

# Firefighter Strong

News for a Better You and a Stronger Crew

## WHAT IS A FIREFIGHTER'S MOST VALUABLE TOOL?

1.



2.



3.

**YOU**

As first responders, we need to take care of ourselves so the public and our crew can count on us to be ready when called. The NVFC provides proven health and safety programs and resources to help.

**Motivational poster for your department inside!**

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ABOUT THE

# National Volunteer Fire Council

The NVFC is the leading nonprofit membership association representing the interests of the volunteer fire, EMS, and rescue services. The NVFC serves as the voice of the volunteer in the national arena and provides resources, programs, education, and advocacy for first responders across the nation. Many of the NVFC's programs and initiatives apply to all members of the fire and emergency services, whether volunteer or career. Membership in the NVFC is low-cost and provides a wide array of benefits; find information at [www.nvfc.org/BeYourBest](http://www.nvfc.org/BeYourBest). Learn more about the NVFC and access resources at [www.nvfc.org](http://www.nvfc.org).

## DISCLAIMER

The information and resources presented in this document are for informational purposes only. They are not intended to offer a diagnosis or treatment of any health issue. Consult a healthcare professional if you feel you may be experiencing a health issue or for any questions you may have. This document does not provide a comprehensive listing of resources that are available.



# SERVE STRONG

## FOR YOUR CREW

Firefighters and emergency responders are tough, but so are the challenges we face. Our service to our community can take a toll on our health, and often we forget that health and safety are key factors to being the best firefighter or EMS provider we can be.

Consider these alarming facts:

- Heart attacks cause over half of all on-duty firefighter deaths each year.
- Cancer is quickly becoming one of the most dangerous threats to firefighters.
- More firefighters die from suicide each year than in the line of duty.
- The top cause of firefighter injuries is overexertion/stress/medical, followed by vehicle crashes.

The health and safety choices we make impact our entire department, our families, and the community we serve. As first responders, we need to take care of ourselves so the public and our crew can count on us to be ready and able to respond when called.

This newsletter is designed to help department members – from the leaders to the new recruits – focus on some of the critical health and safety issues facing firefighters and EMS providers and start taking steps towards a safer, healthier department. Share this publication within your department and keep a copy at the station as a resource for your health and safety programs.

Included in this newsletter is a poster that you can hang up at the station to remind all personnel that they need to take care of themselves in order to serve strong for those who count on them. Also included is the full text of the IAFC's *A Healthcare Provider's Guide to Firefighter Physicals*. Physicals are a key component in firefighter health and in preventing injuries and fatalities. The piece is removable so you can easily make copies for all personnel to bring with them to their next doctor's appointment.

We are stronger together, and we are strongest when healthy and safe. Departments and individuals need to be proactive in addressing health and safety issues and embracing health and safety in all areas of the department's culture and operations. Remember, a better you, means a better crew.

Find more resources to help you and your department focus on health and safety at [www.nvfc.org/ServeStrong](http://www.nvfc.org/ServeStrong). ■ ■

# The Mission is Safety



**“Magical Thinking:** The belief that somehow we will be exempted from the grief and losses that afflicted others and somehow, because of our special knowledge, we will be protected.”

- David Whyte, *The Heart Aroused*

by *Hersch Wilson*

There are typically two ways we come to a conversation about the health and safety of our departments. First, and often heart-breakingly, there is a preventable incident that “wakes up” the department. Second, the officers decide that they need to focus on health and safety before something happens. Of course there is often a third scenario, when a department, because they’ve never had an incident such as a firefighter getting clipped by a car while managing traffic at a rush hour crash, believes they are somehow magically protected and do not need to focus attention on health and safety.

The goal of this article is to provide some thoughts about how we can improve (we can all get better!) in regard to our two highest priorities, the health and safety of the individuals on our departments.

In my non-volunteer life I’ve had the great fortune to work for companies all over the world as a culture and leadership consultant. I had the opportunity to observe astonishing leaders and a few that

made me weep. This article is based on the best practices I observed.

## Leading

The health and safety of your department starts with leadership - the officers working in concert, on the same page.

“The first responsibility of a leader is to define reality.”

- Max Depree,  
former CEO of Herman-Miller

But here is the problem. Depending on the day and the last call, the priorities of a volunteer fire department can change in a heartbeat. There’s that old truck that needs to be replaced, money that needs to be spent down before the end of the fiscal year. We need new recruits! We need to change the way we fight fires! No we don’t!

The list goes on.

The attention span of any group of people, including fire departments, is short and easily distracted. Defining reality means helping an organization understand that no matter what today’s distractions are, the organization has a mission. The task of a leader, their first responsibility, is to define the mission and keep the organization focused.

## Mission Driven

A mission statement is simply a statement of what is important to the organization. (You can Google ‘fire department mission statements.’) Most fire department mission statements start with “Our mission is to protect life and property.” But most miss this important clause: “Further, we will execute our mission in the safest way possible.” Next, there needs to be: “The health of our firefighters and first responders is the highest priority.”

A note: If you see tension between those statements, for example, “protect life” and “the health of our firefighters is the highest priority,” that’s great! Why? Because in the

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resulting conversations you will have you will find ways to accomplish both.

### Creating a Safety- and Health-Focused Mission Statement

Here is how to build a mission statement. Take a couple of evenings away from your family to write it, and then crumple it up and toss it in the trash.

OR...

Put it to work. The fact is that most organizations and leaders believe that the act of writing a mission statement and making a speech is the end. Then, the mission statement goes on the wall or in a file and gathers dust. Might as well just toss it.

Writing it is the easy part. Making it come alive is the work. Here are some tips for incorporating the mission into the department's every-day culture.

- 1 Be the thought leader. Understand it, be comfortable "selling it," be comfortable explaining it.
- 2 Use it every time you can. It is a speech that you give over and over again until you are sick of hearing yourself talk. Just about then your department will get it, "Oh, you mean safety and health are a priority!"
- 3 Build the expectation that everyone on the department needs to know the mission and their role in executing it. As an example taken from the corporate world, a CEO friend of mine, anytime he was on an elevator, would randomly ask employees, "What is our mission and what is your role in executing our mission?" The word soon got around that not only did you need to know what the mission was, but your role had better be connected to it. Otherwise, the CEO might sweetly ask, "If your role is not connected to our mission... why are you here?"

4 If safety and health truly reflects the priorities of the department, then regular meetings (whether monthly or quarterly) need to include time spent discussing the mission priorities. Simple as that. In an ideal world, the priority discussions ought to be: "How did we do on safety this month? What did we learn?" And the same for health.

### A Culture Shift

The culture of an organization is something that can't be touched or measured but you feel it as soon as you walk into a room of people. It is the ocean we swim in. A great culture is open, fun, curious, supportive, accountable, and can make the job of leading a joy. On the other hand, a toxic culture is back-biting, feuding, blaming, and can make leading miserable.

The culture of a volunteer fire department is the 24-hour-a-day training program.

If you sit back and listen you can hear the culture working. Do we really believe safety is an issue? Do we care about our health? Do we openly discuss incidents and mistakes, or do we cover them up?

Driving mission into an organization, especially into our tradition-bound departments, is a cultural shift. Changing a culture (aka "the way things are here") takes patience and over-communicating. It needs to be marketed, sold, and most importantly, led.



Yes, it circles back to the leader and the leadership team. You cannot tell adults "how to be" (even as a chief in the traditional para-military model that most departments are still based on). Rather, first we need to be the change we want to create. For example, create a meeting agenda item such as "Here is the safety mistake I made and what I learned" or "Here are the two things I'm doing to take better care of myself." Go first! Have your officers go next. Even if there is silence for months, keep the practice going.

Be patient and it will pay off.

Here is an example. I was sitting in a meeting of a large chemical company. Against resistance, they had begun a safety initiative 10 years prior. As we started the meeting, the senior VP began with, "The exits lead to the fireproof stairway. If there is an alarm, please go there immediately." Everyone nodded. And then the meeting began. I looked at my client contact quizzically, and he smiled and said, "Safety is on our agenda everyday. That's just the way things are here now."

Be Brave. Be Kind. Be Safe! ■ ■



### ABOUT THE AUTHOR

**Hersch Wilson** is the medical captain with Hondo Volunteer Fire and Rescue in Santa Fe County, NM. He has been with the department since 1987. In his "other life" he is a leadership and organizational culture consultant and a soccer coach. Visit him at [Herschwilson.com](http://Herschwilson.com) or on Facebook at 'Hersch Wilson-Firefighter.'

# FREE ONLINE Health & Safety Training from the NVFC!

[www.nvfc.org/classroom](http://www.nvfc.org/classroom)

The **National Volunteer Fire Council** offers a series of health and safety courses in its Virtual Classroom. Courses are on-demand and self-paced which means you set your own schedules. All Virtual Classroom courses are FREE to NVFC members.

- Addressing Substance Abuse, PTSD, and Other Concerns in the Fire Service
- Behavioral Health in the Fire and Emergency Services\*
- Brotherhood vs. Parenthood: Finding your Life Balance
- Cancer in the Fire Service: A Growing Epidemic\*
- Decreasing the Risks Involved with Emergency Response
- Emergency Vehicle Safe Operations
- Fireground Accountability: Daring Not to be a Statistic\*
- Flawed Situational Awareness: The Stealth Killer of First Responders\*
- Functional Fitness for Firefighters
- Injury Prevention for the Fireground
- Incident Safety Officer (ISO) Series\*
- Is Your Department at its B.E.S.T.\*?
- Obesity in the Fire Service\*
- Overhaul: What's the Worst that Could Happen?\*
- Preventing and Coping with Suicide in the Fire and Emergency Services\*
- Putting Out the Fire: Stress Resilience Strategies
- Understanding and Utilizing the International Fire Code
- Using Your Lifeline: Disease Management for a Stronger, Longer Life
- What to Expect: Helping Your Family Adapt to the Volunteer Fire Service\*

The Virtual Classroom also contains courses on grant-writing, leadership, preparedness, prevention, recruitment, retention, and reputation management.

*\*Eligible for continuing education credits*



Photos courtesy of Lauralee Veitch, Tom Bradley, and James Conomea



# We Can Do Better: Injury Prevention is Up to All of Us

by *Kimberly Quiros*

Firefighting is an inherently dangerous job, but there are many steps that can be taken to lessen the risks. Injury prevention is not an abstract concept – it is something we have control over and can prioritize for ourselves and our departments.

Take for example a firefighter who is seriously injured after being thrown from a vehicle because he or she wasn't wearing a seat belt. An action that takes a second or two to complete could have prevented this situation.

Safety needs to be at the forefront of every firefighter's mind, whether during training, at the incident scene, or even working around the station. It may sound cliché, but the old adage rings especially true in the fire service where lives are on the line – an ounce of prevention is most certainly worth a pound of cure.

## The Numbers

The National Fire Protection Association's (NFPA) most recent report on firefighter injuries shows there were 68,085 firefighter injuries in 2015. Surprisingly, after years of a downward trend, the number of injuries actually increased by 7.5 percent compared to 2014.

Not only that, but the number of fireground injuries per 1,000 fires has remained relatively constant for the past 20 years. This means that despite advances in gear and equipment, better understanding of fire behavior, and

improved incident command procedures, we are not seeing a reduction in fireground injuries.

These facts should be a wake-up call that there is still a lot to be done in the area of injury prevention, and that the responsibility falls on department leaders as well as each individual firefighter for making positive changes toward safety. If we have better tools and knowledge and are still seeing these kinds of injury numbers, then it is time for a change in how we implement these advances during training and operations. And that means a collective refocusing on safety.

## Consider the Consequences

Firefighters are in the business of putting others first, but more often than not the 'short-cuts' they take with safety do more harm than good. How can you help someone if you crash your vehicle because you didn't stop at an intersection during response? Or if you are taken out of service

due to cancer caused by wearing dirty gear?

Think about your family. How do you tell them you have a serious or even life-threatening injury or illnesses because you didn't take the time to follow safety procedures? What about your crew? An injury at the fireground can put other members of the crew at risk. And how will they be impacted if you are out of service due to a preventable injury?

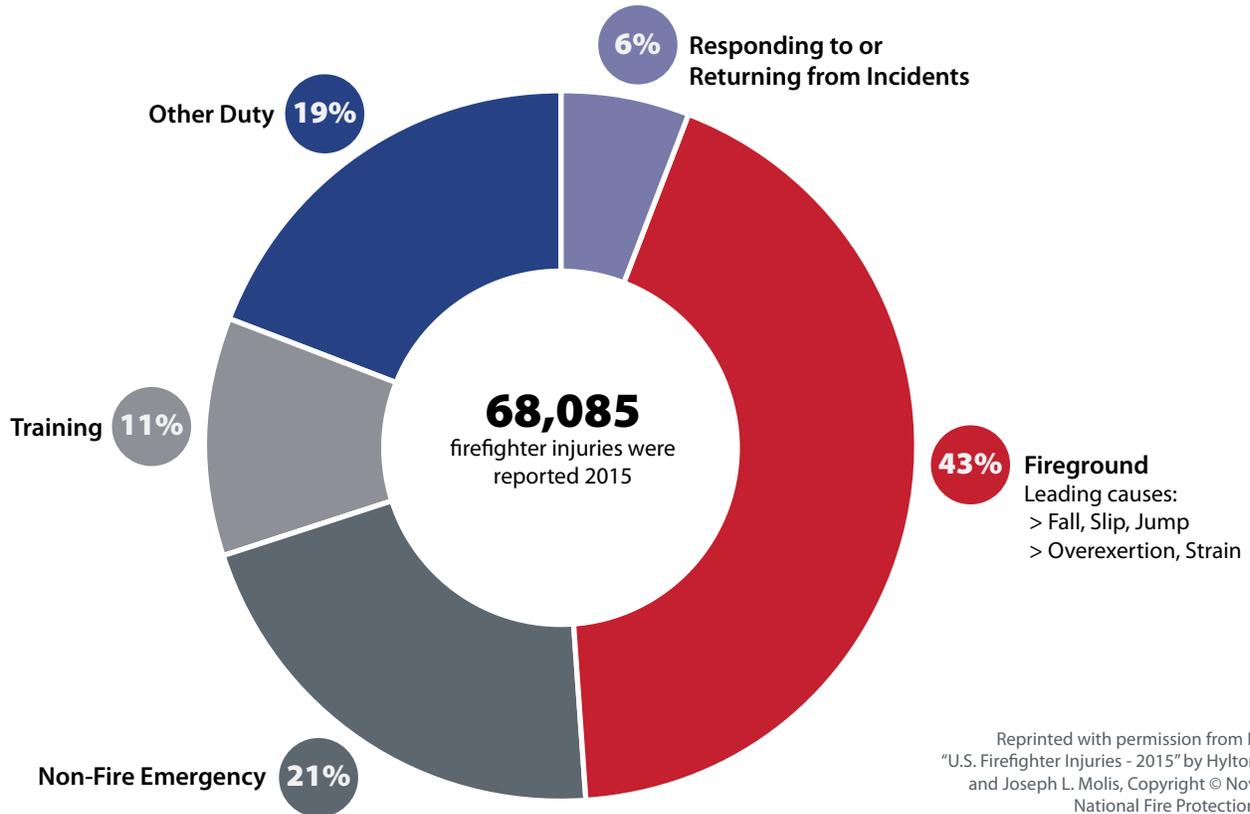
Firefighters want to help people, but make sure you have a clear perspective. Taking care of yourself is the best way you can take care of others.

## Speak Up

Firefighters consider the fire service as a family that will always have each other's backs. We see this in times of tragedy, when in the aftermath of a line-of-duty injury or death we rally around the victim, their families, and each other.

When developing an injury prevention program, a good place to start is NFPA 1500, *Fire Department Occupational Safety and Health Program*. The NVFC partnered with the NFPA to create a guide to help volunteer and combination departments implement this standard; access it at [www.nvfc.org](http://www.nvfc.org).

## U.S. Firefighter Injuries by Type of Duty, 2015



Reprinted with permission from NFPA's report, "U.S. Firefighter Injuries - 2015" by Hylton J. G. Haynes and Joseph L. Molis, Copyright © November 2016, National Fire Protection Association.

We need to take this much further. Why wait until a tragedy happens in order to review safety practices? We need to come together BEFORE someone is injured or killed so we can prevent the tragedy in the first place. This includes saying something if you realize someone is being unsafe or acting recklessly.

Do you see someone removing their SCBA before the air is safe? Is someone forgoing a seat belt in a moving vehicle? Are members of your crew disregarding an established safety procedure because they value speed over safety? Then say something! These are your brothers and sisters – if you see them endangering themselves, speak up. Don't wait until it is too late.

### Training is Key

Training is one of the most important keys to injury prevention. Department leaders need to make sure all personnel are properly trained for every function they are expected to perform. Never assign someone a task for which they have not been trained. Emphasize safety in all

training, and make sure personnel are following the correct procedures.

In addition, educate personnel on why safety is important. Make sure everyone understands that safety and injury prevention are critical to the department being able to accomplish its mission.

### Create a Culture of Safety

It all comes down to what kind of department you want to have. Consider the new recruit. If they see seasoned members ignoring a safety protocol, they will be much more apt to do the same. This instills a belief that SOPs can be ignored or only used when it is 'convenient.' Is that the

kind of message you want to send – that safety is an option?

We all have to take safety seriously. Remember that SOPs were put in place for a reason, and make sure to follow them EVERY TIME. Develop clear disciplinary procedures for those who don't follow safety protocols and provide everyone with a copy so they understand how serious the department is about safety.

As a firefighter, you have a responsibility to yourself, your family, your crew, and your community to be at your best. Safety is a vital component of this. It is up to all of us to do everything we can to be there for those who depend on us. ■ ■



### ABOUT THE AUTHOR

**Kimberly Quiros** is the chief of communications for the National Volunteer Fire Council. In this role, she focuses on many critical issues facing the fire and emergency services, including health and safety, recruitment and retention, grants and funding, and reputation management. She holds a master's degree in public communication.

# Firefighter Health & Fitness Programs: Critical Considerations



by *Dominica D'Avella*

Firefighter health and fitness get a fair amount of attention these days, but this is a relatively recent turn of events. As much as those in the fire service joke about tradition unimpeded by progress, the focus on firefighter well-being has largely emerged over the past 25 years, and the breadth and depth of that focus have intensified in just the past decade or so. Today, most departments realize that if they haven't already implemented a wellness program, they should.

Even with this shift in focus, given the challenges that departments face in meeting the demands of all hazards response within the larger context of an aging population and waning volunteerism, a wellness program may not be at the top of your priority list. If it is, you're on the right track. If it's not, there are some important reasons it should be.

An effective wellness program will improve firefighter safety and survival, increase operational readiness, improve performance, boost public perception, help with recruitment/retention, and provide additional benefits in terms of department sustainability. The first item on that list looms especially large – given the dangerous nature of firefighting and the associated cardiac risks, having a wellness program is simply the right thing to do to help ensure that everyone goes home.

## Building a Health and Wellness Foundation

Wherever your department currently

falls on the spectrum of thinking about, implementing, or improving a wellness program, there are some factors that influence success that often fall under the radar. When a department embraces the idea of developing a wellness program, initial enthusiasm can give way to frustration and slow progress if a crystal clear 'what' and 'why' isn't identified to guide how things unfold. Deciding to implement a health, wellness, and fitness program does not mean any one specific thing, so every department needs to spell out what exactly that means for them.

Let's start with the 'health' component of a program. In the context of the fire service, this pertains to the issue of medical readiness. Obtaining medical clearance to engage in firefighting activities needs to be a prerequisite to gearing up. This can be a daunting idea, but realize that you don't have to start with the gold standard from day one. Three great firefighter-specific resources that can help you start to address medical readiness are the NVFC's *Position on Firefighter Medical Assessments* ([www.nvfc.org](http://www.nvfc.org)), the IAFC's *A Healthcare Provider's Guide to Firefighter Physicals* ([www.fstarresearch.org/getchecked](http://www.fstarresearch.org/getchecked)), and NFPA 1582: *Standard on Comprehensive Occupational Medical Program for Fire Departments* ([www.nfpa.org](http://www.nfpa.org)). Safe and effective programs ensure that medical readiness precedes a fitness focus.

Make no mistake, firefighter fitness is an important part of a wellness program, but it isn't the only part, and fitness success is enabled by a strong health and wellness foundation. The dedicated wellness aspects of a program are generally focused

on self-care habits that impact our physical and psychological well-being all day, every day, including key behaviors such as nutrition, sleep, stress management, and movement habits. This means paying attention to things that help make us more resilient humans so we are then capable of handling higher level demands, like firefighting.

It can be tempting to jump right into high intensity fitness training since it can be fun and relevant to the fireground, but injuries are neither fun nor productive. Ignoring basic wellness behaviors sets people up to fail in the long run. Everyone likes to be successful, and creating success through appropriate progressions increases the likelihood that you are able to help people make sustainable changes that ultimately keep them safer.

## Keys to a Success Fitness Program

As mentioned above, fitness is a vital part of firefighter preparation. It's also a tricky part. Functional fitness has become a buzzword in the last few years, but it can mean many different things. No program or modality is inherently functional; rather something is functional if it makes you better at what you need to do. Firefighters need fitness skills that translate into helping them perform the job safely and effectively. That job looks a bit different from department to department, so part of defining success means examining how your typical calls, local hazards, topography, demographics, and other features unique to your department influence firefighters being adequately fit to do the job without undue strain (under

normal circumstances) and with a margin of safety (and the ability to recover quickly) under more challenging ones. 'Best' is relative to your situation and goals.

That being said, there are some common features to well-designed fitness programs. These include:

- An assessment process that helps people start working at the appropriate level of challenge and increase it progressively
- A focus on general physical preparedness before specific physical preparedness
- Incorporation of both health-related and skill-related aspects of fitness
- Emphasis on principles of sound training (e.g. alignment, breathing, movement quality) rather than specific exercises
- A balance of fun and function

To truly make firefighters more adaptable, efficient, and resilient, we need to relinquish the idea that there is one magic exercise, workout, or quick fix that is one size fits all. Success of fitness and wellness programs is cultivated through thoughtfully formulated guiding principles that are well-matched to the situation.

### Understanding the "Why"

Your guiding principles are an outgrowth of your 'why.' Why are you implementing a wellness program? It could be safety, risk reduction, performance improvement, or something else that really matters to

your department. Whatever your reason, if you want your program to succeed, the context you build around it is as important as the program content itself.

The guiding principles of your wellness program are directly linked to the culture of your department. Who in your department knows why you have a wellness program? Is there widespread buy-in? Does an SOG or SOP exist? Is it followed? Is it valued? How do you know? What do daily behavior and operations show? If these questions are hard to answer, then they are a good place to start digging deep and getting a pulse. We often think about fitness and wellness in terms of individual behavior, but we cannot neglect the culture and environment around the behavior that either supports or impedes it. These are critical success factors.

When it comes to improving the health of the American fire service, there is a

lot of power in the hands of firefighters themselves. While many departments believe that money and time are the biggest challenges for a wellness program, far more ominous are deficits of will and skill. When you cultivate the will to build a culture of health while helping people acquire the skills to engage in better self-care, time and money feature far less prominently. Quality, free resources, such as NVFC's Heart-Healthy Firefighter Program ([www.healthy-firefighter.org](http://www.healthy-firefighter.org)), can help you get started.

First responders tend to be better at taking care of others than themselves, yet taking care of yourself is what enables you to help others. I've never met a firefighter who wasn't busy, but make the choice to prioritize self-care. Fitting in the things that support your well-being will help you do what you love... to serve your community and make it a safer place. ■ ■



### ABOUT THE AUTHOR

**Dominica D'Avella** is the health and wellness coordinator for the Massachusetts Call/Volunteer Firefighters Association and New England Volunteer Fire and EMS Coalition. She is an ACE certified health coach and peer fitness trainer, ACSM certified exercise physiologist, and NSCA certified strength and conditioning specialist. Her work across the domains of public health, community health, and individual health brought her to the fire service. Dominica is passionate about empowering individuals to maximize their health, fitness, and performance through informed self-care. [www.betheideal.com](http://www.betheideal.com)



## Guide for Creating a Health and Safety Culture

The National Volunteer Fire Council has released a training guide to help fire departments create or enhance a culture of health and safety.

*Volunteer Fire Service Culture: Essential Strategies for Success* examines key issues relating to fire service health and safety and how to embrace health and safety practices in all areas of fire department operations and culture.

Protect your personnel by making health and safety a priority in all aspects of fire department operations.

Access this training guide at [www.nvfc.org](http://www.nvfc.org).

**NOW  
AVAILABLE!**

# Firefighter Physicals: How the Fire Service Saved My Life

by Kevin D. Quinn

Many people feel that the fire service has profoundly impacted their lives, but it is rare that a firefighter is going to proclaim, "The fire service saved my life!" Yet that is exactly what happened to me – I am alive and a fully active firefighter today due to circumstances that aligned last summer. And it all started with a routine firefighter physical.

My story begins in the summer of 2016. As the chair of the National Volunteer Fire Council (NVFC), I am fortunate to be in a position to work with the NVFC board, our committees, and staff to bring forth positive change for the volunteer sector and the entire fire service. The NVFC Health, Safety, and Training Committee has achieved much over the past decade and tackled some difficult hurdles. One of the areas the committee has long focused on is the number one cause of line-of-duty deaths – heart attack – and how to prevent heart-related deaths and injuries through education and training.

Approximately half of all LODDs annually are cardiac related. In addition, cancer is quickly becoming one of the biggest threats to firefighters, and diabetes and other illnesses are all too prevalent in the fire service. To expand on the NVFC's existing health and wellness initiatives, the committee proposed a position statement supporting annual physicals for all firefighters. Early detection and treatment of heart disease, cancer, and other illnesses is critical in reducing line-of-duty deaths and injuries.

The NVFC understands the cost factors associated with annual physicals and the fact that many volunteer fire departments are struggling with very limited budgets. With all the variables in mind, the committee decided to develop a position statement that outlines the different options available for firefighter

medical assessments. During the vetting process, committee liaison Chief Jeff Cash invited me to the Cherryville (NC) Fire Department to evaluate an occupational medical vendor they use that specializes in firefighter physicals.

It is due to this request and the subsequent firefighter physical I received that I can make my earlier assertion that the fire service saved my life. I have always strived to be healthy by eating right and exercising, yet I was completely unaware that I had an underlying heart condition. I had no noticeable signs or symptoms and no reason to believe I had any form of heart disease. I traveled to the Cherryville Fire Department for a quick two-day trip simply to learn about their annual physicals program and how other departments may be able to adopt a similar program. On the morning of August 1, 2016, I took part in the firefighter physical provided to Cherryville by North Greenville Fitness and Cardiac Rehabilitation Clinic. I was impressed with how the vendor turned the department's training room into a mini laboratory and set up stations for pulmonary function testing, stress tests, phlebotomy draw, and others. I went through with the testing and then headed to a conference room to meet with the North Greenville team, including their president Charles Turner, to discuss the intricacies of conducting a firefighter physicals program and the importance of annual assessments.

What I wasn't expecting was what came next. After about 15 minutes, the doctor came in and asked to speak with me about my results. He said that he had a concern with my EKG results and explained to me why the results were problematic. Having just met this doctor, I wasn't initially all that worried. I realize now I was in denial, and perhaps had that mindset of invincibility we firefighters can sometimes mistakenly get into our heads. I went back to the meeting as if nothing had happened. Fortunately, the doctor spoke



*A routine firefighter physical resulted in a life-saving diagnosis for Kevin Quinn.*

with Charles, and together they worked to impress upon me the seriousness of the results. Charles proceeded to tell me that I may need a stent or two in my heart. That got my attention.

Within an hour, my results were sent to a hospital in my hometown where a cardiologist reviewed the results. I called my wife, LeeAnn, and explained to her what had just happened. She followed up with the Rhode Island cardiologist, who said that further testing was necessary. I arrived home that evening and proceeded to get a nuclear stress test the following day. The results were again abnormal, but since I had no cardiac-related symptoms, the cardiologist thought maybe it was a false positive and conducted a cardiac catheterization test. That was when we realized the situation was a lot worse than we initially suspected. In fact, the result was quadruple bypass surgery!

Without this early detection and intervention, I very likely would have had a heart attack, possibly while on scene or

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# WHO'S COUNTING ON YOU?

An annual physical can be life-saving.  
Just ask Kevin Quinn.

"I owe my life to early detection."

*Kevin  
Quinn*



A routine firefighter physical revealed a heart condition that could have taken the life of this fire chief, husband, father, and grandfather. Quinn urges all firefighters to see a doctor annually. Ask your fire chief about a medical assessment program. It's not just for you. It's for your crew, your community, and everyone that counts on you.

**NVFC** | **SERVE STRONG**  
Better you. Better crew.

[NVFC.org/ServeStrong](https://www.nvfc.org/ServeStrong)



Recovered from his heart surgery, Quinn is back to work with his department.

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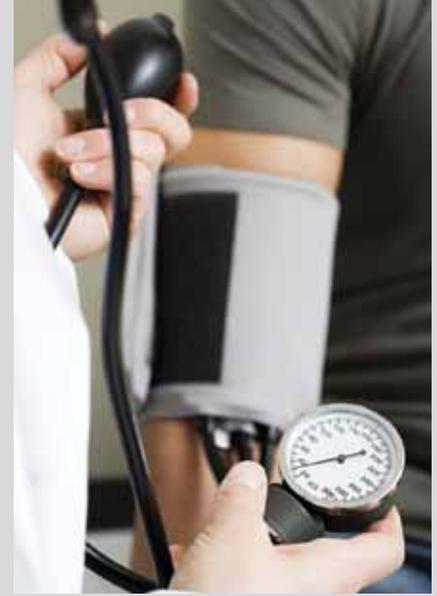
performing my duties as a firefighter. This would have endangered not only me, but also my fellow firefighters and the people I was trying to save. I cringe to think what might have happened, but fortunately I will never have to find out. I firmly believe I owe my life to the early detection I received as part of the firefighter physical. Thus, the fire service saved my life!

Since my near-miss with my heart condition, I have heard countless stories of firefighters who received early detection of heart disease, cancer, and other illnesses thanks to a firefighter physical. Some firefighters or department leaders may be hesitant to implement annual screenings as uncovering a health condition may take a firefighter out of operational service. This is a short-sighted view of the situation. It is much better to catch a condition early, treat it, and have the firefighter ultimately be back in action than it is to ignore or purposely not check for a condition until it gets to the point that the firefighter's life is in danger. In my case, I was out of service for several months, but am now back at full capacity.

Most firefighters, emergency medical personnel, and rescue providers pride themselves on being ready for the next call. They participate in many hours of training, build up on-the-job experience in all kinds of emergencies, and work to prepare their department and community for disasters. Yet what we often forget is that our bodies are our greatest asset, and

we need to take care of ourselves so that we can effectively fulfill our responsibilities to our crew, our families, and our community. Part of this is prevention – taking care of ourselves through proper nutrition, exercise, and wellness efforts. Part of this is getting regular medical evaluations, and if a problem is detected, taking the necessary actions to correct or treat the issue.

Reducing line-of-duty injuries and deaths should be a top priority for all emergency response organizations. However, much of the responsibility lies with the individual. I strongly encourage you to make the lifestyle changes that will help strengthen your heart and better prepare you for the job functions you perform as a firefighter. Get annual medical evaluations and make sure your doctor knows you are a firefighter. If a problem is detected, take prompt action. Your family, your crew, and your community depend on you being healthy and ready to respond. Make sure you are there for them when they need you. I urge all firefighters and emergency responders to make health a priority so we can all serve strong for ourselves and all those who depend on us. ■ ■



## NVFC Position on Firefighter Physicals

The NVFC supports annual medical assessments for all firefighters. Firefighter health and safety is essential to the protection of citizens and property in our communities. Firefighting is a physically demanding occupation. Health-related injuries including heart attack, stroke, and cancer are the leading causes of firefighter duty-related death.

Options for departments to consider in developing a firefighter medical assessment program include the following:

- Individual preventative care check
- DOT physicals
- Department-specific assessment
- NFPA 1582-compliant assessment

Learn more about each of these options and read the NVFC's full position on firefighter physicals at [www.nvfc.org](http://www.nvfc.org).



### ABOUT THE AUTHOR

**Kevin D. Quinn** serves as the chair of the National Volunteer Fire Council. A member of the fire service since 1976, he recently retired as a Deputy Chief of the Union Fire District in South Kingstown, RI, and has returned to where he began – actively responding to fires and alarms with his original Station #3 of the Union Fire District.



# A HEALTHCARE PROVIDER'S GUIDE TO FIREFIGHTER PHYSICALS



## YOUR PATIENT IS A FIREFIGHTER!

- Firefighters face unique occupational health risks due to the demands of their job.
- Firefighters routinely operate in harsh work environments with:
  - o excessive heat
  - o emotionally charged situations
  - o toxic chemicals
  - o dense smoke
  - o extreme physical challenges
- Firefighters wear more than 70 pounds of equipment.
- Firefighters breathe compressed air.
- Firefighters represent a distinct subset of the general population.

### Firefighters As Tactical Athletes *Physiological Demands of Firefighting*

**Cardiovascular**  
(Increased HR and BP, Decreased Stroke Volume)

**Hematological**  
(Decreased Plasma Volume, Hemoconcentration)

**Thermoregulatory**  
(Elevated Core Temperature, Dehydration)

**Respiratory**  
(Increased Breathing Rate and Oxygen Consumption)

**Metabolic**  
(High Oxygen Cost, Increased Lactate, Fatigue)

**Immune/Endocrine**  
(Increased Leukocytes and Hormones)

**Nervous**  
(Sympathetic Surge and Increased Adrenaline)

**Muscular**  
(Increased Oxygen Use and Heat Production)

Adapted from Figure 2 - Smith, D.L., et al. (2010). *Sudden Cardiac Events in the Fire Service*. First Responder Health and Safety Laboratory, Skidmore College.

These extreme physical, mental and environmental stresses increase the firefighter's risks of morbidity and mortality for:

#### Cardiovascular events:

*Cardiovascular events are the leading cause of on duty deaths among firefighters<sup>1</sup> and, for every line of duty death, there are an estimated 17 non-fatal cardiac events on duty among firefighters<sup>2</sup>.*

#### Musculoskeletal injuries:

*The National Fire Protection Association estimates firefighters get more than 71,000 injuries a year<sup>3</sup>.*

#### Behavioral health issues:

*Of firefighters, 46.8% have considered suicide and 15.5% have had an attempt during the course of their career<sup>4</sup>.*

#### Cancer:

*In 32 states and in 9 Canadian provinces, several types of cancer are considered work-related.<sup>5</sup>*

Family history and lifestyle habits obviously add to these risks.

The purpose for this document is to assist the healthcare provider in the evaluation, treatment, and ongoing surveillance of the health and wellness of firefighters. The recommendations in this document are supported by ongoing clinical research of firefighters' health and by the extensive experience and expertise of the providers caring for them. These recommendations are offered as assistance for healthcare providers making clinical decisions regarding the medical fitness and/or treatment of firefighters. They are not to take the place of your medically reasonable, appropriate and necessary medical evaluation of the firefighter. As with any clinical references, they should be used with the understanding that ongoing research may result in new information and revised recommendations.

For more information: [www.fstaresearch.org/GetChecked](http://www.fstaresearch.org/GetChecked)  
To provide feedback: [fstar@iafc.org](mailto:fstar@iafc.org)



## PHYSICAL EXAMINATION CHECKLIST

### RECOMMENDED YEARLY SCREENING

- Vitals: BP, HR, RR, Wt, Body Fat Percentage
- Multi-System PE: skin, mouth, thyroid, vascular, neurologic and musculoskeletal
- Labs: CMP, CBC, Lipid Panel, TSH, Urinalysis, HbA1c
- Testing: 12-lead EKG, eye exam, hearing test, oxygen saturation
- Family History: CVD, sudden cardiac death, diabetes and cancer
- Personal Health Behaviors: tobacco use, alcohol, exercise, dietary habits

### CARDIOVASCULAR HEALTH AND FITNESS

Significant cardiovascular demands of firefighting lead to acute coronary events that account for 45% of deaths among on-duty firefighters, in contrast to 15% of all deaths occurring on conventional jobs. Myocardial infarction is the leading cause of death of firefighters, and these events occur almost exclusively in susceptible firefighters with underlying cardiovascular disease (CVD). It is therefore prudent to thoroughly screen for, and aggressively treat, all CVD risk factors, including diabetes, in this very high risk group of patients.

- Ischemia is best evaluated by an imaging exercise stress test (nuclear or echocardiography) beginning at age 40 or earlier for clinical suspicion. Exercise stress testing without imaging is not recommended as it may fail to identify one-third of those who may need cardiac intervention (angioplasty or bypass surgery).
- Consider Coronary Artery Calcium CT scan to evaluate occult coronary artery disease.
- Echocardiography is recommended once as a baseline to evaluate significant cardiac structural abnormalities, including LVH and HCM.

### CANCER

Chronic exposures to heat, smoke, and toxic flame retardants through inhalation, ingestion, and skin absorption put firefighters at risk for many cancers. The National Institute for Occupational Safety and Health (NIOSH) performed a multi-year study of nearly 30,000 firefighters to better understand the potential link between firefighting and cancer. The firefighters studied showed higher rates of certain types of cancer than the general U.S. population in digestive, oral, respiratory, and urinary cancers. Providers should be especially vigilant to conduct cancer screening efforts in these particular areas. The following cancer screening recommendations for firefighters do exceed those of the USPSTF guidelines for the general population. It is because of our extensive clinical experiences dealing with firefighter health issues that we are strongly advocating for these screening tests in this high risk group. We rely on your medical judgment to prescribe the most appropriate screenings in this unique patient population.

- Colonoscopy or other appropriate colon cancer screening beginning at age 40.
- Annual PSA with digital rectal exam between 40-45. Sufficient information regarding the risk and benefits of screening and treatment should be discussed.
- Annual pap smear.
- Annual mammograms beginning at age 40. Discuss screening at an earlier age if there is a family history or any patient concern.
- Annual testicular exam and instruction about self-examination.
- Annual head to toe skin examination and appropriate dermatology follow-up.
- Urinalysis annually for microscopic hematuria.

### MUSCULOSKELETAL INJURIES

The high intensity and dynamic work environment of firefighting leads to a high incidence of musculoskeletal injuries. Low back injuries represent approximately 50% of all job related musculoskeletal injuries among firefighters. These include strains, sprains, and intervertebral disc injuries, often leading to significant morbidity with the possibility of permanent disability. Obesity and deconditioning are strong predictors of musculoskeletal injuries.

- Address underlying musculoskeletal issues. Assess for full range of motion, low back strength and flexibility as well as core muscle strength.
- Refer as necessary for treatment.
- Encourage flexibility and core strengthening exercises.

## BEHAVIORAL HEALTH

The mental and physical stress of firefighting and repeated exposure to trauma can lead to depression, anxiety, acute stress reactions, post-traumatic stress, and suicidal ideation. Self-medication with alcohol and drugs can result in substance abuse disorders.

- Behavior health screening.
  1. Prime MD: [http://www.psy-world.com/prime-md\\_print1.htm](http://www.psy-world.com/prime-md_print1.htm)
  2. AUDIT & CAGE for Alcohol Screening: <http://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm>

## LUNG DISEASE

In the line of duty, firefighters are often exposed to carbon monoxide and other inhaled toxins, or irritants that may lead to acute respiratory issues such as hypoxemia or bronchoconstriction. Repeated exposure may cause chronic pulmonary disease and abnormal lung function. Changes in lung function and the development of lung disease may be detected with baseline and periodic assessment and should include the following tests.

- Spirometry: Baseline and annual pulmonary function testing in those with a history of respiratory health problems and in healthy individuals; to include FEV1, FVC, and the absolute FEV1/FVC ratio.
- Chest x-ray: Baseline chest x-ray in those with any respiratory symptoms or disease and in healthy individuals. Repeat chest x-rays every 5 years or sooner if medically indicated.
- Consider low dose CT for screening for lung cancer in high risk individuals.

## SLEEP DISORDERS

Sleep disorders are highly prevalent in firefighters and include sleep apnea, insomnia, shift-work disorder, and restless leg syndromes. It is imperative to screen firefighters for these disorders since they substantially increase the risks for motor vehicle accidents, cardiovascular disease, diabetes, depression, and anxiety in firefighters.

- Assess sleep and use of sleep medications.
- Screen for sleep apnea and consider sleep study as indicated.
- Helpful screening tools include:
  1. Epworth Sleepiness Scale: <http://bami.us/Sleep/SleepScale.html> / [yoursleep.aasmnet.org/pdf/Epworth.pdf](http://yoursleep.aasmnet.org/pdf/Epworth.pdf)
  2. STOP-Bang questionnaire: <http://www.stopbang.ca/osa/screening.php>
  3. Berlin questionnaire: [https://www.fairview.org/fv/groups/internet/documents/web\\_content/s\\_062202.pdf](https://www.fairview.org/fv/groups/internet/documents/web_content/s_062202.pdf)
  4. Diagnosis of obstructive sleep apnea (OSA) algorithm: [guideline.gov/algorithm/6582/NGC-6582\\_1.pdf](http://guideline.gov/algorithm/6582/NGC-6582_1.pdf)

## INFECTIOUS DISEASES

Firefighters are often first on the scene of an emergency and may be exposed to HIV, hepatitis (A, B and C), TB and other infectious diseases.

- Establish immunity by vaccination record review and/or titers and update vaccines including Tdap, MMR, HBV, and Varicella. Consider hepatitis A vaccine.
- Baseline and periodic screening for HIV, HBV, HCV and other communicable diseases.
- Provide annual influenza vaccine.

## SUPPORTING DOCUMENTS

Standard on Comprehensive Occupational Medical Program for Fire Departments NFPA 1582, <http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards?mode=code&code=1582>



The **International Association of Fire Chiefs** wishes to acknowledge and thank the following contributors and reviewers for their tireless effort and volunteering their expertise to the development of this Healthcare Provider's Guide to Firefighter Physicals.

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## REFERENCES

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To access over 35 targeted research references used as the basis for this document, visit [www.fstaresearch.org/resource/?FstarId=11576](http://www.fstaresearch.org/resource/?FstarId=11576)

1. Rita F. Fahy, et al. Firefighter Fatalities in the United States - 2015. National Fire Protection Association, Fire Analysis and Research Division; June 2016. <http://www.nfpa.org/news-and-research/fire-statistics-and-reports/fire-statistics/the-fire-service/fatalities-and-injuries/firefighter-fatalities-in-the-united-states>
2. Denise L Smith, et al. Extreme sacrifice: sudden cardiac death in the US Fire Service. *Extreme Physiology & Medicine* 2013;2:6; February 2013. <http://extremephysiolmed.biomed-central.com/articles/10.1186/2046-7648-2-6>
3. Karter MJ, Molis JL. US Firefighter Injuries-2011. National Fire Protection Association, Fire Analysis and Research Division; 2012. [http://www.tkolb.net/FireReports/2012/2011FF\\_Injuries.pdf](http://www.tkolb.net/FireReports/2012/2011FF_Injuries.pdf). Accessed August 29, 2013.
4. IH Stanley, et al. Career prevalence and correlates of suicidal thoughts and behaviors among firefighters. *J Affect Disord.* Nov 2015 <http://www.ncbi.nlm.nih.gov/pubmed/26339926>
5. IAFF. Presumptive Law Coverage for Cancer. <http://www.iaff.org/hs/phi/disease/cancer.asp>

## ADDITIONAL RESOURCES

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NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments NFPA 1582, <http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards?mode=code&code=1582>

IAFF/IAFC Wellness Fitness Initiative, <https://www.iafc.org/docs/default-source/uploaded-documents/healthwell-wfi3rdedition.pdf?sfvrsn=0>



Visit [www.fstaresearch.org](http://www.fstaresearch.org) to search for research and information you can use.

FSTAR is managed by the International Association of Fire Chiefs and is funded by a FEMA/AFG/Fire Prevention and Safety grant award.



# Beating Firefighter Cancer May be a One Day Contract

by Brian F. McQueen

As my wife Sarah and I walked through a book store one day, I came upon a book by Coach Rick Pitino. It was the cover that struck me as it read: "A One Day Contract." Having coached high school football and basketball for 12 years, I was in awe of those words for many reasons. Trust me, winning high school games was much easier than winning my battle with cancer! Cancer has brought me to my knees and left me with the realization that every day is a one day contract. I use this contract to continue to fight the battle and to raise awareness of firefighter cancer so I can help save others from this terrible disease.

After being diagnosed three years ago with occupational cancer, my mission in life took the road less travelled. When my oncologist told me that my form of cancer – B-cell non-Hodgkin's lymphoma – is the fastest growing cancer in the fire service today, I knew I needed to help protect

my brother and sister firefighters. Having in the back of my mind the cover from Rick Pitino's book, I know that every day I put my feet on the ground must be met with success and accomplishments, both personally by focusing on my physical, mental, and emotional health, and in the fire service by educating those firefighters who are most susceptible to the dangers of cancer.

One critical point we all need to remember is that the health and safety choices that we make as first responders impacts not only us, but our crew and those we come home to. We must realize that the healthier

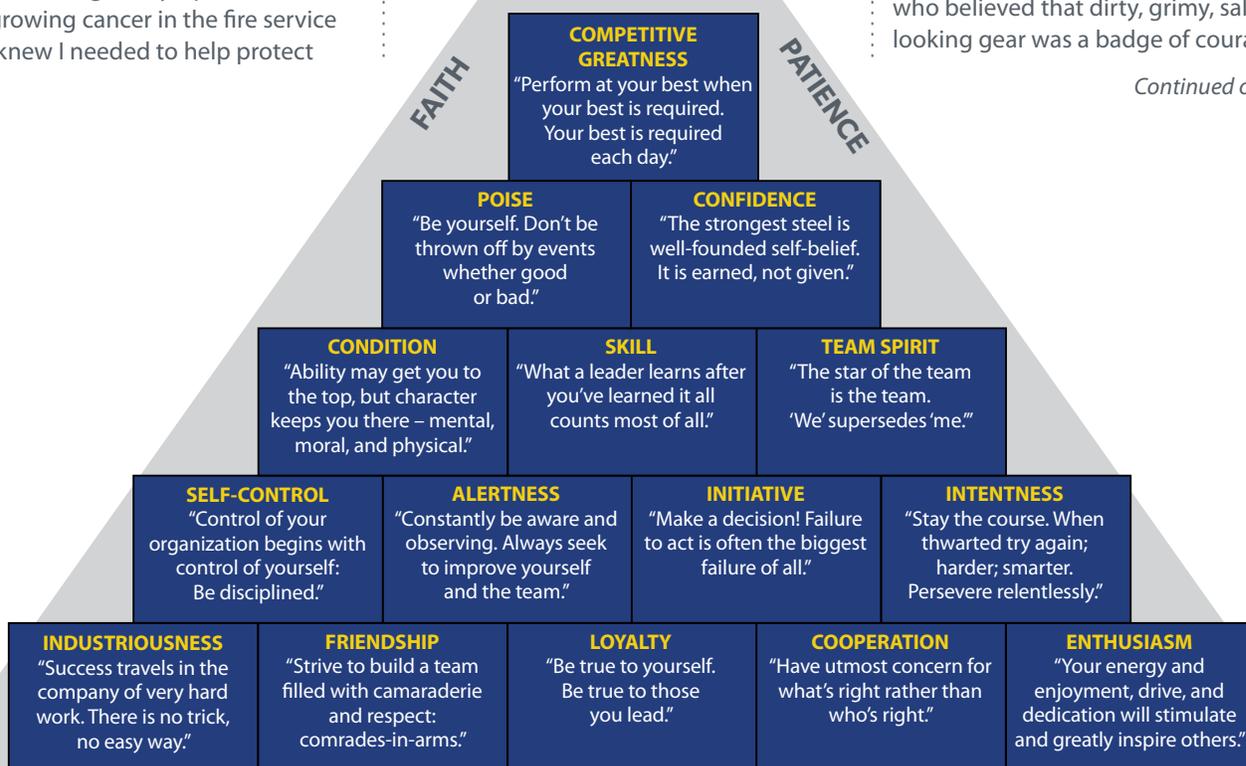
we are, the better off we will be in beating cancer. And the more diligent we are in protecting ourselves from carcinogens and toxic exposures, the more we lessen our risks of contracting occupational cancer. These steps make us healthier and stronger, and they also enable us to be there for our families and our crew.

It may be hard for a lot of people to comprehend the magnitude of the fire service cancer epidemic. You might have heard the study data that shows firefighters are more likely to get cancer than the rest of the population. You might have seen the ultra-violet images of firefighters who have had carcinogens sitting on their necks and legs prior to their deconning and showers. To some these statistics and photos seem unreal or questionable. To me, they do not.

Yes, I was once that "know-it-all firefighter" who believed that dirty, grimy, salty-looking gear was a badge of courage. In

*Continued on page 18*

## PYRAMID OF SUCCESS



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...continued from page 17

my fire station locker, you could find the dirtiest hood in the station. I was trying to be “one of the boys,” and didn’t realize that in the long run these behaviors could be killing me. Washing my hands, taking a shower, and cleaning my gear after an incident were not important to me. That is, until I was diagnosed with cancer at the age of 59. While you may think that 59 is old, statistics show that many firefighters are being diagnosed at an earlier age, some in their 20s. Cancer has no limitations – young, old, male, or female, if you don’t follow corrective steps to prevent cancer, you could be one of those sad statistics!

Fire departments across this nation can take a proactive approach by building cancer prevention education into their training programs. On speaking with fire service leaders throughout the United States during my educational programs, I emphasize that we need to build a foundation in our departments so that cancer prevention is part of our culture. This can be tough, as many firefighters, especially younger ones, generally believe that they are invincible and that, “Cancer only happens to older people.” This misconception is generally due to lack of education. Implementing a cancer prevention educational program in every new firefighter recruit class is crucial to winning the battle with cancer.

Safe and healthy practices must also be incorporated into standard operating procedures (SOPs) and guidelines. Enforcing SOPs that prevent or limit

exposures and training all personnel in adherence to these SOPs will ultimately result in a shift in thinking and behaviors. Policies that enforces gear washing after every fire and no gear worn in the living quarters should be immediately created. There are many other simple measures that should be standard practice as well, such as having wet wipes on each apparatus or in your personal vehicle to quickly wipe contaminants off your face and neck at a fire scene and wearing full PPE and SCBA through overhaul.

Protecting our firefighters from cancer also includes the department providing a physical to firefighters when they join the department as well as continual monitoring of firefighters’ health as they progress throughout their fire service careers. If the department does not provide annual medical evaluations, then the individual needs to alert their healthcare provider to the increased risks they face during their annual physical. This ongoing monitoring is crucial as early diagnosis and treatment can save one’s life.

One piece of the puzzle that strikes many nerves but is a critical step in prevention is that firefighters must quit using tobacco products. Whether smoking or chewing tobacco are the products of choice, you are increasing your chances of limiting your lifetime as a firefighter, husband, wife, father, or mother.

Another step that needs to be implemented is the use of a diesel exhaust system in your station. Diesel exhaust is a known carcinogen and is linked directly to several types of cancers. It baffles me when

## What Immediate Actions Can I Take to Protect Myself from Cancer?

In the white paper *Taking Action Against Cancer in the Fire Service*, the nonprofit Firefighter Cancer Support Network outlines 11 actions firefighters can take to reduce their cancer risks.

1. Use SCBA from initial attack to finish of overhaul. (Not wearing SCBA in both active and post-fire environments is the most dangerous voluntary activity in the fire service today.)
2. Do gross field decon of PPE to remove as much soot and particulates as possible.
3. Use cleansing wipes to remove as much soot as possible from head, neck, jaw, throat, underarms, and hands immediately and while still on the scene.
4. Change your clothes and wash them immediately after a fire.
5. Shower thoroughly after a fire.
6. Clean your PPE, gloves, hood, and helmet immediately after a fire.
7. Do not take contaminated clothes or PPE home or store it in your vehicle.
8. Decon fire apparatus interior after fires.
9. Keep bunker gear out of living and sleeping quarters.
10. Stop using tobacco products.
11. Use sunscreen or sunblock.

The importance of annual medical examinations cannot be overstated — early detection and early treatment are essential to increasing survival.

Learn more about FCSN’s firefighter cancer support, awareness, and prevention resources at [www.firefightercancersupport.org/who-we-are](http://www.firefightercancersupport.org/who-we-are).



### ABOUT THE AUTHOR

**Brian F. McQueen** is past chief of the Whitesboro Volunteer Fire Department, past director with the Firemen’s Association of the State of New York, board and founding member of the Believe 271 Foundation Inc., delegate from New York to the National Volunteer Fire Council and member of the NVFC Executive Committee, Life Member of the New York State Association of Fire Chiefs, and a retired school district administrator. His educational seminar on cancer has reached more than 3,250 firefighters and was one of the highlighted webinars hosted by the NVFC. Most importantly he is an occupational cancer survivor.

I walk into a fire station and see the diesel exhaust system dangling from the ceiling not even hooked to the apparatus. If you already have a system, make it a practice that your team hooks up the system every time the apparatus returns to the station. If you don't have a system, get one. This is a life-saving measure that every department needs.

Coach John Wooden, one of the best college basketball coaches of his time, built his programs on a pyramid of success.

We can easily take his pyramid and use it as we design our cancer prevention programs within our departments. As you can see from the graphic on page 17, many of his motivational words can be adapted to our fight for a cancer-free fire service.

The fact is, cancer is a very real threat in our firematic lives. We need to be realistic in our development of actions within our fire departments that will alleviate the risk of cancer to our fire service family. Jim Kelly, the great quarterback of the Buffalo

Bills, once told high school athletes at an All-Star Sports Award Ceremony in Utica, NY, "Make a difference today for someone who's fighting for their tomorrow" If we listen to this message, then we will succeed in beating the issues we face with cancer in the fire service. Our firefighters, young and old, need to take the cancer issue seriously to alleviate any pain and suffering that they, and their families, will go through being diagnosed with occupational cancer. ■ ■



# The NVFC is Working for You!

*The National Volunteer Fire Council administers groundbreaking programs that address the needs of the fire and emergency services.*

- > **Heart-Healthy Firefighter Program™**  
[www.healthy-firefighter.org](http://www.healthy-firefighter.org)
- > **Fire Corps™**  
[www.firecorps.org](http://www.firecorps.org)
- > **EMS/Rescue Section**  
[www.nvfc.org/ems](http://www.nvfc.org/ems)
- > **Make Me A Firefighter™ Campaign**  
<http://portal.nvfc.org>
- > **National Junior Firefighter Program™**  
[www.nvfc.org/juniors](http://www.nvfc.org/juniors)
- > **Serve Strong™ Campaign**  
[www.nvfc.org/servestrong](http://www.nvfc.org/servestrong)
- > **Share the Load™**  
[www.nvfc.org/help](http://www.nvfc.org/help)
- > **Wildland Fire Assessment Program™**  
[www.nvfc.org/wfap](http://www.nvfc.org/wfap)



**FIND THE FIGHTER IN YOU**

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**SHARE THE LOAD™**  
A SUPPORT PROGRAM FOR FIREFIGHTERS AND EMTs



# AN UNFAIR HAND

by Dan Kerrigan & Jim Moss

This article is reprinted from the September issue of *International Fire Fighter Magazine*.

Becoming a firefighter is a choice. But it is a choice that comes with a requirement to fully commit to the higher standards that come with the profession, regardless of whether you are paid or volunteer.

As David J. Soler shares in the book *Firefighter Functional Fitness*, "The deck of cards is stacked against firefighters and their health. When we took the firefighter oath, we never knew that our life expectancy would automatically be reduced by the hazards that confront us. Take your pick: Heart disease, obesity, diabetes, cancer, inhalation hazards, dehydration, overexertion, heat stress, sleep deprivation and disorders, traumatic and thermal injuries, psychological and emotional stress, PTSD, infectious disease, physical assault.... On and on, the list of hazards and 'career side effects' continues with almost no end in sight."

Like it or not, as a firefighter, you have been dealt an unfair hand. This requires you to develop the mental, physical, and emotional skills necessary to perform in arduous situations, but also to recognize and take action to reduce your risk of death or injury.

In order to fully prepare yourself for the job of firefighting, you must look beyond firefighting strategies, tactics, and skills. You must commit to a career that includes a lifestyle of fitness and health as your foundation. In short, you must accept the fact that being *fit for duty* is a requirement of the job, and you must take action to get fit and stay fit.

## Strenuous Firefighting and Your Body

L.B. Rowell, in *Human Cardiovascular Physiology*, lamented, "Probably the greatest stress ever imposed on the human cardiovascular system is the combination of exercise and hyperthermia. Together, these stresses can present life-threatening challenges, especially in highly-motivated athletes who drive themselves to extremes in hot environments."

To be blunt: You are an occupational athlete. And there is no better example of exposing a human body to such a drastic and simultaneous combination of high-intensity exercise (work) and hyperthermia than that of a firefighter. In fact, strenuous firefighting affects every body system.

## Your Risk Factors

According to a study by Dr. Stefanos Kales and the International Association of Fire Fighters, firefighters face the following

increased risks of sudden cardiac death while participating in firefighting activities: obesity, hypertension, diabetes, high cholesterol, smoking tobacco, over age 45, and prior diagnosis of heart disease.

While there are some risk factors no one can control, obesity, hypertension, diabetes, high cholesterol, heart disease, and tobacco use are controllable, preventable, and treatable. It is here where we have traditionally underperformed.

We strongly encourage younger firefighters to start their "fitness journey" early on in their careers. Making health and fitness fundamental priorities will continuously reap dividends for the entire duration of a firefighter's career. For those firefighters who have been in this job for a while, remember this – it is never too late to start your fitness journey. At any phase in your career, any small, positive step you take will put you on the path to success and greater career longevity.

Take action to improve your health — your life depends on it! Here are some simple steps to get you started:

- 1 Start small. Focus on your strengths and work slowly to develop your fitness by adding small challenges to your routine, remembering to celebrate your successes, no matter how small.

**2** Make your fitness goals S.M.A.R.T goals. Specific, measurable, attainable, realistic, and timebound objectives that are written down will help you to stay on track.

**3** Stick to your plan – if you decide that it is realistic to train three times a week, then train at least three times a week, no matter what.

**4** Make a small, positive change to your nutrition and hydration habits every week. For example, one less soda a day, one more glass of water a day.

### Exposures

Being fit for duty means more than just “working out.”

In the fire service, our approach to carcinogen exposure protection on the fireground is largely based on thermal protection and “wearing our air.” And while these measures make sense and are absolutely critical, it is not enough. Beyond the fireground smoke, other carcinogen exposures include diesel exhaust, post-fire activities (cleaning tools and equipment), and wearing contaminated turnout gear and duty uniforms which have been exposed to carcinogens.

If your fire department does not have a cancer prevention standard operating procedure or guideline, create one. Here are some best practices to include:

- For any smoke exposure, mandate wearing respiratory protection during firefighting operations and during overhaul.
- Have firefighters remove all contaminated turnout gear and equipment as soon as possible.
- To remove surface carcinogens, use body wipes on the most vascular areas of the skin – face, jaw, neck, armpits, hands, arms, and groin (if possible).
- While on scene (and before eating any food), wash hands and face with water and a degreasing soap.
- Wet contaminated PPE with a hose spray to remove surface contaminants and minimize off-gassing from the gear.

Unless commitment is made, there are only promises and hopes...but no plans.

- Peter Drucker

- Transport gear back to the station in a large, sealed trash bag or outside the vehicle’s passenger compartment.
- Shower as soon as possible with a degreasing soap, wash contaminated PPE and personal clothing, and clean contaminated equipment (SCBA, tools, thermal imaging camera) with soapy water.
- Rehydrate aggressively over the next 24 hours to give your body the opportunity to flush carcinogens from vital organs.

### Mental Stress

Everything is connected.

What we physically experience on and off the fireground will affect our mental well-being, and vice versa. The importance of monitoring our own mental health as well as looking out for our brothers and sisters cannot be overstated. In 2016 alone, the Firefighter Behavioral Health Alliance verified 132 firefighter, EMS, and law enforcement suicides in the U.S. and Canada.

You must remember that above all else, you are a human being. Becoming a firefighter does not change the fact that the things you have seen will leave a lasting mark on you. Proactively addressing cumulative traumatic stressors

associated with the job is a key element of a comprehensive health and wellness program. Engaging in a regular fitness program is also proven to reduce stress and depression. Finally, getting out of the firehouse and allowing yourself the time you need for recovery, rest, and recreation is imperative to help you maintain your “edge.”

### Make the Commitment

To be an emergency responder, you must commit. And commitment goes far beyond mastering fireground skills. We control what we can control on the fireground, but we have a lot of work to do in controlling the risk factors that have been proven to increase our risk of a sudden cardiac event, cancer diagnosis, or mental and emotional stress. You made the choice to become a firefighter. You must also make the commitment to live up to the oath you swore, both on and off the fireground.

Take care of yourself, so that you can take care of others. ■ ■



### ABOUT THE AUTHORS

**Dan Kerrigan** and **Jim Moss** are the co-authors of *Firefighter Functional Fitness*. It is the essential guide to optimal firefighter performance and longevity. It provides all firefighters with the knowledge, tools, and mindset to maximize their fireground performance, reduce their risk of injury and line-of-duty death, and have long, healthy careers and retirements. Go to [FirefighterFunctionalFitness.com](http://FirefighterFunctionalFitness.com) to learn more.

# Addiction and the Fire Service: Seeing the Signs and Rising to the Challenge



by Mike Healy

It's no secret that the job of a firefighter comes with unique challenges. There are few other professions in which it is part of the job description to routinely come face to face with the worst day of other people's lives. While firefighters are often respected and applauded for their work – as they should be – the inability to save everyone can take a toll. Even those who are well-trained and seasoned can find it difficult to manage the emotional wear and tear of the job.

For many firefighters, the answer is to forge ahead, continue to do the job, trust the training, and hope that the emotional issues take care of themselves with time. Unfortunately, if the symptoms of distress continue to mount, many turn to the most readily available solution – alcohol or medications available around the house that may have been prescribed to treat injury or pain.

Ultimately, the end result is that the underlying issues only worsen rather than get better, and the firefighter now must contend with the effects of heavy alcohol and/or drug use – both on the job and off.

Are the challenges of addiction striking you or someone you care about in the fire service?

## Addiction and the Job

It's called "self-medication." When a

firefighter struggles with some of the tough calls and begins to experience nightmares, panic attacks, mood swings, and other signs of trauma, they may automatically reach for a drink or pill to escape the uncomfortable feelings. Alcohol, however, is a depressant – as are painkillers like Vicodin or OxyContin – and though these substances may initially help muscles and mood to relax, it can go south quickly, especially if this is the only coping mechanism in play.

Drinking is such a common response to stress among firefighters, in fact, that rates of alcohol abuse among firefighters are estimated to hover between 25 percent and 30 percent – or more than three times the rate of alcohol abuse among the general population, which is between seven percent and nine percent.

The good news is that there are signs when alcohol and drug use is becoming a problem, and there are treatment services that can make a huge impact, helping firefighters to not only stop use of substances safely but also to get the help they need to manage the issues related to on-the-job trauma.

## Behavioral Health and Addiction: The Connection

Addiction does not happen overnight, nor does it come out of nowhere. Rather, it builds over time and usually comes with behavioral health symptoms that have gone unnoticed and/or unaddressed. For

firefighters, specifically, this can come about as a result of exposure to trauma, problems at home due to the stress that the job puts on a marriage, and other related issues. Behavioral health symptoms can include:

- Irritability
- Agitation
- Depression
- Anxiety
- Mood swings
- Nightmares
- Extreme changes in sleep patterns (e.g., sleeping too much or too little)
- Extreme changes in eating patterns (e.g., binge eating or eating too little)
- Relationship difficulties with friends, partner, children, and/or extended family
- Low energy and chronic fatigue
- Lack of interest or enjoyment in life

When these changes become the norm and remain unaddressed, it can lead to higher rates of drinking and drug abuse as firefighters seek to manage the problems without seeking professional treatment.

## The Silent Killer

Perhaps the most significant and emergent behavioral health issues that plague firefighters are suicidal thoughts and behaviors. Suicide rates are climbing among firefighters, and in many areas of the country more firefighters are dying

as a result of suicide than due to accident and injury on the job. Across the country, fire departments and local communities are working together to raise awareness and help people to recognize the signs of a problem, know what help is available, and learn how to intervene and connect people with the services that can make a lifesaving difference.

The National Volunteer Fire Council and American Addiction Centers have come together to create the Share the Load™ Program, which includes a free hotline available to firefighters, EMTs, and their families 24-hours-a-day, every day of the week. This confidential service allows firefighters to discuss the challenges they are facing and learn more about the specific resources that can help them to address the issues proactively. Callers can get help managing issues related to:

- Family life and relationships
- PTSD and trauma
- Mental health and wellbeing difficulties
- Substance use, abuse, and addiction
- Stress and stress management
- Suicidal thoughts and behaviors

### Are You Struggling with Addiction?

Part of the reason why rates of binge drinking and alcohol use may be so high among firefighters is the perception that heavy drinking is normal. If everyone in the firehouse is doing it and getting together on days off to drink and hang out, then it can normalize the behavior. Firefighters may not even realize when their use of alcohol crosses from recreational use into abuse and even addiction.

Some of the signs that alcohol and/or other substance use may be becoming a problem include:

- Experiencing hangovers routinely
- Blacking out while under the influence
- Showing up to work while under the influence
- Drinking on the job
- Driving while under the influence

- Behaving violently or irritably while drinking or after drinking
- Developing or worsening underlying health problems as a result of drinking
- Your friends, coworkers, and/or family members are telling you that your drinking is a problem

### Help Can Heal

If you know someone who is experiencing an alcohol or addiction problem or any other behavioral health issue, the best thing you can do is to be there for them and encourage them to seek help. If you are experiencing any of these issues, please know that you are not alone and it is NOT a sign of weakness to reach out for help.

There are many options available to those in need. For instance, at American Addiction Centers we offer a unique program that is designed to help firefighters manage symptoms related to trauma, addiction, and other behavioral and mental health issues in a safe and confidential forum. Our First Responder Lifeline Program offers firefighters the opportunity to access:

- PTSD assessment
- Providers who are trained to deal with first responders and those in the fire service
- A treatment team filled with experts in first responder needs as well as the treatment of PTSD and addiction
- Unique treatment plans that provide directed treatments and motivational



## Need Help?

Call the Fire/EMS Helpline any time day or night for immediate assistance with a behavioral health issue. Free, confidential, and brought to you by firefighters for firefighters, EMS providers, and their families.

**1-888-731-Fire (3473)**

therapies to manage symptoms of addiction

- Family education and support so family members can better understand the needs of their loved one in recovery
- Employee or Member Assistance Program interactivity
- Reintegration assistance to ease the transition back to work
- Long-term aftercare, support, and alumni groups

If you, or your loved one, are in crisis, do not hesitate to call. We are available to assist you now. Contact us today to discuss what options are available or if you want to learn more about our First Responder Lifeline Program. Call the free, confidential Fire/EMS Helpline at (888) 731-FIRE (3473) and begin the healing process that can change your life. ■ ■



### ABOUT THE AUTHOR

**Mike Healy**, CEAP, LAP-C, SAP, has over 40 years in the volunteer fire service and is a current and past chief. He is a member of the Rockland County, NY, critical incident stress team, is the coordinator of fire education at the Rockland County Fire Training Center, and is a New York State fire instructor. He is a certified employee assistance professional, a labor assistance professional-certified, and a substance abuse professional. He retired as clinical director of the NYCTA-TWU Assistance Program and now serves as a treatment consultant for American Addiction Centers.

# Roadway Incident Safety for Fire & EMS



by Jack Sullivan, CSP, CFPS

Firefighters respond to a wide range of calls for service regularly. Medical assist calls, building fires, motor vehicle crashes, brush fires, hazardous material incidents, and technical rescues are our business. Every time we climb out of our rig at an incident scene, we are stepping into a hazard zone with exposure to passing vehicles. There are many incidents each year where firefighters, EMS personnel, law enforcement officers, and other emergency responders and roadway workers are struck by vehicles.

2017 has been an especially dangerous year so far for firefighters and EMTs. As of early August, there have been 12 fire and EMS personnel struck and killed by vehicles. Three of these fatalities occurred when the personnel were off-duty and working a second job or simply stopped to help someone in need along the highway. Those off-duty fatalities won't show up in the official LODD records for the year but their loss is important nevertheless.

This article provides an overview of what you need to do to protect your personnel while operating in or near moving traffic at roadway incidents. We refer to these overall strategies and tactics as traffic incident management or "TIM."

## Training

First and foremost, develop a safety training class for your personnel about the dangers of working near moving traffic and outline the strategies and tactics necessary for roadway incident scene safety. Review and implement the guidelines on traffic incident operations offered in the National Fire Protection

Association (NFPA) 1500, *Standard on Fire Department Occupational Safety and Health Program*.

Take advantage of the numerous training options available regarding TIM. The Federal Highway Administration (FHWA) has deployed a nationwide training effort – the National TIM & Responder Safety Training Program – that is available in every state in the country. This four-hour, multi-discipline program is designed to be presented to a mixed audience of law enforcement, fire, EMS, transportation, and towing/recovery personnel. Look for the National TIM Training in your area or contact your state police or state transportation officials for a list of authorized instructors in your area. Find more information here: [https://ops.fhwa.dot.gov/eto\\_tim\\_pse/about/tim.htm](https://ops.fhwa.dot.gov/eto_tim_pse/about/tim.htm)

The Emergency Responder Safety Institute has developed a robust series of online learning modules that are available to all responders for free. Register at [www.RSLN.org](http://www.RSLN.org) to access the modules that address all aspects of roadway incident response safety, strategies, and tactics. Additional modules are in development all the time. Additionally, numerous resources, training aids, and reference materials are available for free at the main web site at [www.respondersafety.com](http://www.respondersafety.com).

Utilize tabletop exercises to teach and drill personnel about how to set up scene safety measures and reduce the chance of personnel being struck by passing vehicles.

## Interagency Collaboration, Cooperation, and Communication

Collaborate with your mutual aid fire, EMS, and law enforcement agencies to

plan roadway scene safety response procedures. Work to develop a regional standard operating procedure or guideline. Communicate frequently with the other agencies on those procedures and actual incident reviews. Strive to improve strategies and tactics on a regular basis. TIM committees or task groups are an excellent way to promote and facilitate ongoing communication and collaboration.

## Scene Safety

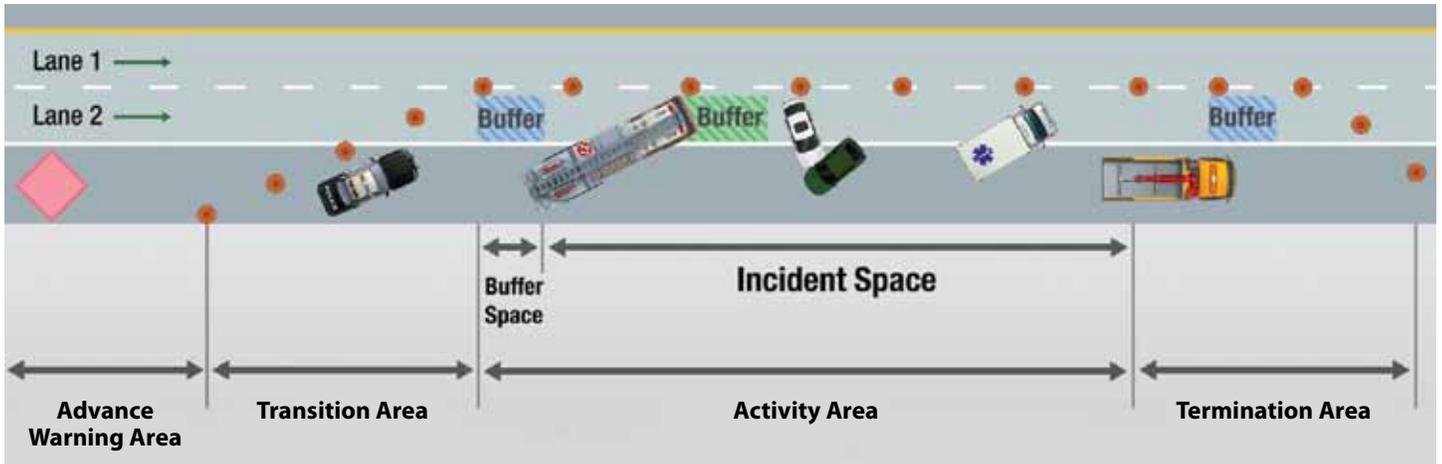
Incorporate emergency lighting equipment and high-visibility graphics into emergency apparatus and consider retrofitting existing rigs with features that will enhance scene safety.

High-visibility chevrons on the rear of fire and EMS apparatus are now called for in NFPA standards. The NFPA 1901 and 1917 standards offer specific guidance for the design of high visibility markings on fire apparatus and ambulances.

Advanced warning in the form of signs, cones, and flares should be placed upstream of the incident to get the attention of approaching motorists. Florescent pink signs have been designated for use at emergency scenes. Cones should be orange and 28 to 36 inches tall with reflective striping. Each emergency vehicle should carry a minimum of five cones. As these temporary traffic controls are deployed, consider reducing some of the emergency vehicle warning lights on scene. Newer emergency lights are extremely bright at nighttime and can prevent motorists in the

# Traffic Incident Management Area (TIMA)

also known as a Temporary Traffic Control Zone (TTC)



Courtesy of the Emergency Responder Learning Network

area from seeing emergency personnel working around apparatus. Utilize the high power/low power switches provided on most control heads.

Teach your personnel how to park apparatus at an incident to block the work area and protect victims and responders. Fire apparatus should be parked at an angle with the front wheels turned away from the work area. Be sure to deploy properly designed and sized chock blocks for each rig. EMS rigs should be parked in the safe area downstream of the incident scene to protect the loading zone. Company officers should remind personnel to disembark from the apparatus on the side away from traffic as you arrive at the scene.

## Personal Protective Equipment

All personnel operating at roadway incidents should be wearing appropriate personal protective equipment including helmets. The use of helmets has helped save lives on several occasions when firefighters have been struck at roadway incidents. Reflective helmet markings also enhance the visibility of firefighters on scene to drivers in the area. Make sure your personnel wear appropriate footwear that features slip-resistant soles.

Provide your personnel with high-visibility garments to be worn when they are working near moving traffic. Personnel should not wear vests while engaged

in firefighting operations, but all other personnel at roadway incidents should be wearing garments that provide reflective and florescent features. The garments should be compliant with the most recent edition of the American National Standards Institute 107 standard.

## Public Education

Every state in the country has a law that requires motorists to move over or slow down when approaching stationary emergency vehicles. Those of you who respond to emergencies on a routine basis know that it seems like very few motorists seem to be aware of those laws. We need to do our part to educate the public about "Move Over or Slow Down" laws and how to drive around emergency scenes.

We can do that by providing handouts and displays in our fire stations for visitors. We

can do community outreach presentations to tell people about the dangers we face on the roadways. We can collaborate with school systems and school resource police officers to do presentations in high school driver's education classes. Be sure to include roadway incident safety as one of the topics you cover during Fire Prevention Week public outreach activities. Write articles for your community newspapers. Put message signs up at your stations about the subject. Work with local cable service providers, television, and radio stations to develop and present public service messages about the subject. Be creative!

Proactive safety measures you take today may help save a life or prevent an injury the next time you roll out of the station. Seasoned "road warriors" always watch their back when operating at roadway incidents. ■ ■



## ABOUT THE AUTHOR

**Jack Sullivan, CSP, CFPS** is the director of training for the Emergency Responder Safety Institute. Jack retired from active firefighting as a lieutenant and safety officer with Lionville (PA) Fire Co. after 25 years active duty with three different fire departments. Jack is nationally recognized for his work on roadway incident safety for emergency responders and is a principal member of the NFPA 1091 Technical Committee. He is also a master instructor for the Federal Highway, SHRP 2 Traffic Incident Management & Responder Safety Train-the-Trainer program.



# The Motivation Factor: Fueling the Drive for Safety

*This article is reprinted from the NVFC publication *Emergency Vehicle Safe Operations for Volunteer and Small Combination Emergency Service Organizations*.*

How do you manage behavior and motivate people? There are many different contexts that this question could be applied to, such as getting people to join an organization, getting existing personnel to be more active, or getting people to follow safety protocols such as buckling their seat belt. The truth of the matter is that you do not motivate people to do things. Unless an individual wants to do something, the effort given to the task will be less than 100 percent.

Motivating people has mistakenly come to mean that an external force must be applied before someone will do something. In reality, for someone to be motivated he or she must have a desire to perform the task that is being asked of them. Motivation is an internal feeling, a raging fire already burning inside, trying to get out.

In his book *Good to Great*, Jim Collins says that spending energy trying to motivate people is largely a waste of time for one simple reason – if the organizational culture is focused and the right people are in the right positions, then people will be self-motivated. He also states that great companies pay little attention to motivating people or creating alignment because under the right conditions, problems with commitment, alignment, motivation, and resistance to change just disappear.

Remember the last eager new hire or volunteer that walked into the department

on the first day? Were their eyes big, were they often smiling, and did they seem to possess huge amounts of energy? This person was motivated and ready to do anything you asked. What happens after a month, a year, or 10 years? Is that energy still present? Where has that energy gone? Managers or administrators try hard to “motivate” people to regain that energy that was once overflowing. Why? The question is not, “How do we motivate people?” but rather, “How did this person become de-motivated?”

Administrators believe that increased pay or trinkets will suddenly re-motivate. However, most studies show that these efforts do not provide motivation, but rather satisfaction. There is a huge difference between the two. What keeps the fire burning is deeper than incentives.

When a person loses their desire to perform or go the extra mile, often it is not because of their lack of interest. Just like a fire that is not fed, a person’s interest will slowly decrease in intensity, energy, and glow. Left alone long enough, the fire’s embers cool. However, if a constant supply of the right kind of fuel is added at just the right time, that fire will burn forever. A fire does not have to be “motivated” to burn; it just burns.

Most people are similar to this analogy. They have energy, they want to do things, they need to feel important, they want direction (which is not the same as being told what to do), and they want to belong to something successful. When these “motivators” are removed, the internal fire begins to cool. Standing and cheerleading in front of the fire is not going to make it burn brighter. Pep talks may inspire individuals to do something in the short-term, but the motivation – the call to action – comes from deep within each person. It is this feeling that needs to be

stoked. The good news is that everyone has the capacity to get someone to self-motivate or take action.

Motivating people to participate in and follow the rules of your department’s health and safety program is no different. Each individual has a stake in the importance of the program. Whether the motivation is a person’s volunteer time, the department’s reputation and apparatus/equipment, or, ultimately, his or her life, the drive is there to implement the program and gain the recognition the program provides. But greater than temporary praise or recognition offered by any program is the change in culture this program stresses.

Consider the example of vehicle safety procedures. Emergency vehicle operators are committed to reducing needless intersection, road, and traffic accidents. It is now a matter of providing some principles that can reduce and eliminate poor safety practices. Each person has the self-motivation to get home safely after an emergency call.

By knowing what inspires people, by understanding what makes an individual want to do what they do, and by establishing a culture of success, people will find a way to achieve the objectives established. They will rekindle that lost energy and put forth great amounts of effort. Successful organizations know that about their staff and, therefore, do not have to motivate people. People that are associated with great organizations are already motivated. In less successful companies, some work may need to be done to identify what it would take to rekindle the lost energy. It may take effort, but the payoff is more energy, more output, and a healthier and safer organization. ■ ■



## — FOR THEM —

As first responders, taking care of our health is one of the most important things we can do to help the community and our crew. We need to be strong and healthy so the public and our own can count on us when called.

That's why the NVFC provides proven wellness programs and resources that help firefighters prevent cancer, reduce heart attack risk, and cope with the stress that can come with the job.

[NVFC.org/ServeStrong](https://www.nvfc.org/ServeStrong)

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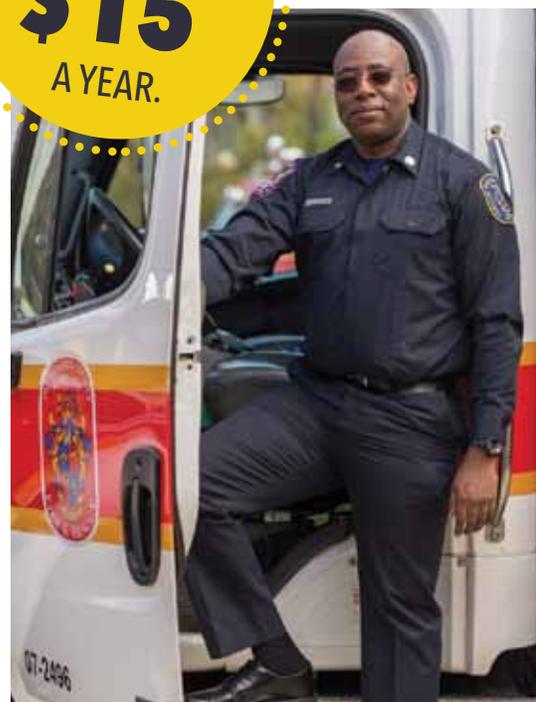
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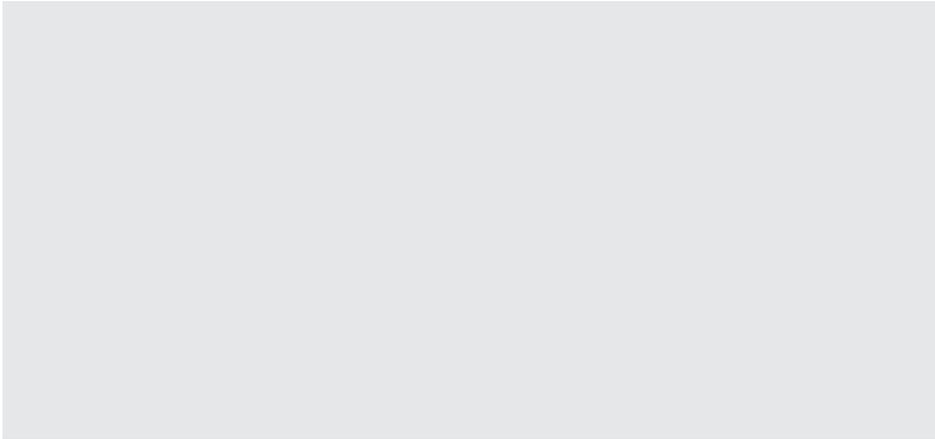
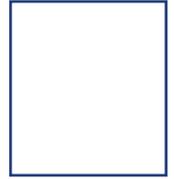
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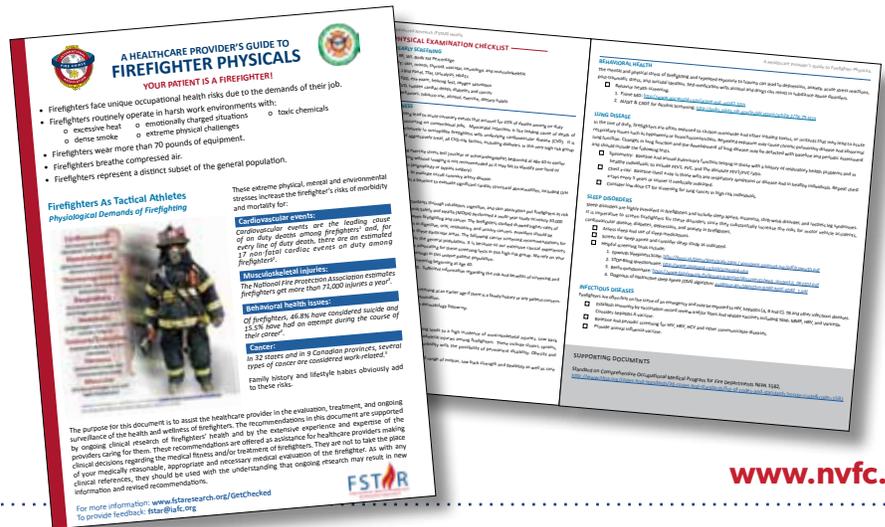
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