Rules of Engagement: Firefighter Health & Wellness

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National Development & Research Institutes

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Broward County Fire Rescue
Firefighting is Bad for Your Health
“Probably the greatest stress ever imposed on the human cardiovascular system is the combination of exercise and hyperthermia. Together, these stresses can prevent life threatening challenges, especially in highly motivated athletes who drive themselves to extremes in hot environments.”

-L.B. Howell,
In Human Cardiovascular Physiology

-NFPA 1582 Relevance and Enforcement (Kerrigan, 2016)
For every cardiac LODD, an estimated 17 non-fatal cardiac events occur on duty each year.
Causes of CVD

- Tobacco
- Sedentary Behavior
- Poor Diet
- Stroke (gases & particulates)
- Noise
- Stress
- Shift work / Sleep Deprivation

Genetics
- Baseline habits
- Initial Body Composition & Fitness Level

Regular Exercise
- Physical Activity
- Healthy Diet
- Adequate Sleep
- Moderate EtOH

Hypertension
- Dyslipidemia
- Diabetes
- Obesity

Triggers / Strenuous Duties

Known CHD or Equivalent

Subclinical Disease +/- LVH

Death Disease Disability

Acute CVD Events

Progression of Atherosclerosis

FIGURE 6. Theoretical model of atherosclerosis and possible adverse health outcomes in firefighters.

Soteriades et al., 2013
Sudden Cardiac Death (SCD)

Case control study using NIOSH fatality data of firefighter LODDs (<45 years; Yang et al. 2014)

- Hypertension increased risk x12
- Cardiomegaly (heavy heart) increased risk x5
- Hx of CVD increased risk x 7
- Smoking increased risk x 3.5
- Of SCD deaths, 63% were obese

NOTE: Among non-cardiac deaths, obesity was STILL a significant predictor of LODD
<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>SRE* (95% CI) Likelihood</th>
<th>SMRb (95% CI)</th>
<th>SIRc (95% CI) All</th>
<th>SIRc (95% CI) First</th>
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</thead>
<tbody>
<tr>
<td>Bladder</td>
<td></td>
<td>1.18 (1.05-1.33)</td>
<td></td>
<td></td>
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<tr>
<td>Brain</td>
<td>1.32 (1.12-1.54)</td>
<td>1.18 (1.05-1.33)</td>
<td>1.40 (1.13-1.72)</td>
<td>1.41 (1.20-1.66)</td>
</tr>
<tr>
<td>Buccal Cavity and Pharynx</td>
<td>1.23 (0.96-1.55)</td>
<td>1.40 (1.13-1.72)</td>
<td>1.39 (1.19-1.62)</td>
<td>1.41 (1.20-1.66)</td>
</tr>
<tr>
<td>Colon</td>
<td>1.21 (1.03-1.41)</td>
<td>1.30 (1.16-1.44)</td>
<td>1.21 (1.09-1.33)</td>
<td>1.29 (1.16-1.43)</td>
</tr>
<tr>
<td>Intestine</td>
<td></td>
<td>1.29 (1.05-1.58)</td>
<td>1.27 (1.09-1.48)</td>
<td>1.24 (1.04-1.48)</td>
</tr>
<tr>
<td>Kidney</td>
<td>1.14 (0.98-1.31)</td>
<td>1.30 (1.06-1.57)</td>
<td>1.10 (1.04-1.17)</td>
<td>1.12 (1.04-1.21)</td>
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<tr>
<td>Leukemia</td>
<td></td>
<td>1.28 (1.15-1.43)</td>
<td>1.29 (1.10-1.51)</td>
<td>1.45 (1.16-1.78)</td>
</tr>
<tr>
<td>Liver, Gall Bladder, Biliary</td>
<td></td>
<td>1.39 (1.10-1.73)</td>
<td>1.22 (1.04-1.44)</td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td></td>
<td>2.02 (1.30-3.13)</td>
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<td></td>
</tr>
</tbody>
</table>
“Toxic Soup” of Known & Unknown Carcinogens

- CO
- Formaldehyde
- Metals
- Flame retardant (PCBEs)
- Benzene
- PAHs
- NO2
- Glutaraldehyde
- Toulene
- Zylenes
- Styrene

Note: Short duration but high intensity believed to be particularly dangerous
Exposures: Dermal Absorption

Polycyclic Aromatic Hydrocarbons (PAH) contamination high on wrist, neck, forehead, and back.

The neck and groin areas are particularly vulnerable (NIOSH 2013).

Jeff Stull, RTI study commissioned by IAFF
Cancer Link: Making the Case

Document Review
- Medical records
- Depositions – department liabilities (e.g. physicals, mitigation, culture)
- SOGs/SOPs
- Exposure records

**Case Summary**

**Workers Compensation Claim**

- Name: XXXX
- Department: XX Fire Department
- Diagnosis: Esophageal Adenocarcinoma
- Age at Diagnosis: 53
- Age at Death: 54
- Ethnicity: White
- Tobacco: Never
- Alcohol: No alcohol
- Obesity Status: BMI 31.8, worked out 3x week
- Elevated Risks, Studies: Daniels, Tsai
- Exposures Linked to Dx: PAH, Asbestos, Styrene, Benzene
Modifiable Risk Factors

Obesity
  • Fitness
  • Nutrition
Alcohol Use
Tobacco Use
Sleep
Exposures
Overweight and Obesity Prevalence

Fire & Emergency Services

US Overweight Prevalence=68.0%*

US Obesity Prevalence=33.8%*

*Flegal et al. JAMA 2010;303:235-241

Firefighter Data from Poston et al., 2011: FIRE Study. Range in the published literature, BMI > 25: 73-88%
Meals as Bonding

“...just eating with them on those days I put on some weight and it’s very difficult to do that because part of the fire service family is built around that kitchen table. That’s where it takes place. That’s where real problems are solved.”

“Yeah, at some stations, just everybody just brings their own food in...You know, they have problems in their groups and they don’t seem to cook up as much...just like guys that don’t get along together.”
Firehouse Environment

- Irregular eating patterns
- Traditions
- Food availability
<table>
<thead>
<tr>
<th>Portion Sizes</th>
</tr>
</thead>
</table>

**Best Potato Soup** - Feeds 6-8 people or 4-6 firefighters

- 4 Cups potatoes, diced but unpeeled
- 1/4 LB butter
- 2 Cups finely diced yellow onions
- 1/2 Cup flour
- 1 Quart warm water
- 1/4 Cup chicken bouillon
- 1 Cup potato flakes
- 4 Cups half and half
- 1/2 tsp. Tabasco sauce
- Salt, Pepper, Garlic powder and Dried Basil to taste

Sauté onions in melted butter for 10 minutes in large kettle.
Add flour to onions and butter and cook for 5 minutes, stirring until flour is absorbed.
In a separate container combine, water, chicken bouillon, potato flakes, and seasonings.
Stir until no lumps remain.
Add to onion mixture, 1 cup at a time.
Add half and half, stirring until smooth and lightly thickened.
Reduce heat and simmer for 15 minutes.
In a separate pan, the potatoes should be covered with water and brought to a boil, and simmered for 20 minutes.
Drain potatoes and add to soup to complete. If too thick for taste, milk may be added to thin down.
Serve with chopped green onions and cheese I sprinkled on top.
Cook time approx. 40 minutes
Definitions: According to Scientists

1 drink = 12 fl oz of regular beer = 5 fl oz of table wine = 1.5 fl oz shot of 80-proof spirits (whiskey, gin, rum, vodka, tequila, etc.)

- about 5% alcohol
- about 12% alcohol
- about 40% alcohol
WHAT IS BINGE DRINKING?

CONSUMING ALCOHOL UNTIL THE BLOOD-ALCOHOL CONCENTRATION LEVEL IS 0.08% OR MORE.

THIS USUALLY MEANS FIVE OR MORE DRINKS IN A SINGLE OCCASION FOR MEN.

AND FOUR OR MORE DRINKS FOR WOMEN, GENERALLY WITHIN ABOUT TWO HOURS.
About 10% of firefighters reported driving while intoxicated in the past month.
Alcohol Use and Abuse

National Cohort of US Career Firefighters

Survey (All participants)

- Heavy Drinking: 44.7%
- Binge Drinking: 50.2%
- Average daily intake: 3.5 drinks

Dietary Recall (Off duty days)

- Beer Drinks: 3.9
- Wine Drinks: 2.0
- Liquor Drinks: 6.8

Calories from alcohol:

- Average = 551.4 kcals
- Range = 12.5 to 3,404
Calories from Alcohol

![Calories Image]

<table>
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<tr>
<th>NUTRITION FACTS</th>
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<tbody>
<tr>
<td><strong>Serving Size</strong>: 7.6 oz</td>
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<tr>
<td><strong>Calories</strong>: 550</td>
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<tr>
<td><strong>Amount Per Serving</strong></td>
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<tr>
<td><strong>Total Fat</strong>: 29g</td>
</tr>
<tr>
<td><strong>Saturated Fat</strong>: 10g</td>
</tr>
<tr>
<td><strong>Trans Fat</strong>: 1.5g</td>
</tr>
<tr>
<td><strong>Cholesterol</strong>: 75mg</td>
</tr>
<tr>
<td><strong>Sodium</strong>: 1000mg</td>
</tr>
<tr>
<td><strong>Total Carbohydrate</strong>: 46g</td>
</tr>
<tr>
<td><strong>Dietary Fiber</strong>: 3g</td>
</tr>
<tr>
<td><strong>Sugar</strong>: 9g</td>
</tr>
<tr>
<td><strong>Protein</strong>: 25g</td>
</tr>
<tr>
<td><strong>Calcium</strong>: 260mg</td>
</tr>
<tr>
<td><strong>Potassium</strong>: 0mg</td>
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</table>

**Based on 2,000 calorie diet**
**Shift Schedule:** “One thing that's different with us, though, I mean we work ten days a month, so we got a lot of days that we don't work the next morning. That's one reason why - maybe that's my excuse, I don't know.” Firefighter, Career

**Camaraderie:** “I use it as an excuse to unwind on the four days, you know what I mean? You get together in a big group, go out, have a drink, tell war stories, laugh about stuff we did. Just act - act like exactly we did at the station, except do it with beer - with a drink.” Firefighter, Career

**Stress Management:** “The stress of the job...when you get off...you want something that will help you unwind.” Firefighter, Career

**Tradition:** “They (firefighters) all seem to be social and if you look back throughout the history of the fire service when my great grandfather was on up through the ranks what's union hall if there wasn't an open bar or a party somewhere.” Chief, Career
A Complex Interplay

Chronic Repeated Exposure to Trauma
Acute Exposures (e.g. LODD, terrorist attack)
Environmental Exposures
Sleep/Circadian Rhythm Disruption
Injury/Disability
Home/Life Stressors

Cancer
Cardiovascular Disease
Depression
Anxiety
PTSD
Suicidal Ideation
Substance Use/Abuse
Epigenetic Changes
Resilience & Post Traumatic Growth
• Recent survey, nearly half of firefighters report having considered suicide
• 15.5% reported attempting suicide
• Women in protective services (fire, law enforcement, EMS) had the highest rate of suicide of any occupation studied
• 1.9-8.7% in general population attempt suicide
Why do we have to get a physical?

We deserve a physical.
Essential Job Tasks

• Wearing PPE and SCBA while performing Firefighter Tasks
• Toxic Fume exposure
• Climbing flights of stairs while carrying equipment
• Elevated core temperatures and dehydration
• Extended periods of emergency operations requiring extreme exertion
• Communicate effectively in high stress
• Critical decision making and problem solving during physical exertion
Priority for All Personnel
“Fire Chief to Firefighter”
Mandatory Participation
It is OK to use the word “Shall”
PPE and SCBA Mandates
Behavioral and Mental Health
Rehab / Remediation
Comprehensive Program

- Annual Physicals
- Physical Agility Test
- Behavioral Health
- Cancer Screenings
- FitBit
- The First Twenty
- Functional Capacity Examination
<table>
<thead>
<tr>
<th></th>
<th>Implementing WFI</th>
<th>Not Implementing WFI</th>
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<tbody>
<tr>
<td>Claim Date</td>
<td>WFI Claims</td>
<td>Days Lost</td>
</tr>
<tr>
<td>1991</td>
<td>401</td>
<td>4213</td>
</tr>
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<td>1992</td>
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<td>4753</td>
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<td>1993</td>
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<td>1994</td>
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<td>1995</td>
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<td>6326</td>
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<tr>
<td>1996</td>
<td>434</td>
<td>6895</td>
</tr>
<tr>
<td>1997</td>
<td>488</td>
<td>6580</td>
</tr>
<tr>
<td><strong>PRE</strong></td>
<td><strong>5035</strong></td>
<td><strong>40,611</strong></td>
</tr>
<tr>
<td>1998</td>
<td>386</td>
<td>3351</td>
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<td>1999</td>
<td>400</td>
<td>3834</td>
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<td>2000</td>
<td>435</td>
<td>4716</td>
</tr>
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<td>2001</td>
<td>452</td>
<td>4847</td>
</tr>
<tr>
<td>2002</td>
<td>498</td>
<td>4725</td>
</tr>
<tr>
<td>2003</td>
<td>531</td>
<td>4702</td>
</tr>
<tr>
<td>2004</td>
<td>508</td>
<td>5496</td>
</tr>
<tr>
<td><strong>POST</strong></td>
<td><strong>5210</strong></td>
<td><strong>51671</strong></td>
</tr>
<tr>
<td>Percent Change</td>
<td>5%*</td>
<td>-28%</td>
</tr>
</tbody>
</table>

* p<.05  
**All Costs are adjusted in 2001 dollars

This appears to be a positive return on investment with getting most of the initial costs back the first year and then getting a positive ROI of at least 1:2 for year two. Therefore, every one dollar spent on firefighter wellness, via implementation of WFI, results in an almost immediate return of over two dollars in occupational injury/illness costs.
Success Story: Broward County Sheriffs Office Department of Fire Rescue
Cancer: Early Detection is Key

• **Colon cancer**: 91% 5 year survival if caught early, 11% if it has already spread (Horner et al., 2009)

• **Prostate cancer**: 100% 5 year survival if caught early (ACS, 2009)

• **Breast cancer**: 98% 5 year survival if caught early, 15% survival in later stages (ACS, 2009; Cancer Research UK)

• **Bowel cancer**: 9 of 10 will survive 5 years if caught early (Cancer Research UK)

# Broward Sheriff Fire Rescue
## 2014-2015 Significant Early Detection Findings

### Heart & Arterial Disease

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Ventricular Hypertrophy</td>
<td>37</td>
</tr>
<tr>
<td>Cardiac Valve Insufficiency (Follow Up Needed)</td>
<td>2</td>
</tr>
<tr>
<td>Decreased Ejection Fraction</td>
<td>2</td>
</tr>
<tr>
<td>Carotid Artery Blockages (Severe)</td>
<td>5</td>
</tr>
<tr>
<td>Pericardial Effusion</td>
<td>3</td>
</tr>
<tr>
<td>Hypertension (Currently Undiagnosed or Uncontrolled)</td>
<td>60</td>
</tr>
<tr>
<td>Abnormal EKG (Follow Up Needed to Monitor)</td>
<td>7</td>
</tr>
<tr>
<td>Abnormal Stress Test (i.e., BP Response, PVC Patterns)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Aorta

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Aortic Root (Dilated &gt;4 cm)- Currently Being Monitored</td>
<td>6</td>
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</table>

### Cancer & Organ Diseases

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
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<tbody>
<tr>
<td>Diabetes (Currently Undiagnosed or Uncontrolled)</td>
<td>18</td>
</tr>
<tr>
<td>Kidney</td>
<td>22</td>
</tr>
<tr>
<td>Liver</td>
<td>55</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>1</td>
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<tr>
<td>Spleen Enlargement</td>
<td>8</td>
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<tr>
<td>Spleen Mass</td>
<td>2</td>
</tr>
<tr>
<td>Gallbladder Polyps</td>
<td>20</td>
</tr>
<tr>
<td>Ovarian Cyst (Follow Up Needed)</td>
<td>1</td>
</tr>
<tr>
<td>Uterus</td>
<td>3</td>
</tr>
<tr>
<td>Prostate Enlargement</td>
<td>26</td>
</tr>
<tr>
<td>Prostate Mass</td>
<td>9</td>
</tr>
<tr>
<td>Hypogonadism</td>
<td>44</td>
</tr>
<tr>
<td>Thyroid Nodules (Follow Up Needed) [6 Confirmed Thyroidectomy; 6 Confirmed Thyroid Cancer]</td>
<td>55</td>
</tr>
<tr>
<td>Thyroid Nodules (Monitor/ No Follow Up Needed)</td>
<td>83</td>
</tr>
<tr>
<td>Testicular Mass [Confirmed Cancerous]</td>
<td>1</td>
</tr>
<tr>
<td>PULMONARY/ RESPIRATORY</td>
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</tr>
<tr>
<td>-------------------------------------------------------------</td>
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<tr>
<td>Pulmonary Function Test (Less Than 70%)</td>
<td>11</td>
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<table>
<thead>
<tr>
<th>OTHER SIGNIFICANT FINDINGS</th>
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<tbody>
<tr>
<td>Obesity</td>
<td>79</td>
</tr>
<tr>
<td>High Cholesterol/Triglycerides</td>
<td>42</td>
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<tr>
<td>Elevated PSA Blood Levels (Prostate)</td>
<td>13</td>
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<tr>
<td>Low Testosterone (&lt; 200 mg/dl)</td>
<td>68</td>
</tr>
<tr>
<td>Abnormal TSH (Thyroid Function)</td>
<td>19</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>2</td>
</tr>
<tr>
<td>Complete Blood Count (CBC) Abnormality</td>
<td>11</td>
</tr>
<tr>
<td>Significant Thrombocytopenia</td>
<td>4</td>
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<tr>
<td>Aberrant Nevus (Follow Up Needed)</td>
<td>2</td>
</tr>
<tr>
<td>Decreased Renal Function (eGFR&lt; 59 mL/min/1.73)</td>
<td>2</td>
</tr>
<tr>
<td>Severe Bilateral Hearing Loss</td>
<td>3</td>
</tr>
<tr>
<td>Positive Fecal Occult Stool Test (Follow Up Needed)</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL NUMBER OF SIGNIFICANT FINDINGS:** 737

**Total Number of Patients Seen:** 634
Hidden Dangers Lurk

The Invisible Danger of Bunker Gear Transfer.mp4
Baseline assessment consisted of data from 89 personnel (3 Stations of BSO’s 22 Stations).

Of those assessed – 85.9% were in the **overweight or obese** category – a rate not only higher than the general US population, but also higher than established estimates in the fire service in general.

40% of firefighters had a waist circumference greater than 40”, which places them at a **high risk for heart disease**.

The test sampling of 3 BSO fire stations was strictly voluntary yet all employees assigned to these stations chose to participate.

Average weight loss was 4lbs during the study compared to the average firefighters 3 pound weight gain over the same timeframe.

Firefighters advised the study was instrumental in them making lifestyle changes in their eating habits and exercise programs.

Departmental Level Assessment shows that **48.8% of BSOFR is high risk/obese** (almost half of the Department!)
Obesity Trends, U.S. Firefighters

**FIGURE 1.** Mean BMI by age from firefighter studies: 1980–2005. From Soteriades et al. ³
There have been a total of 1952 open and closed claims excluding presumption claims under F.S. 112.18 heart claims.

Indemnity payments have been issued in the amount of $1,498,053.22

Medical payments have been issued in the amount of $6,947,146.58

As it relates to presumption claims under F.S. 112.18 we have 150 open claims.

Indemnity payments have been issued in the amount of $3,306,155.09

Medical payments have been issued in the amount of $10,149,665.71
BROWARD SHERIFF’S OFFICE

OWL BESITY EIGHT OSS Program

GO TEAM!
TOTAL WEIGHT

4,034

TEAM #1

BRUNDAZ, AARON P
CARVAJAL, JAVIER
CHANDLER, CHRISTOPHER
CONNOLLY, ROBERT
KRUPIN, JEFFREY
LEHMANN, KYLE
PARRA, ROBERT
PELLECER, SERGIO
PHIPPS, BRIAN
REID, JAMES
SAINTIL, KENCI
SANCHEZ, NIKKO
SIEB, RICHARD
THARP, MARLON
RIGGIO, MARK
HACKLER, JAMES
HERNANDEZ, ANDRES
PETERS, HOLLY
WOODWARD, ALISHA
SWITZER, JOSHUA

Target
Weight loss
as a Team
(20 members)
454lbs

TARGET WEIGHT

3,580
BECOME A TRUE CATALYST FOR CHANGE...

BE A BSO EMPLOYEE

WELLNESS CHAMPION!

ANSWER YOUR CALL TO BE A PART OF THE BSO FITNESS PROMOTION FORCE! CONTACT US A.S.A.P. TO TAKE ADVANTAGE OF THE SPECIAL FITNESS FOUNDATION TRAINING THROUGH YMCA AND SPECIALIZED TRAINING EXPERTS.

E-MAIL DEREK_HUGHES@SHERIFF.ORG TO SIGN-UP OR CALL (954) 831-8251 FOR MORE INFORMATION ABOUT THIS AND OTHER WELLNESS PROGRAMS.

Broward Sheriff's Office is partnering with the Broward Regional Health Planning Committee to improve the well-being of all BSO personnel.

We want to identify fitness-minded personnel from all across the agency who are interested in helping to motivate fellow employees to achieve greater activity levels and physical fitness.

Our goal is to make effective exercise more accessible to our staff at every region of the agency.

You don’t have to be a fitness guru to make valuable contributions. Many of you are already helping others. Let us help to coordinate the effort.
You’re invited! **“MEET THE CHEFS”**

**AUGUST 19 & 20**

**Time:** 12pm-3pm  
**Location:** DeliverLean Kitchen, 4351 NE 12th Terrace, Oakland Park, FL 33334

You’re invited to “Meet the Chefs” at DeliverLean for an educational nutrition workshop and interactive culinary demonstration.

Enjoy a complimentary lunch and experience a cooking demo with DeliverLean Executive Chefs, James Donato and Andrew Whiteman, who will give you helpful tips on how to achieve your goals and eat your way to a more fulfilling lifestyle.

**RSVP by 8/17 to:** Derek Hughes at Fit.Nutrition@Live.com  
or call 954-263-5425
60 Day Challenge

You’ve come so far to give up now... Let’s do this together!

Join a fun Weight Loss Challenge to help you reach your weight loss goals.

You can win great prizes for reaching your goal weight!

In this weight loss challenge you will get:
- Group support to cheer you on
- A personal fitness coach
- Individualized fitness and nutrition plan
- Helpful tips and information on good nutrition and long term health
- FREE group fitness workouts
- ALL participants will receive great incentives with more opportunities to win great prizes!

Space is limited; reserve your spot today!

Join the FREE challenge.

What do you have to lose?

To register or for more information, call Chief LeDuc 954-831-8291 or todd_leduc@sheriff.org
Healthy Food Guidelines: Color Coding System

For simplicity, foods and beverages have been grouped into three distinct categories: healthiest, healthy and unhealthy.

Healthiest (GO!): The best choices include vegetables, legumes, whole fruits, whole grains, seafood, lean meats, nuts, seeds, unsweetened oils, water, unsweetened teas and low fat dairy without added sugar.

Healthy (SLOW!): Moderate foods containing good nutrients, but have higher sugar, saturated fat, sodium or calories. This includes processed foods, refined grains, red meat, whole fat dairy, dried fruits and 100% juice.

Unhealthy (WHOA!): Limit highly processed foods with low nutritional value, usually high in saturated fat, hydrogenated oils, added sugar or sodium. This includes most desserts and junk food, added salt, syrups, energy drinks, alcohol, sports drinks and sodas.
IAFC SHS Healthcare Provider’s Guide to Firefighter Physicals

Research Backed,
Experience Driven
• Have you ever wondered if the cold symptoms you’re experiencing are caused by some potentially devastating disease?
• When was the last time you had a medical physical examination?
• When was the last time you had a medical physical exam especially for firefighters?
• Does your healthcare provider know and understand the physiological demands of firefighting; the hazardous materials firefighters are exposed to; or the potentially devastating illnesses and injuries firefighters are most prone to?
• If they did know this information about firefighting; would they change how they treated you?

We think they would.
A Healthcare Provider’s Guide to Firefighter Physicals

- Description of the physiological demands of firefighting
- Health Statistics
  - Cardiovascular Events, Musculoskeletal Injuries, Behavioral Health Issues, Cancer
- Review of systems
  - Cardiovascular Health and Fitness
  - Cancer
  - Musculoskeletal Injuries
  - Behavioral Health
  - Lung Disease
  - Sleep Disorders
  - Infectious Diseases
- Clinical recommendations for health monitoring
- References
- Additional Resources
A Healthcare Provider’s Guide to Firefighter Physicals

The Healthcare Provider’s Guide will be out and available 11/1/2016.

Look for the Press Release from the IAFC.
Annual medical physicals provide reassurance; you would know the common cold you are suffering with is just that, the common cold, and not something worse because you just had an annual physical with no findings.

If the last time you had a medical physical was more than one year ago; you need to get checked.

If your healthcare provider doesn’t know the occupational risks of firefighting; the physiological demands, the hazardous material exposures, the illness and injuries firefighters are most prone to; you need to bring the Healthcare Provider’s Guide to Firefighter Physicals to your next appointment.

Don’t delay, schedule your medical physical today!
The data does not lie, the data is real, and the impact is forever...

Realize that your tenure as a is just temporary. It's OK to have those uncomfortable conversations that may hurt feelings; even if those feelings are yours.

Making an impact on the health and wellness of today's fire service is at a critical juncture.

A commitment to the community, A commitment to our people, A commitment to the taxpayers
Thank you!

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Questions?