

# Strategic Initiatives 2022-2025

IAFC Safety, Health, & Survival Section





**VISION**

Saving lives – one firefighter at a time.

**MISSION**

The mission of the Safety, Health, and Survival Section of the IAFC is to support and provide leadership for the advancement of occupational safety and health within the fire service and in the greater emergency response community.





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2022-2025 Strategic Initiatives

2022 Section Board

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**Dave Emanuel**  
At-Large Director  
*Durham (NH) Fire Department*

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*Fire Service Consultant*  
*Upper Providence Township (PA) Department of Fire and Emergency Services (ret.)*

**Todd LeDuc**  
At-Large Director  
*Lifescan Wellness Centers*  
*Broward (FL) Sheriff Fire Rescue & Emergency Services Department (ret.)*

**Joanne Rund**  
At-Large Director  
*Baltimore County (MD) Fire Department*

**John Tippett**  
At-Large Director  
*National Fallen Firefighters Foundation*

**Darin Wallentine**  
At-Large Director  
*Sarasota County (FL) Fire Department*

**Andy Woody**  
At-Large Director  
*Arkansas Fire Training Academy*

2022 Section Partners

Emergency Response Safety Institute

Fire Department Safety Officers Association

Firefighter Cancer Support Network

International Association of Firefighters

International Fire Service Training Association

International Society of Fire Service Instructors

National Fallen Firefighters Foundation

National Fire Protection Association

National Volunteer Fire Council

OSHA

United States Fire Administration





## Letter from the Chair

Greetings members:

On behalf of the International Association of Fire Chiefs, I am excited and proud to present our 2022-2025 Strategic Initiatives. I would like to thank the members of the Safety, Health, and Survival Section (SHS) for their tireless hard work and commitment to this document. I owe a huge debt of gratitude to this unique and diverse group of officers for their steadfast work and dedication to being part of a team to help ensure all members are healthy and alive and everyone goes home. Safety is not a buzz word and healthy should not be just for a few. This must be our way of life.

Our most valuable resource truly is our personnel, and it takes the experiences, knowledge, and involvement of numerous people from a wide variety of communities around the world to truly make a difference, and effectively create policy and programs for the greater good of our industry's members and their families. These programs must include recognition that to achieve a safer, healthier work environment a culture shift must occur. Leaders must understand the many facets of providing a healthy and safe work environment for our members. They must champion programs and an organizational culture that includes getting and staying physically and mentally healthy.

While our industry continues to be one of the most dangerous occupations, we must fight against all these dangers by ensuring our personnel have access to programs to help combat these dangers. The long hours, shift work, sporadic high intensity work, strong emotional involvement, and exposure to human suffering places firefighting and first response among the most stressful occupations in the world. High levels of stress, intense physical demands, arduous work and short and long-term exposure to chemicals and infectious disease contribute to heart disease, lung disease, and cancer, the three leading causes of death and occupational disease disability. Also, we can no longer ignore the ever-increasing mental health needs of our personnel.

Your SHS Section will continue to work hard together, learn from each other, and share our discoveries of the best and safest practices. We will continue to develop programs that will help ensure emergency responders return home the same way they began their shift, or even better.

Sincerely,

Scott D. Kerwood  
Chair, IAFC Safety, Health, & Survival Section







## Initiative #1

**Continue to advocate for an International Fire Service Health and Safety Alliance to address firefighter Health, Wellness and Safety issues with a focus on firefighter safety and survival.**

Action Items:

- A. Continue to engage and maintain key participating organizations.
- B. Identify emerging alliances and leverage International conferences/meetings to engage stakeholders.
- C. Identify key areas of consensus for collaboration.
- D. Identify joint implementation strategies.







## Initiative #2

Develop a method to help ensure a sustainable process for every firefighter to obtain an NFPA 1582 compliant physical assessment on an annual basis.

Action Items:

- A. Identify stakeholders to develop partnerships for providing NFPA 1582 compliant physical assessment on an annual basis.
- B. Identify obstacles preventing firefighters from receiving NFPA 1582 physicals (*ongoing*).
- C. Develop a tiered physical assessment process.
- D. Work with research that is being conducted in order to educate physicians and fire departments (*ongoing*).
- E. Work to provide Physicians guide for NFPA 1582 Physicals.
- F. Investigate the role fatigue plays in safety of fire service members.

### Provider's Guide to FIREFIGHTER MEDICAL EVALUATIONS

Firefighting is a uniquely stressful and dangerous job that requires working in unpredictable and often toxic environments. Due to the demands, firefighters are at increased risk for job-related CANCER, MENTAL HEALTH CONCERNS, and CARDIOVASCULAR EVENTS.

While the USPSTF recommendations should be used as a baseline, they are designed for the general population and not an occupational group with increased risk. Providers should be aware of the unique exposures and consider this in conjunction with personal and family risk factors when weighing timing and frequency of screenings.

**CARDIOVASCULAR DISEASE (CVD)**  
Sudden cardiac events account for ~50% of acute duty-related death among firefighters primarily by myocardial infarction or cardiac arrest!

#### FIREFIGHTERS AS TACTICAL ATHLETES

**Cardiovascular**  
Extreme physical work

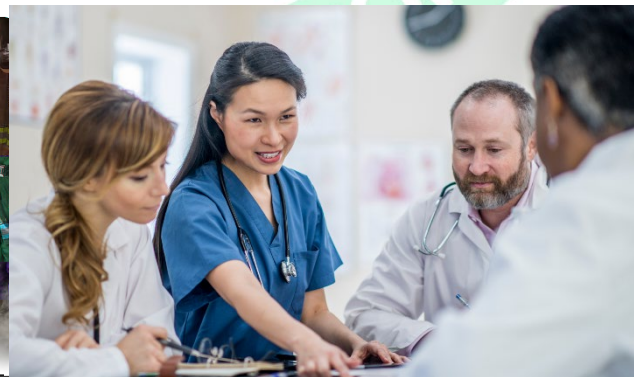
- Hematological**  
Dehydration (decreased hemoconcentration)
- Thermoregulatory**  
Elevated core temperature, dehydration, heat stress
- Respiratory**  
Increased breathing rate and oxygen consumption
- Metabolic**  
Oxygen cost (extreme physical work), increased lactate fatigue
- Immune/Endocrine**  
Increased leukocytes and hormones
- Nervous**  
Sympathetic surge, increased adrenaline
- Muscular**  
Increased oxygen and heat production
- Psychological**  
Repeated exposures to trauma, sleep deprivation, fatigue, stress, and high workload

Consider thoroughly screening and aggressively treating CVD risk factors. An ASEVD risk score can help identify firefighters who may need to initiate treatment for hypertension or dyslipidemia.

Expert Panel Recommendation: Based on risk factors, evaluate firefighters for coronary heart disease (CHD) and structural heart changes, specifically consider:

- Coronary Artery Calcium (CAC) Scan or stress test at age 40 yrs., or earlier based on clinical judgment and risk profile
- Screening for structural heart disease including left ventricular hypertrophy, cardiac chamber enlargement, valvular abnormalities, or diastolic/systolic dysfunction using screening echocardiography at age 40 yrs., or earlier in the presence of hypertension, obesity, Metabolic Syndrome or sleep apnea

A large-scale autopsy review found approximately 80% of firefighters who suffered a sudden cardiac event had evidence of both coronary heart disease (>50% occlusion) and a structurally enlarged heart. Only about 20% of autopsies had evidence of an intracoronary thrombus. Suggesting ischemia-induced arrhythmias may be responsible for a large percentage of cardiac line of duty deaths.







**Initiative #3**  
**Provide our membership with “value” for being a Section Member.**

Action Items:

- A. Develop a mechanism to better identify Section members to participate in Section initiatives and activities.
- B. Develop a ‘new member’ kit to be distributed to new Section members.
- C. Provide Section members with exclusive FRI engagement opportunities.
- D. Develop a multi-level safety and wellness repository of research and best practices available to Safety, Health, & Survival Section members only.





## **Initiative #4**

**Improve our marketing and communication strategy to reach the entire fire service.**

### Action Items:

- A. Work with strategic partners such as NVFC, NFFPA, and FireRescue1 to increase awareness of the Safety Stand Down.
- B. Continue to promote the Twitter account (@IAFC\_SHS) as the primary means to communicate on social media. Promote SHS Section via social media and encourage IAFC members to join the Section. Cross over to LinkedIn and share by SHS directors and collaborators on social media.
- C. Establish and/or leverage relationships with fire service affinity groups in an effort to expand audience base.
- D. Continue to maneuver and refine/sharpen our brand to become synonymous with professional leadership.
- E. Develop and implement an evaluation system capable of providing the Board of Directors with feedback on the initiative.
- F. Update look and content on SHS website. Add twitter feed on site.
- G. Continue to partner with the IAFC communications area and corporate partners to promote the SHS section.
- H. Develop promotional materials for distribution promoting the SHS Section.
- I. Continue development and expansion of the SHS Staging area with active participation from those on the list.
- J. Continue development of FRI collaboration and promotion with Fire Department Safety Officers Association (FDSOA).
- K. Partner with corporate sponsor liaisons to promote the SHS section.







## Initiative #5

**Develop a comprehensive health and wellness process including physical fitness and behavioral health.**

### Action Items:

- A. Continue to develop partnerships with stakeholders for the development of a Comprehensive Health and Wellness Program.
- B. Continue to identify barriers preventing departments from implementing a Comprehensive Health and Wellness Program.
- C. Continue to educate the fire service about the need for a Comprehensive Health and Wellness Program.
- D. Continue research, programming, training development, and advocacy for bullying, harassment, and violence prevention.
- E. Develop a model Comprehensive Health and Wellness Program.







## **Initiative #6**

**Advocate for the adoption of NFPA 1500 in all Fire Departments.**

Action Items:

- A. Identify a process to implement Appendix “B” of NFPA 1500 in all Fire Departments.
- B. Advocate for the role of Health and Safety Officer in all fire departments.
- C. Partner with NFPA for their next needs assessment to determine what percentage of the international fire service adopted NFPA 1500 and what aspects have been adopted.

