees paying the co-pay and the employers covering the deductible. The actual percentage of who pays what is something that would have to be handled at a local level, depending on the type of insurance plan the employee carries, whether or not the employer is self-insured, and what type of labor agreement may be in place.

*It should also be noted, that although both fire specific performance and general health management may overlap in some cases, the fundamental approach to care is driven by different objectives and care competencies. For instance, a family medical doctor is driven by guidelines rooted in the treatment and amelioration of disease. Most are tightly held to certain insurance-based "medically prudent" restrictions to what tests can be administered and continue to remain in good standing with insurance carriers. A fire service-specific occupational doctor can focus on the effect of a disease or condition as it relates to the performance of the individual firefighter, based on an understanding of specific work requirements, as well as the freedom of recommending additional testing without the restrictions of "general population" standards of care.*

#### Third Example:

Include the cost of yearly medicals in the employee compensation package. The typical cost of an NFPA 1582 or WFI qualifying medical exams is about \$500 or less. In order to place this issue in perspective, a typical fire fighter making \$50,000 per year with a benefit package of 50% equals a \$75,000 salary and employee benefit package. The \$500 per year cost of a medical would represent ½% of the total S&EB costs. If the implementation of medical exams for all firefighters prevented two significant illnesses or muscular skeletal injuries, with each requiring two months of injury time and subsequent backfilling with overtime, this cost would be approximately \$13,000 dollars for each ill or injured employee or \$26,000. This would equal the medical exam costs for 52 fire fighters!

#### Fourth Example:

Local fire departments may want to consider entering into long-term relationships with either a local physician or groups of physicians that may be willing to donate medical exams for firefighters. Fire departments may be able to exchange services with local physicians (e.g., CPR, AED training or other service as appropriate) for these medical exams. Such donations could be an excellent opportunity to get tangible returns on the community goodwill that many fire organizations have. Departments could also apply for grants that would cover the cost of the annual medicals, such as AFG, state health grants, local Rotary or Jaycees type donations or grants, Local 501(c)(3) foundation grants, and other local organizations that raise funds for the local community (i.e., pancake breakfasts).

See Appendix E - [Funding Ideas Worksheet](#)

### **New health care legislation to cover cost in U.S.?**

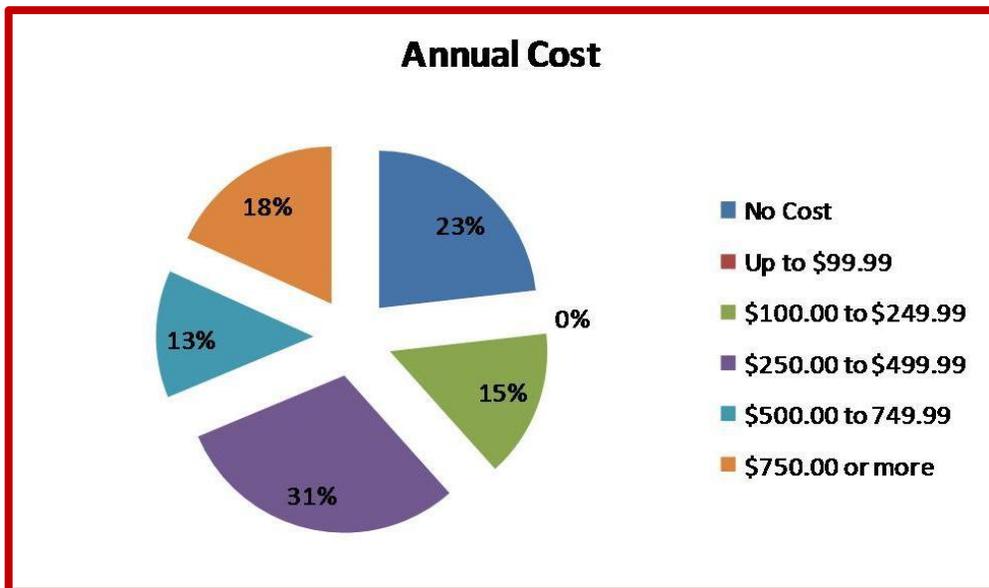
#### Status

We reached out to Senator Dodd's office with this question (he is a member of the Fire Caucus leadership and managed the bill through the Senate HELP committee last year). They are looking into the issue and we're waiting to hear back.

With the health care reform act being so new and with so many questions still unanswered, more time is needed to fully understand its impact on the fire service and what, if any, assistance it will provide for annual medical exams for firefighters.

## Issue 5

What are the cost savings created by a medical exam for every responder?



A random sample of the membership of three national fire service organizations (International Association of Fire Chiefs, National Fire Protection Association, and the Institution of Fire Engineers – United States of America Branch) identified several cost savings versus the expense of the medical exam being given. Only 31% of the respondents indicated a cost of over \$500 per medical exam per firefighter (Figure 4).

Figure 4: Survey results of cost per head of annual medical evaluations.

Of all of the firefighter medical examinations that were administered, the majority of the costs were covered by the organization or the benefits provided to each firefighter, regardless of whether they were paid or volunteer (Figure 5).

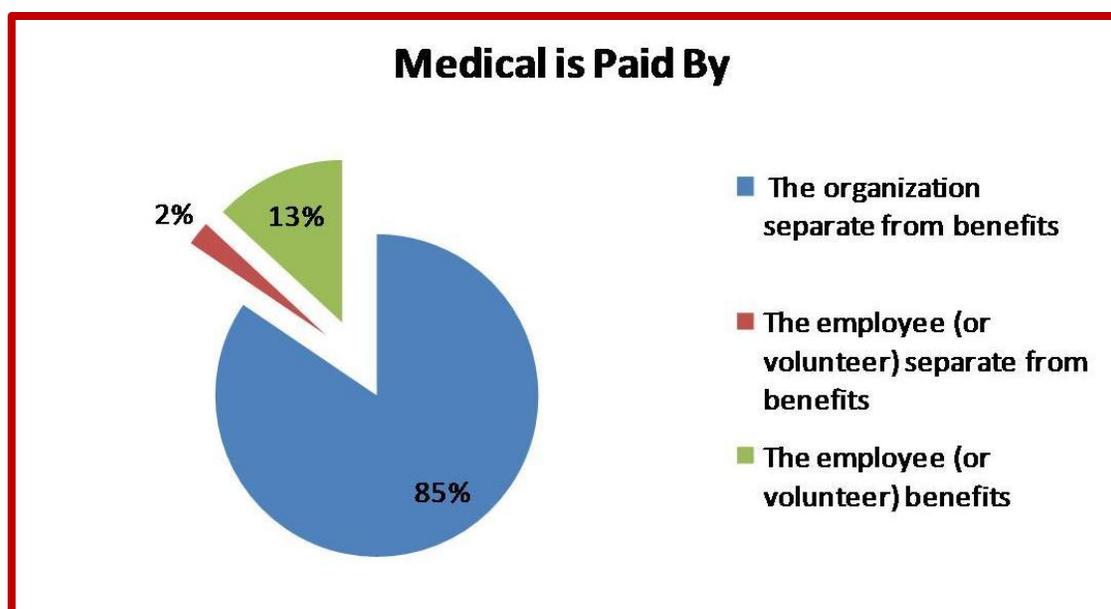
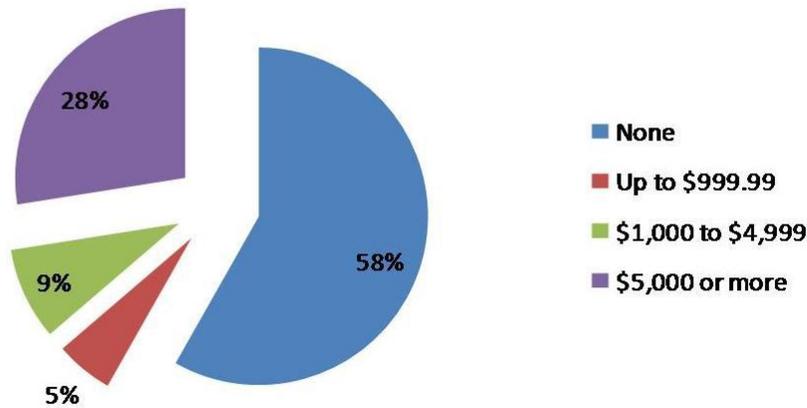


Figure 5: Survey results of how annual medical evaluation costs are funded.

### Estimated annual savings in the past 3 years



Yet when looking at the actual returns on the investment made through administering these medicals, almost half of the respondents noted that there was a savings to the fire department over the cost of the medical exams (Figure 6).

Figure 6: Survey results of return on investment

Specifically, (Figure 7) illustrates where some of the noted savings were identified in the fire departments. For those that did not identify or could not identify whether any cost savings were being realized was because they had never tracked any type of data relating to the administering of firefighter medical examinations.

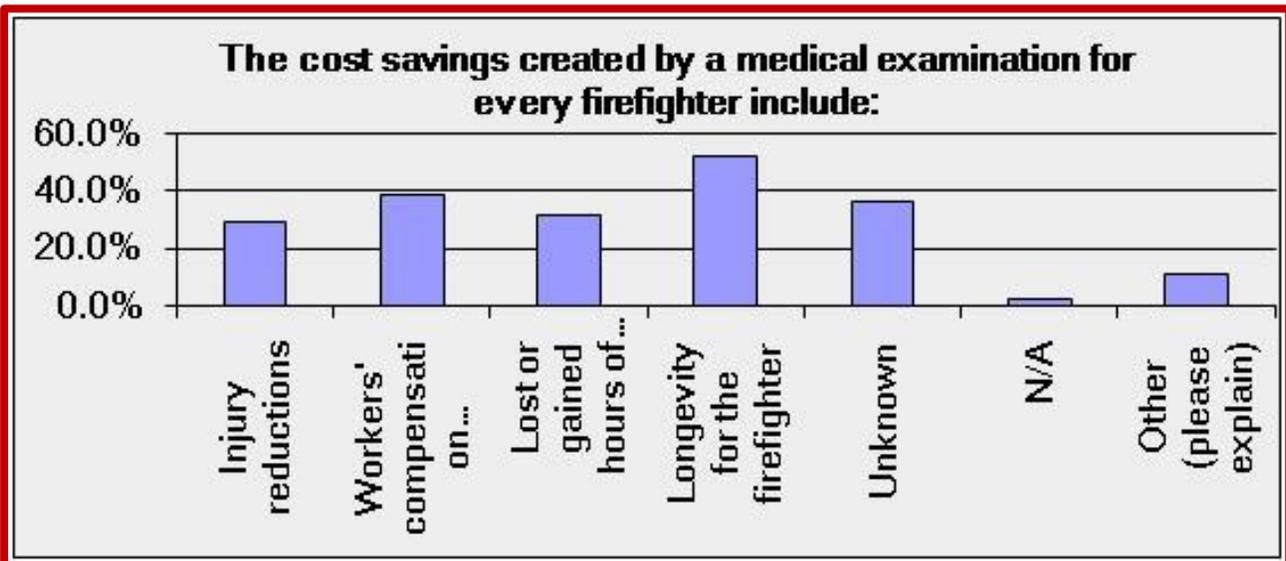


Figure 7: Other noted savings reported.

Issue 5 data gathered from a survey of 196 total responses.

## **Issue 6**

*How can we resolve resistance issues to annual medical evaluations?*

Resolving resistance issues, educating the workforce and ultimately changing the culture of the organization to embrace annual medical exams will differ based on the type of department, geographical location, financial situation, etc. Listed below are some of the ideas that were developed to address these concerns and possible alternatives to gain acceptance in your jurisdiction.

### Phase-in options

- Mandatory periodic exams for all new hires after adoption
- Voluntary for incumbent employees

### Incentives (monetary and non-monetary)

- Include allowance for medical exams in health insurance plan (most plans have it)
- Wellness incentive or bonus pay
- Tax credits for volunteers to defray cost of exam

### Education and outreach

- More focus on wellness at conferences and in firefighter periodicals and websites
- Requiring inclusion of wellness information in fire training curriculum to include training manuals, college texts, etc.
- Inclusion of wellness component to skill development and drills

### Tie to grants (health and wellness)

- Wellness program requirement for application of SAFER and AFG grants
- Grant funds specifically for implementation of wellness programs, to include medical exam
- Fund higher education of firefighter medics to become nurse practitioners / physician assistants, allowing them to provide exams “in house” to members of their departments.

## Summary

Based on the research and evaluation of existing data, the task force has concluded that if every firefighter in North America had an annual medical exam, we would drastically reduce the number of potentially life threatening illnesses and adverse health effects that debilitate our industry today. The task force further realizes that an annual medical exam is one very important step to the implementation of a full health and wellness program, but we are convinced that it is a vital piece to a safer and healthier fire service as a whole.

Cost is still a major stumbling block to the implementation of such an exam. We have examined many funding models and ideas and realize finding a funding source, or avenue, still needs further work and investigation.

What the study does show is that medical exams are a very big piece of the puzzle that will benefit fire service organizations and the firefighter themselves over the long term. A healthier firefighter will be more productive and less prone to sickness, injuries, and career-ending illnesses. In turn, fire service organizations will become more productive and reduce cost in the areas of lost time, health care, workers compensation, etc.

## Action Statement

It is the conclusion of this task force that when an annual medical exam program is implemented, through proven cost saving programs, the fire service will make huge strides in improving the overall health of the fire service and reducing preventable deaths and injuries.

Therefore, it calls upon the IAFC to expand the current Medical Evaluation Task Force to address the six action items listed below to ensure that a fire service-specific medical exam program be developed, which shall include:

1. Fire Service-Specific Protocols
2. Implementation Protocols
3. Funding Sources
4. Confidentiality Issues/HIPAA Compliant Medical Exams
5. Secured Data Collection/Evaluation
6. Support for a Fire Service Physician/Medical Provider Association

## **Appendices A- E**

**Appendix A** – [FIREfightingincanada.com](http://firefightingincanada.com) article: *Employee buy in key to health program*

**Appendix B** – [Start-Stop-Continue](#)

**Appendix C** – [Pros and Cons](#)

**Appendix D** – [Documented Advantages](#)

**Appendix E** – [Funding Ideas](#)

## Employee buy in key to health program

*Ian Crosby is in his 17th year with the Calgary Fire Department and serves as its wellness and fitness co-ordinator. Crosby developed the department's Wellness Centre, which opened February 2005. He is a member of the IAFF/IAFC/ACE Peer Fitness Trainer (PFT) Oversight Committee and an instructor for the PFT certification program.*

With one in three firefighters injured annually in North America we know our personnel face high odds of being injured. It's understood by unions, management and frontline fire personnel that a comprehensive wellness-fitness program can secure the highest level of health for firefighters.

Programs such as the IAFF/IAFC joint labour management Wellness Fitness Initiative (WFI) have been shown to reduce the number of work-related injuries and lost workdays. Indeed, Statistics Canada says a majority of Canadian corporations offer wellness programs for their employees yet many fire departments struggle with the implementation of these types of programs. Most absent and arguably the most critical component is the annual medical evaluation.

There is often debate over the differences between NFPA 1582 and the WFI and it usually revolves around the topic of fit for duty versus wellness. The medical components of the two are essentially the same but the difference lies in application. The NFPA is generally made up of standards used to determine job status; wellness is regarded as overall health promotion regardless of current health status. The difference may appear subtle but it can have a huge impact on your program's success. It's critical that when you establish a program you get employee buy in. The focus needs to be on individual health promotion versus adherence to an industry standard or your wellness physician will be perceived with the same negative connotations as a Workers Compensation physician.

The mandate of the WFI is to "develop an overall wellness fitness system with a holistic, positive, rehabilitating and educational focus". Many programs fail to reach their potential because they impose a standard before establishing trust. A program's success hinges on changing the workplace culture. Creating an environment of trust and respect with a focus on individual health promotion and education that empowers the employee results in a positive shift in the workplace culture. Once this shift occurs then management needs – such as adherence to a standard and personnel accountability – can be met.

The obvious concern is the fear of allowing personnel to remain on full duty if a medical condition is discovered that would normally preclude them from working. Many organizations may already have personnel in this situation but have chosen to do nothing because they are unsure how to confront the problem. It's the wellness physician's job to provide the patient with unbiased health information and guidance that is centered on the patient's personal well-being. Employees will make the appropriate decisions if they are properly educated about their condition and trust the physician. The worst that can happen is that employees who don't trust a department physician will avoid divulging any information beyond what is required. By providing proper guidance and support, management's goal is to empower employees to take responsibility for their health. In the WFI "there are no blanket prohibitions to determine job status". If a medical condition exists that limits someone's ability to perform a task then it is the responsibility of the WFI physician to work with the individual to determine the best course of action. The personal health of the individual is the priority; the physician serves as the advocate to ensure the appropriate treatment strategy ensues. Whenever possible, the firefighter has an active role in the decision process.

Another important concept to consider in the implementation of a health and wellness program is mandatory and non-punitive. The WFI requires mandatory participation and is non-punitive. Simply stated, the program won't work if the employee won't participate. The program may only be punitive if employees don't participate. In order to affect a lifestyle change for firefighters on and off duty, this initiative must focus on delivering a positive, individualized plan. All results are confidential and are measured against the individual's previous examinations and assessments and not against any standard. The non-punitive component means that no personnel will lose pay. In extreme cases, where a serious medical condition exists that impacts job status, all efforts are made to correct the situation (through treatment) along with an appropriate accommodated work position with no loss of pay. It's in the best interest of everyone involved to get an employee back to full duty if the condition is correctable.

Health information is personal and must be safeguarded. In order for personnel to divulge their health history, complete a lifestyle questionnaire, undergo laboratory, radiology and physical exams and make voluntary changes to their personal lives, they must truly trust the system. Once trust is established and firefighters believe that their individual interests are a priority, then the program can reach its potential – the program works and everyone wins; it just needs to be applied properly.

**APPENDIX B Start-Stop-Continue**

| <b>Start</b><br><i>things you want to start doing</i>   | <b>Stop</b><br><i>bad things you want to stop</i>  | <b>Continue</b><br><i>good things you want to continue to do</i>  |
|---|--|---|
| <p><b>Showing FF are most important asset</b></p> <p>Annual Medicals for all FFs<br/>                     Enforcing Non Punitive nationally<br/>                     Federal Law securing medicals<br/>                     Federal Payment plan<br/>                     Pre-Communication Plan<br/>                     Gain Support of IAFF &amp; Locals<br/>                     Call for National Punitive Laws<br/>                     Supporting National data collection</p> | <p><b>FFs dying from preventable conditions</b></p> <p>FFs from dying on the job<br/>                     FF dying post shift<br/>                     FF dying shortly after retirement<br/>                     Funding being an excuse by Mgmt.<br/>                     OT needed due to for lack of care<br/>                     FF thinking it is a way to take their jobs away<br/>                     Will be used to prevent advancement<br/>                     Fear of a Federal program before it can start</p> | <p><b>Good labor/management relations</b></p> <p>Good communication with IAFF<br/>                     Good current medical programs<br/>                     Current programs with funding<br/>                     Good Fitness programs<br/>                     Current Work Hardening Programs<br/>                     Good Entry Medical Standards</p> |

| <b>Start</b><br><i>programs/projects</i>   | <b>Stop</b><br><i>your needs statement</i>   | <b>Continue</b><br><i>your org statement and +s</i>   |
|--|--|---|
| <p><b>Develop a Standardized FF Exam</b></p> <p>Develop per-head based budgets<br/>                     National Model Proposal<br/>                     National Fundraising contacts<br/>                     Local fundraising Templates<br/>                     Communication ABCs<br/>                     Support Packages &amp; contacts<br/>                     Website of FQ&amp;A and positives<br/>                     Website for concerns/complaints</p> | <p><b>Preventable FF deaths</b></p> <p>Lack of funding for life saving medicals<br/>                     Punitive Programs<br/>                     Miss information about program goals<br/>                     Fear of change/loss of tradition</p> | <p><b>Saving FF lives</b></p> <p>Lowering Disability Costs<br/>                     Lowering Disability related OT costs<br/>                     Improving Entry Medical/Fitness standards</p> |

## Appendix C Pros and Cons

### Pros Mgmt

Saves lives  
 Decreased Workers' Comp  
 Decreased medical costs  
 Decreased backfill costs  
 Decreases sick time  
 Decreases new-hire program costs  
 Validation that Mmtg does care  
 Eventual increased moral  
 Move responsibility to Physician  
 Meet NIOSH/NFPA etc  
 Problems will be caught and fixed  
 Less resistance if a National program  
 More Lessons Learned by others  
 Assist members that may be a danger to other  
 ID strengths and weakness in programs  
 Happy employees abuse sick leave less

### Pros Labor

Saves lives  
 Increases "Operations" longevity  
 Less time loss (toward retirement)  
 Additional cancer and cardiac screenings  
 Longer retirement  
 Acknowledgement Fire Service is different  
 Better support for Presumptive Laws  
 Better tracking of exposure related illness  
 ID FF health impacts early  
 Validation of true health status  
 Are there common problems among FFs  
 National networking for best care  
 Increase "Best Practice" development  
 Better tracking to prove on-shift cause  
 Use to better serve the members' needs  
 Cost savings for health trust

*These my not happen initial*

### Con Mgmt

Fear of Initial increase in costs  
 Fear of initial increased backfill  
 Increase Mgmt duties with limited staffing  
 Placement of possible initial increased light duty  
 Getting fired over possible cost overruns  
 Increase Worker's Comp with + Presumptive  
 Sense of a loss of control  
 Lack of specific information about health of Dept  
 Fear of lawsuits

### Con Labor

Fear of job loss  
 Fear of loss of position  
 Loss of OT from backfill  
 General fear of medical findings  
 Will it be presumptive  
 FF's loss of personal control  
 Confidentiality - fear of access by Dept.  
 Won't be able to hide medical conditions  
 Used to create Fit-for-Duty standards  
 Inconvenient to personal time  
 Personal medical cost of neg findings not covered  
 Embarrassment being pulled out of Ops  
 Being dropped by private Insurance Company  
 Fear lack of support if something really bad found  
 Fear of change  
 Limited Duty work restriction (forced 8-5 hours)

### Con for Mgmt if Labor is self-insured

Possible empire building

*Most of theses have not happened to Dept that have programs*

## APPENDIX D Documented Advantages

| Year                | Name of Article   | Web link or Published info  |
|---------------------|---|---|
| <b>Firefighter</b>  |   |   |
| 2005                | Workshop Proceedings  | <a href="http://humanics-es.com/ADA388330.pdf">http://humanics-es.com/ADA388330.pdf</a>   |
| 2008                | Orange County WEFIT Brochure  | <a href="http://www.ocfa.org/_uploads/pdf/ocfireauthbrochfinal.pdf">http://www.ocfa.org/_uploads/pdf/ocfireauthbrochfinal.pdf</a>   |
| 2008                | Why Wellness  | <a href="http://www.iaff.org/HS/wfiresource/LACountyDocs/CostJustification/WhyWellnessLACounty.pdf">http://www.iaff.org/HS/wfiresource/LACountyDocs/CostJustification/WhyWellnessLACounty.pdf</a> |
| 2009                | WFI I am Alive Video - once on website click on video under Wellness Fitness Initiative heading               | <a href="http://www.iaff.org/hs/index.htm">http://www.iaff.org/hs/index.htm</a>   |
| 2009                | The Health and Wellness Guide for the Volunteer Fire and Emergency Services                                   | <a href="http://www.usfa.dhs.gov/media/press/2009releases/020509.shtm">http://www.usfa.dhs.gov/media/press/2009releases/020509.shtm</a>   |
| <b>Employer</b>     |   |   |
| 2006                | Orange County Wellness & Fitness Report   | <a href="http://www.ocfa.org/_uploads/pdf/wefit04-05.pdf">http://www.ocfa.org/_uploads/pdf/wefit04-05.pdf</a>   |
| 2006                | Firefighter Life Safety Initiatives Program   | <a href="http://everyonegoeshome.com/summit/sandiego06.pdf">http://everyonegoeshome.com/summit/sandiego06.pdf</a>   |
| 2007                | Seattle Cost Justification Report   | <a href="http://www.iaff.org/hs/wfiresource/Seattle/CostJustification/FinalReport82207Seattle.pdf">http://www.iaff.org/hs/wfiresource/Seattle/CostJustification/FinalReport82207Seattle.pdf</a>   |
| 2008                | Data from CDC's Reducing the Risk of Heart Disease and Stroke, A Six Step Guide for Employers                 | <a href="http://origin.cdc.gov/DHDSP/library/toolkit/pdfs/toolkit.pdf">http://origin.cdc.gov/DHDSP/library/toolkit/pdfs/toolkit.pdf</a>   |
| 2009                | WFI Saves Lives and Resources Video -once on website click on video under Wellness Fitness Initiative heading | <a href="http://www.iaff.org/hs/index.htm">http://www.iaff.org/hs/index.htm</a>   |
| 2010                | FF Fatality Investigation and Prevention Program  | <a href="http://www.cdc.gov/niosh/fire/">http://www.cdc.gov/niosh/fire/</a>   |
| <b>Fire Service</b> |   |   |
| 2002                | A study of firefighter wellness programs  | <a href="http://www.usfa.dhs.gov/pdf/efop/efo33832.pdf">http://www.usfa.dhs.gov/pdf/efop/efo33832.pdf</a>   |
| 2007                | NIOSH 2007 Alert  | <a href="http://www.cdc.gov/niosh/docs/2007-133/">http://www.cdc.gov/niosh/docs/2007-133/</a>   |
| 2007                | IAFC Task Force Report to NIOSH   | <a href="http://www.iafcsafety.org/Safety%20PDFs/Final%20FFFIPP%20TF%20Report%207.11.07.pdf">http://www.iafcsafety.org/Safety%20PDFs/Final%20FFFIPP%20TF%20Report%207.11.07.pdf</a>               |
| 2009                | Physiological Stress Associated with Structural FF  | <a href="http://www.indiana.edu/~firefit/pdf/Final%20Report.pdf">http://www.indiana.edu/~firefit/pdf/Final%20Report.pdf</a>   |
| 2010                | Characteristics of Successful Wellness Programs   | <a href="http://www.healthylife.com/template.asp?pageID=41">http://www.healthylife.com/template.asp?pageID=41</a>   |
| 2010                | Study of Cancer among United States Firefighters  | <a href="http://www.cdc.gov/niosh/fire/cancerStudy.html">http://www.cdc.gov/niosh/fire/cancerStudy.html</a>   |

## APPENDIX E Funding Ideas

### 1. Federally Funded

- a. Percent Budget items for different agencies
- b. Percent of Homeowner Fire Insurance

### 2. Cost Share between department, medical insures and employees

Employees would be provide, or would obtain, an annual NFPA 1582 / WFI based medical with the bills submitted through the employee's health insurance with the employees and employers sharing any unpaid costs.

### 3. National FLAME (Firefighter Longevity And Medical Exams) Campaign - *one month around 9/11*

- a. Model after Susan G. Komen for the Cure <http://ww5.komen.org/partners/partnerssponsors.html>  
Find out who set up the "National Brand" fundraising by "pinking" products. This corporate partnerships brought in over \$30 million a year. – KFC being the newest with their "Pink" bucket
- b. National Television Event with stars related to Fire (family, saves, etc) as hosts
- c. National sponsors – Kraft, GE, Microsoft, etc

### 4. Federally Operated Regional Mobil Medical/Fitness Vans - *can be pulled for regional disasters*

- a. Set up by IAFC Regions (# vans would be based on the # needed per region)
- b. Paid for by Fire Service related advertisements on side of Vans
- c. Medical exams by PAs or NAs recruited right out of school each year (create a known draw into the field of Fire Service Specific medical evals) with each Dept/Area providing PFTs to do the fitness evals.

### 5. On-Line sites

- a. Develop a national on-line donation site or use other sites ideas such as
  - i. <http://www.youtube.com/nonprofits>
  - ii. <http://www.refresheverything.com/myidea/idea/6def1aa3b309276534f0eac99d55261>

### 6. LOCAL - Neighborhood support of a Fire House/Battalion/Department

- a. Create a national "Support your Local Fire House" by creating templates for info packets and donation envelopes that could be used by Fire Departments to raise funds locally via "neighborhood support"
  - i. Each Dept would figure what their "per head" medical costs are (that could be placed into the National Templates) and seek funds from local vendors/manufactures/businesses to cover the FFs at that station.
  - ii. Larger Depts (with big pockets like Starbucks, Amazon, Microsoft, Pepsi, etc.) could raise funds by each Battalions using a "category" donation concept
- b. Fill the Helmet –
  - i. Same as Fill the Boot idea but for local FF medical exams
  - ii. Work with sports Teams to set up donation drops at front of stadium on game days (create templates to build Fire Helmet donation boxes that the visor lifts up to drop donation in) - large one for adults and a small one for children to drop coins in.

