Subject: Wellness-Fitness Initiative

Purpose: This operational guideline has been developed to allow the Prattville Fire Department to become compliant and remain current with Fire Service Joint Labor Management Wellness-Fitness Initiative (herein known as the WFI). The WFI covers the following main components:
- medical evaluations
- fitness evaluations and training
- rehabilitation for medical, injury or fitness reasons
- behavioral health
- data collection and reporting

The program is “intended to strengthen uniformed personnel so that their mental, physical and emotional capabilities are resilient enough to withstand the stresses and strains of life and the workplace.” The WFI is part of the overall Risk Management Plan and meets the requirements of NFPA 1500, 1582 and 1583.

Section 1: General Guidelines

The implementation and operation of the Wellness-Fitness Initiative will be overseen by the Health and Fitness Coordinator (NFPA 1582-3.3.9 & 1583-5.2). The department will also use Peer Fitness Trainers (NFPA 1583-5.3) and Fitness Assistants in the management of this program.

All uniformed personnel, upon adoption of this standard will be entered into the program and receive a baseline assessment as outlined below. Minimum standards for the various components have been adopted as part of the WFI. These standards are based on a member being “fit for duty” and will be addressed in the respective sections below.

Section 2: Medical

All candidate fire fighters shall receive a medical examination prior to being placed in a training program or participating in department emergency response activities. This evaluation will be performed by the Fire Department Physician in accordance with NFPA 1582-6.

Incumbent fire fighters shall receive an occupational medical evaluation on an annual basis in accordance with NFPA 1582-7. Personnel may use their private physician for the annual evaluation; however, the same evaluation guidelines must be followed and the results are to be reviewed by the department physician and entered into that member’s confidential medical record.

A complete occupational medical examination is required for a return to duty following 6 months or more continuous time away from emergency response duties (alternate duty assignment, illness, leave of absence, etc.).

Section 3: Fitness

As per NFPA 1583 (4.1.1), the Prattville Fire Department shall establish and provide a health-related fitness program (HRFP) that enables members to develop and maintain a level of health and fitness to safely perform their assigned functions. The HRFP shall include the following five components:
1. Assignment of a Health and Fitness Coordinator – this is already covered under the General Guidelines of the WFI.

2. Periodic Fitness Assessment for all members – this is mandatory for all members and shall be conducted at least annually. It shall include a Pre-Assessment Questionnaire and assessment of the following physical components:
   a. Aerobic capacity
   b. Body composition
   c. Muscular strength
   d. Muscular endurance
   e. Flexibility
   This assessment shall help determine a member’s “fit for duty” rating and shall remain confidential. The details of this assessment may be found in Attachment 1A and 1B. The “fit for duty” criteria is detailed in Attachment 2.

3. Exercise training program that is available to all members – this will be an individualized program based on a member’s assessment results. It shall address the major areas of the fitness assessment as well as other Risk Management topics. Company officers will ensure that members are participating in the prescribed program. Companies are encouraged to “workout” together when feasible.

4. Education and counseling regarding health promotion for all members – this shall be provided on an ongoing basis to keep members current. Areas to be addressed are health risk reduction, general health maintenance, fitness, and the prevention of occupational injuries, illnesses, accidents or fatalities (NFPA 1583-8.1.1).

5. Process for collecting and maintaining health-related fitness program data – this shall be done in accordance with the WFI.

A fitness assessment is required for a return to duty following 3 months or more continuous time away from emergency response duties (alternate duty assignment, illness, leave of absence, etc.).

Section 4: Rehabilitation

The Department shall work to provide a progressive individualized injury/fitness/medical rehabilitation program to help return uniformed personnel to a “fit for duty” status. Injury and medical rehab shall be administered and overseen by the City Physician in accordance with City of Prattville and Fire Department guidelines.

The rehab program should be comprehensive in nature and address the areas of medical treatment, fitness training, physical and occupational therapy, behavioral therapy and psychological support, as the members condition dictates.

Transitional duty will be used when possible as a means to keep an individual involved with the department during rehabilitation. As part of transitional duty, the department should utilize the individual’s expertise in a manner appropriate with their condition. Transitional duty shall also include assignment to a PFT for any fitness rehabilitation as directed by the department physician or other appropriate clinician.

In an attempt to lessen the need for rehabilitation, the Prattville Fire Department shall be proactive in the area of injury prevention. This shall be under the direction of the Risk Management Committee.
Section 5: Behavioral

The Department recognizes that behavioral health is an important component of any health and wellness program. Behavioral health issues will be addressed using internal and external resources. Personnel shall be informed that they have confidential access to a licensed mental health professional at their own discretion. In all behavioral issues, if the issue cannot be appropriately addressed at the departmental or city level then the member shall be referred to the appropriate resources. Administrators and supervisors shall be familiar with the methods of referring members to various agencies and consider the use of sick leave or transitional duty to gain appropriate access and service.

This program should address the most prevalent behavioral health issues; these include stress, alcohol and substance abuse, financial, personal, departmental, weight management, tobacco use, and those with immediate family members affected by the same. Members should be taught to recognize these issues in themselves and fellow employees and instructed how to address such issues.

The following resources are available at the departmental and city level:
- Critical Incident Stress Management (CISM) team members are trained to recognize varying degrees of stress reactions and when to refer personnel to behavioral specialists.
- Peer Fitness Trainers can provide guidance and direction in the areas of weight management and tobacco use.
- Supervisors and Union Officers can provide information on the proper way to handle any departmental issues.
- Employee Assistance Program (EAP) can help with substance abuse issues and personal matters, such as finances and family troubles.

The WFI envisions a tobacco-free fire service. In that spirit, the department encourages a tobacco-free workforce and will recommend a reasonable cessation program at a member’s request.

Section 6: Data

The department shall collect and maintain medical, health, and fitness data on its members. This data will be collected in a manner that is compatible with the WFI so that we may provide statistical information to the WFI Health Information Registry (HIR). This information will also be used at the departmental level for general records maintenance and to help analyze the effectiveness of the WFI. As with all health related information, member confidentiality shall be maintained.

Section 7: Summary

The components of this SOG are subject to change in unison with the NFPA and WFI. Upon adoption of this SOG or any subsequent changes, all members shall have nine (9) months from their assessment date to obtain a satisfactory “Fit for Duty” rating. Members shall receive a formal explanation of all parts of this guideline and any subsequent changes upon its adoption.
Attachment 1A - MANDATORY PRE-EVALUATION PROCEDURE

All personnel shall be medically cleared within the last 12 months prior to participating in the WFI assessments. All personnel shall be health screened prior to conducting the WFI assessments (e.g., Par-Q, Health History). Assessments shall be deferred if the following medical conditions exist:

- Chest pain, during or in the absence of physical activity
- Recent unexplained loss of consciousness
- Loss of balance due to dizziness (ataxia)
- Recent injury resulting in bone, joint or muscle problems that may be exacerbated by exercise
- Current prescribed drug that inhibits physical activity
- Chronic infectious disease (e.g., hepatitis)
- Pregnancy
- Any other reason the participant believes that he or she should not be physically evaluated

The following pre-evaluation procedure shall be conducted for all personnel prior to conducting fitness assessments:

- Obtain a resting heart rate and blood pressure. If resting heart rate is equal to or greater than 110 beats per minute and/or resting blood pressure is equal to or greater than 160/100 mm Hg, instruct the participant to rest for five minutes and re-evaluate. If the heart rate and/or blood pressure remain at these levels, cancel the fitness evaluation and refer the participant to the fire department physician. If the heart rate and/or blood pressure fall within the acceptable range, the assessment may continue.

The assessor shall:

- Instruct the participants to refrain from eating, drinking, smoking and any physical activity that may influence performance prior to the assessment. Activities that affect heart rate and/or blood pressure measurements may adversely impact performance.
- Assure that participants are wearing appropriate attire.
- Record participants’ age.
- Inform participants of the appropriate execution for each protocol.

ASSESSMENT SEQUENCE

The assessments are sequenced to minimize the effect of fatigue on subsequent performance, and to mitigate injury. The WFI requires that assessments be performed in the following sequence:

1. Body composition
2. Aerobic capacity
3. Muscular strength/power
4. Muscle endurance
5. Flexibility

Note: Personnel should have the opportunity to recover from the previous assessment before proceeding to the next.

INDICATIONS FOR STOPPING EVALUATION

- Onset of angina or angina-like symptoms
- Signs of poor perfusion: light-headedness, confusion, ataxia, poor pallor, cyanosis, nausea, or cold, clammy skin
- Failure of heart rate to increase with increase in exercise intensity
- Participant requests evaluation to stop
- Physical or verbal manifestations of severe fatigue
- Joint or muscle pain that becomes aggravated with exercise
- Failure of the testing equipment
Attachment 1B - Fitness Assessments

OVERVIEW

Five components of fitness are being evaluated to determine a baseline level of fitness for fire service personnel and to measure progress from year to year. The five components are: Body Composition, Aerobic Capacity, Muscular Strength, Muscular Endurance, and Flexibility. Fitness assessments may be conducted by the designated fire department’s certified fitness personnel. All data collected by the evaluator shall be maintained in a secure location and adhere to strict levels of confidentiality.

1. Body Composition: Skin-fold measurements
   There are many techniques available to estimate body composition. The WFI recommends a three-site skin-fold measurement to estimate body composition. When performed correctly, skin-fold measurements yield reliable, accurate, and cost-effective estimates with a standard error of ±3.5%.

2. Aerobic Capacity: WFI Treadmill/WFI Step mill
   There are many protocols currently available to evaluate aerobic capacity. The WFI recommends two sub-maximal tests to predict maximum aerobic capacity, the WFI Treadmill Protocol and the WFI Step mill Protocol. The formula for calculating the heart rate limit, or Target Heart Rate (THR), has been modified. In order to determine THR for these assessments refer to Table 5.5 (WFI Appendix A). A maximal aerobic capacity test can also be used to obtain maximalVO2 values. This protocol shall only be conducted in a medical facility under the supervision of a physician, including, ECG monitoring and resuscitation equipment.

3. Muscular Strength: Hand Grip, Static Arm, & Static Leg
   There are many assessments currently available to evaluate maximum muscular strength. The WFI recommends isometric tests because they are reliable, valid, cost-effective, portable, easy to administer and safe. As with all forms of exercise there are inherent risks for injury; however, with comprehensive prescreening, appropriate instruction, supervision, and proper execution, the risks are minimized.

   **Vertical Jump (Optional)**
   The Vertical Jump can be used as a substitute for the static leg strength evaluation. Some participants are apprehensive about the static leg dynamometer, despite the emphasis on prescreening, instruction, supervision and proper execution. This assessment may be offered as an alternative, but is not directly comparable to the results of static leg dynamometer. The static leg assessment evaluates muscular strength, which is only one component of power. The vertical jump employs a formula to calculate power, or the force produced by the legs to propel the body upward.

   There are many protocols currently available to assess muscular endurance. The WFI recommends a combination of static and dynamic movements for evaluating muscular endurance, the prone static plank and push-ups.

   **Alternate Grip Push-up (Optional)**
   The alternate grip push-up (with stands) is an optional test for participants who experience muscular/skeletal discomfort in the performance of the standard WFI push-up. When utilizing the push-up handles, the height of the standard 5-inch range-of-motion prop must be adjusted to five inches, plus the height of the handles.

5. Flexibility: Sit & Reach
   There are many protocols currently available to measure flexibility. The WFI recommends the modified sit-and reach assessment which is used to assess gross posterior muscle flexibility. This evaluation adjusts for the differences in limb length among participants.

**Equipment**
All evaluation equipment must be as specified in these protocols. Equipment must not be substituted unless otherwise indicated. All equipment must be maintained and properly calibrated in accordance with the manufacturer’s instructions. Failure to do so may result in inaccurate or invalid data.

Attachment 2

Prattville Fire Department
Fit for Duty Ratings

As stated, the purpose of the Wellness-Fitness Initiative is to equip personnel with the tools necessary to “withstand the stresses and strains of life and the workplace.” While most members already possess an adequate level of health and fitness, there are those who now or in the future may not meet acceptable standards. For this reason, the department will use a Fit for Duty rating to categorize a member’s health and fitness status. The category will indicate the required frequency of assessments, the need for additional monitoring, and the type of intervention necessary to regain a higher rating. The purpose of these ratings is not to punish an individual; rather, it is intended to build and maintain a healthy workforce and discover any discrepancies and correct them.

Health and Fitness Parameters for the Fit for Duty Ratings

<table>
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<tr>
<th>Standard</th>
<th>Level 4</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
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<td>20-24% Male</td>
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<tr>
<td></td>
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<tr>
<td>Blood Sugar</td>
<td>&gt;300</td>
<td>200-299</td>
<td>100-199</td>
<td>65-99</td>
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</table>

* Body fat percentage determined using a the three-site skin fold measurement.

* FEV1 and FVC determined using a spirometer.

* MET is derived by dividing estimated VO₂ Max by 3.5.
* Blood sugar tested following 8 hour fast.

**Level 4:** Health issues sufficient to require mandatory wellness/fitness intervention and consideration of a transitional duty assignment. Members in Level 4 will receive quarterly fitness assessments.

**Level 3:** Health issues sufficient to require mandatory wellness/fitness intervention while serving in their normal capacity. Members in Level 3 will receive biannual fitness assessments.

**Level 2:** Health issues noted where wellness/fitness intervention is recommended. Members in Level 2 will receive annual fitness assessments.

**Level 1:** Member meets or exceeds the recommended health and fitness standards. No intervention required. Members in Level 1 will receive annual fitness assessments.