Running Head: A PLAN FOR IMPLEMENTING A WELLNESS PROGRAM IN

Executive Leadership

A plan for implementing a Wellness Program in the Fort Myers Shores Fire Protection and Rescue Service District

Chris Dowaliby

Fort Myers Shores Fire Protection and Rescue Service District

Fort Myers, Florida

An applied research project submitted to the National Fire Academy as part of the

Executive Fire Officer Program

December 2006

CERTIFICATION STATEMENT

I herby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Signed:_____

Abstract

The USFA reported that approximately 50% of firefighter line of duty death in 2005 was from cardiac death and therefore the problem addressed herein.

The purpose of this research was to provide our personnel, both staff and line, with a first-year wellness program that can be built into a long term wellness program.

An action research methodology was used to determine:

1. Processes that promoted physical fitness and cardiovascular health.
2. Partnerships that needed to be developed.
3. Essential components of a first-year wellness program.

The procedure was literature review, budgeting, personnel education, and collective bargaining.

The results of the research provided the ground work for a first-year wellness program.

The recommendation was to implement the program over a three-year period.

Table of Contents

Abstract…….…...3

Introduction……..5

Background and Significance……...7

Literature Review……...…….11

Procedures …...……...……....19

Results……...……..24

Discussion……...…....26

Recommendations……..…....27

Reference List……..……30

Appendix

Appendix A: ……Three-Year Plan……32

Appendix B: ……Questionnaire—Survey ……..……42

Appendix C: ……Union Contract Article 32.……44

Introduction

The Executive Development course of the Executive Fire Officer (EFO) Program at the National Fire Academy stressed the components of leadership as they relate to the culture of the fire service. The didactic portion of the program would like students to bring home the skill to build and incorporate change management and leadership techniques within their respective departments (Executive Development, 2003). Executive Leadership is the concluding course in the four-year EFO Program and continues the focus on leadership but deals specifically with developing the executive-level decision maker "to conceptualize and employ the key processes and interpersonal skills used by effective executive-level managers" (FEMA, 2005).

The chart titled A Model of Executive Fire Officers Leadership found on page SM1-4 in the fifth edition of the Executive Leadership Student Manual gives examples of skills and actions important for an executive fire officer and parallels the Executive Leadership course description that students will obtain a framework of executive-level competencies in the area of personal effectiveness. The ability to: communicate; manage multiple roles; influence with diversity; build teams and networks; promote and mange creativity; implement and mange change; …manage the decision-making (sic) process; negotiate, mediate, and promote consensus; and perform analysis and exercise judgment are novel concepts in emergency services and are modeled after long standing business best practices.(FEMA, 2005)

The Fort Myers Shores Fire Protection and Rescue Service District (FMSFPRSD) are fortunate to have an excellent worker's compensation loss ratio of 0.125 over the last three years and a 0.0 loss ratio last year (Florida Mutual Insurance Trust, 2006). There is also a low incident of off duty related injury and illness. During fiscal year 2006 508 sick time hours were used which correlates to 42 hours per man or 1.4% loss of work hours. Although the department

historically has limited work related health and injury claims the department has little evidence to support validation for this success. Validation that supports this course of action is nonexistent and therefore is an unacceptable best practice.

Problem Statement: The problem is the Fort Myers Shores Fire Protection and Rescue Service (FMSFPRSD) is aware the leading cause of Line of Duty Deaths in the United States fire service community is cardiovascular disease. The lack of a wellness program may be detrimental to the health and safety of FMSFPRSD personnel, their mutual aid responders, and the community they serve.

Purpose Statement: The purpose of this research is to provide the personnel, both staff and line, with a first-year wellness program that can be built into a long term fitness program complying with the IAFF/IAFC Wellness Initiative.

An action research method will be used to develop a first-year wellness program that can be expanded into a long term program complying with the IAFF/IAFC Wellness Initiative. This research will be used to gather the proper information to establish a baseline program so the decision-makers of the FMSFPRSD may make an educated appraisal for planning, implementing and complying with the joint wellness initiative.

Research Questions:

1. What processes need to be established so the FMSFPRSD can provide a working environment that promotes physical fitness and cardiovascular health?
2. What partnerships need to be built in order to supply and support a mandatory physical fitness program within the FMSFPRSD?

3. What are the essential components of a first-year physical fitness and cardiovascular health program and why are these components necessary for successful implementation of a long term program?

I hypothesize the results will show that the necessary components of a first year wellness program can expand with each of the next three fiscal budget cycles. The first year will establish a base that includes: personal fitness trainer education, medical physicals, exercise equipment, and a joint labor/management agreement that supports a mandatory physical fitness program. Each successive fiscal year cycle over the next three years will see the expansion of; fitness testing; individualized training programs; rehabilitation; behavioral health promotion, and data collection.

Background and Significance

The Fort Myers Shores Fire Protection and Rescue Service District (FMSFPRSD) is located in Lee County, Florida; one of the fastest growing, waterfront communities in Florida. The FMSFPRSD is an independent special district established by Laws of Florida, Chapter 76-409 and has been modified under the provisions of Florida Statute 633 and modified again by Laws of Florida, Chapter 97-340. Laws of Florida, Chapter 2000-456 “codified, reenacted, amended and repealed” its prior enabling acts. The District was formed with the intention of providing fire control, protection, crash, and rescue services for an area in eastern Lee County, Florida. The District is governed by an elected five-member Board of Commissioners serving varying four-year terms.

The District’s growth is steady with approximately fifty new homes being built every month within the sixteen square mile district boundary. The Board of Fire Commissioners has negotiated the purchase of land and the construction of a new 16,000 square foot fire station to

augment the outdated main facility. The new fire station will also have a three-story training facility on the property. Personnel and apparatus are projected to double by the year 2010. The primary funding for the District is from ad velorum taxes, which are taxes levied on property values based on two-millage points. This tax equates to two-dollars per one thousand dollars of assessed property value so a home valued at $200,000 would have an annual fire district tax of $400. The secondary funding source is from impact fees which are a “one-time assessment restricted to capital improvements” (Administrative Code Board of County Commissioners, 2005). According to the most recent audit of the District property values have increased 257 percent in the last five-years and 39.1 percent during the last fiscal year (Basic Financial Statements, 2005). Historically a quiet place to live and work but with the increasing popularity of Southwest Florida the pace of live has changed forever. The District’s call volume steadily increases as property values increase but only by 17% in 2005.

The District currently has nine line personnel and three captains operating out of one fixed location on three shifts to serve a year around population of approximately 14,000 residents along the southern shore of the Caloosahatchee River. The administrative staff includes a fire marshal, operations chief, administrative assistant, and a fire chief who work a standard forty-hour workweek with their offices at the fire station. The fire chief, operations chief and fire marshal respond to incidents from the station and from their home depending on the situation. The department’s line personnel operate the following vehicles: a 2003 Pierce fire engine; a 1994 E-One fire engine; a 2005 Ford F250 4X4; an air cascade trailer; and a 21 foot Carolina Skiff boat with trailer. The fire marshal has a 2006 Ford F250 4X4 for personal use which he responds in twenty four hours a day to emergency incidents. The operations chief has a 2003 Ford F250 4X4 for personal use which he also responds in twenty four hours a day to emergency incidents.

The fire chief staff vehicle is being changed to a 2007 Ford Expedition which he will have for personal use which he also will respond in twenty four hours a day to emergency incidents.

The District provides fire suppression services and rescue services at the Emergency Medical Technician B (EMT-B) level. The District has 14 EMT-B's and one paramedic. Additional services include: a fire prevention and investigation division and public education as requested from the community. In the early stages of development are the following services: a training division; skin dive level, first response water rescue; rope rescue, vehicle extrication, and Haz Mat awareness level response. These services are based off of the National Fire Protection Association (NFPA) standards. The establishments of the following committees and their participation in the department's growth and development have been profitable: hiring, building, insurance, safety, standard operating guidelines, job descriptions, apparatus, and uniforms.

The FMSFPRSD has signed mutual aid agreements with area departments and responds per the Lee County Fire Chief Association Communication Plan to all local and regional disasters through a cooperative effort with the Lee County Emergency Management Division and the Lee County Emergency Operations Center. Dispatch services are provided by the Lee County Department of Public Safety Communications Division.

For regional, state, and national response the area emergency services are dispatched through the Emergency Operations Center (EOC). The Lee County EOC works directly with the State of Florida EOC. They work in concert with the: State Fire Marshal; Florida Fire Chief Association; Emergency Support Function (ESF) 4 (Fire) & 9 (Urban Search & Rescue); Domestic Security Task Force Region 6; and Federal Emergency Management Agency (FEMA)

Region 4. The District's response activity whether local, regional or state primarily consists of an engine company which is a captain, an engineer, and two firefighters depending on staffing.

The United States Fire Administration (USFA), already a part of the Federal Emergency Management Agency (FEMA), in January of 2003 went through reorganization and ended up within the United States Department of Homeland Security (DHS). In October of 2005 the USFA while staying in the DHS was transferred from under FEMA to the Preparedness Directorate (DHS, 2003). Along with twenty-one other agencies, their employees, and organizational culture joined together in a single vision "Preserving our freedoms, protecting America ... we secure our homeland." (DHS, p.4).

This action research project meets four of the seven DHS strategic goals. A wellness program that facilitates health and fitness within the FMSFPRSD will help us meet the following strategic goals of the DHS: Protection—safeguard our people and their freedoms, critical infrastructure, property and economy of our Nation from acts of terrorism, natural disasters, or other emergencies; Response—lead, manage and coordinate the national response to acts of terrorism, natural disaster, or other emergencies; Recovery—lead national, state, local and private sector efforts to restore services and rebuild communities after acts of terrorism, natural disasters, or other emergencies; and Organizational Excellence—value our most important resource, our people. Create a culture that promotes a common identity, innovation, mutual respect, accountability and teamwork to achieve efficiencies, effectiveness, and operational synergies (DHS, 2002). A healthy and productive workforce adds efficiency and effectiveness in meeting the Departments organizational intentions. The fire service's task is a physically demanding one but also a psychologically demanding one. The fire service needs to provide

healthy and strong members to support the DHS as well as our own individual emergency service departments.

In 2002 the USFA established five-year operational objectives. This research attempts to meet the fourth objective; to “reduce by 25% the loss of life of firefighters.” Furthermore, by instilling a culture of wellness in the department the research meets the sixth operational objective, “to appropriately respond in a timely manner to emergent issues” (USFA, 2002).

The FMSFPRSD is preparing its young professionals for a career that will necessitate a career long commitment to wellness.

Literature Review

The United States Fire Administration (USFA) mission is to “reduce life and economic losses due to fire and related emergencies, through leadership, advocacy, coordination, and support” (USFA, 2005). Today’s firefighter is tasked with a changing work environment and changing work responsibilities. In the past the fire service has concentrated on its equipment, apparatus and facilities more then the front line personnel who provide the expanding services (IAFF/IAFC/ACE, 20003). Harold Schaitberger, General President of the IAFF says, “We realize that meeting the challenges of tomorrow’s fire service requires that we maintain the physical capability of uniformed personnel throughout their fire service career” (IAFF/IAFC/ACE, p. iii).

Wellness is not just physical fitness. The Joint Labor Management Wellness Fitness Initiative (WFI) began as collaboration between the IAFC and the IAFF in 1996 (IAFF/IAFC/ACE, 2003). The WFI takes a business approach to success. The WFI invests in wellness resources in order to maintain a fit, healthy, and capable workforce for a career, not just a defined time.

The original commitment culminated with a workable wellness/fitness system that accounted for “a holistic, positive, rehabilitating, and educational focus” (IAFF/ IAFC/ACE, 2003, pg. 2). The system is designed to: be non-punitive, be mandatory for all uniformed personnel, be completed while on duty, account for age, gender, and position, utilize in house equipment or other facility at no cost to the employee, provide rehabilitation services and corrective support, include training and instruction components, and finally the system must be realistic and fair for all personnel (IAFF/IAFC/ACE, 2003).

Unlike an exercise program there are five nontraditional areas of concentration in a wellness program: 1) medical evaluation; 2) fitness testing and exercise; 3) rehabilitation, 4) behavioral health promotion; and 5) data collection (IAFC, 1998).

The medical evaluation component is an “exam specific to fire department uniformed personnel” (IAFF/IAFC/ACE, p.3). The examination will assist the assessor in identifying health problems through medical, fitness, and injury data collection that looks at the individual as well as the organization and the fire service in general.

The fitness testing and exercise component is designed to evaluate the employee’s current fitness level. Once a baseline is established an individualized program may be developed. The WFI recognizes the importance of the medical evaluation and the fitness evaluation but stresses additional elements in order to have an effective system of fitness. The program suggests: that qualified exercise specialists be available; the employee have time to do the work on duty; that they have safe workout equipment and a place to workout; that fitness should be incorporated in the philosophy and culture of the organization; and that the program should be employee specific (IAFF/IAFC/ACE, 2003). Locke from the Hartford Fire Department concluded in his EFO paper

that the WFI would be a valuable resource to replace their less then effective fitness evaluation system (Locke, S., 2005).

When the arduous task of the firefighting culminates in injury rehabilitation becomes paramount in the recovery process. The rehabilitation component of the WFI is multifold. Occupational injury and illness is responsible in some organizations for 50% of retirements (ACE/IAFF, 2003, p.11). It is reported that firefighter work related injury is 8.6 times greater then private industry's workforce. (ACE, 2003). The process of rehabilitation should be directed by a medical staff that is familiar with the fire service's specific needs and have an understanding of the work capacities required to perform safely. Injury prevention is a component of the rehabilitation process in the WFI and includes: an effective wellness program; a fitness program; a labor/management commitment to safety; a designated safety officer, ergonomic analysis of the work environment, education that starts at the recruit level and continues through employment; and a method to recognize employees who practice wellness and safety. (NFPA 1583, 2000) (IAFF/IAFC/ACE, 2003).

Behavioral health is the fourth element of the system and is essential to all uniformed personnel's health. Behavioral health includes employee assistance programs (EAP), and critical incident stress debriefing programs (CISD), nutrition for performance, infection control policy, weight control, and smoking cessation programs. In order to "maintain a high level of job performance, uniformed personnel must be able to cope effectively with the emotional, physical, and mental stresses of work and personal life" (ACE/2003, p. 12). The ability to cope with the workload is a manageable stressor. Over the years I have heard Doctor Mary Ellen Frazier of the Tri-County Critical Incident Stress Management Team talk many times. Her insight as a psychologist has proven helpful for many area emergency services worker. She says when

firefighters lose their coping mechanism stress impacts them negatively and affects their work life and their personnel life. There is a belief that emergency services workers are normal people who are subjected to abnormal situations. The stress faced by emergency service workers many times causes them to find unusual coping techniques or worse coping techniques that are proven to fail. Having a behavioral health component in a department wellness program serves the employee, their co-workers, their internal and external customers, and their family's.

The final component of the system is data collection. With the appropriate data gathered and the appropriate data utilized we can evaluate the medical and fitness history of employees and determine if the system of wellness is providing the benefits that are proposed (IAFF/IAFC/ACE, 2003). With science based research a main component of the EFO program it is effortless to understand why data collection is an essential component for validation of a process or system. Data collection was paramount for the Pantego Fire Department. Even though they had an established program their firefighter fitness levels decreased. This data allowed Thomas Griffith to identify a problem and make recommendations for a solution in an EFO paper (Griffith, T., 2006).

There are two National Fire Protection Association (NFPA) standards that are important to include when developing a wellness program. NFPA 1582: *Comprehensive Occupational Medical Program for Fire Departments, 2007 Edition* (NFPA 1582) and NFPA 1583: *Standard on Health-Related Fitness Programs for Fire Fighters, 2000 Edition* (NFPA 1583). NFPA 1582 has just been revised and is current while NFPA 1583 is currently being revised. The comment closing date was September 9, 2006 and the report on the comments is set for mailing on February 23, 2007 with a final revision scheduled for later in 2007.

NFPA 1582 was approved on July 18, 2003 and stresses the medical care and evaluation for new and incumbent members within a fire department. Although Florida does not require this standard to be followed when developing a medical program the information is valuable and a solid reference. The initial dialog within the NFPA and the fire service started with and was contained in NFPA 1001: *Standard for Fire Fighter Professional Qualifications* (NFPA 1001). In the late 1980's members of the NFPA 1001 and NFPA 1500: *Standard on Fire Department Occupational Safety and Health Program* (NFPA 1500) technical committee formed a work group subcommittee to develop NFPA 1582. The initial standard was approved in 1992 and has been revised in 1997, 2000 and 2007 (NFPA 1582, 2007). The previous standards were considered too technical and vague for many fire department administrators and physicians. The current standard claims to be user friendly for the fire department and the physician. The text is designed so the physician, based on the medical evaluation, can determine if the employee is capable of performing the "essential job tasks" (NFPA 1582, Section 5.1). In addition the standard differentiates between fire fighter candidates and incumbents. Importantly the standard does not differentiate between "volunteer, paid-on-call, part-time, or career fire fighters — the tasks are the same" (NFPA 1582, p.1). Furthermore, the committee changed the title of the standard to be more inclusive and the standard now references the IAFC-IAFF Joint Wellness Initiative, and NFPA 1583. "These two documents outline a health-related fitness program that is medically validated against this edition of NFPA 1582. (NFPA 1582, p.1). The common complaint heard around the fire service since the beginning of these standards still rings true; the cost of the medical evaluations is too high. But the committee addresses this issue by stating,

> While some may say that the cost of medical exams is too high, one must measure that against long-term job related illnesses, injuries and fatality costs.

> Fire departments spend a lot of money on preventive apparatus and equipment maintenance; however, that is an inefficient use of resources if they do not have medically qualified personnel to operate them and to respond to emergency incidents (NFPA 1582, p.1).

NFPA 1583 establishes minimum standards for the development, implementation, and management for a health-related fitness program (HRFP) (NFPA 1583, 2000). NFPA 1583 was approved on August 18, 2000. The first version of the document was approved in 1996 but was appealed and subsequently withdrawn. Today the standard resonates effectively considering the NFPA statistics that show approximately 50% of fire related line of duty deaths (LODD) are from heart attacks and of the fire fighters killed in LODD almost 50% of them had underlying cardiovascular problems (NFPA 1583b, 2007). The committee believes that the standard will protect fire fighters by reducing the death and injury rate associated when a fitness program is not in place. Furthermore the work group believed, “Overweight, out of shape fire fighters are an accident waiting to happen. The multiple stress factors and rigors of the profession require fire fighters to be medically and physically fit in order to perform the required tasks” (NFPA 1583b, 2007). In conjunction with this document the committee references NFPA 1582 “to be a tool to be used in conjunction with the Joint Labor-Management Wellness Initiative” (NFPA 1583b, 2007).

The third component of the WFI is rehabilitation. NFPA 1582 addresses rehabilitation in two areas. The first is rehabilitation while actively participating during an incident and is referenced in NFPA 1584, *Recommended Practice on the Rehabilitation of Members Operating at Incident Scene Operations and Training Exercises, 2003 edition*. The second and for our purposes the one we will concentrate on is rehabilitating an injury or illness with the goal of

returning to active duty status. NFPA 1582 references this type of rehabilitation three times: 1) 4.1.9 requires the fire department to ensure evaluation for the employee by "medical specialists, medical and/or surgical treatment, rehabilitation, and any other intervention prescribed by a medical provider, in consultation with the fire department physician" (NFPA 1582, 2007); 2) 4.2.1 (9) requires the fire department to, "Provide or arrange for a prescriptive rehabilitation and/or fitness program when indicated to aid a member's recovery from illness or injury and enhance his/her ability to safely perform essential job tasks" (NFPA 1582, 2007); and 3) 4.2.5 requires the fire department physician to "…provide medical supervision for the fire department fitness, return-to-duty rehabilitation, and physical conditioning programs as required by NFPA 1583" (NFPA 1582, 2007).

These three documents: NFPA 1582; NFPA 1583; and the IAFC/IAFF WFI, serve as the base of a wellness program and meet the first three components of the WFI, medical examinations, fitness testing and exercise, and rehabilitation.

The fourth component is behavior health and the fifth is data collection. Both of these topics have been covered earlier but cannot be overshadowed by the first three components. Behavior health and data collection require man hours to properly be instituted and therefore require funding and the allotment of personnel time for them to be effective.

As we look at alternatives to the established culture of health and wellness a few references are noteworthy. Doctor David Becker of Philadelphia who claims to be a community cardiologist recently concluded an experiment to "prove that statins such as Pfizer's Lipitor and Merck's Zocor were not the only option for the 65 million adult Americans with elevated cholesterol" (Goldstein, p.E1). His study has been recognized by the American Heart Association and will be presented in their periodical *Circulation*. His program included lifestyle

alterations, the supplements fish oil and red rice yeast, along with stress reduction classes like the Chinese art of tai chi, yoga, acupuncture, and exercise with a personal trainer and had statistically the same results without the negative side-effects of statins (Goldstein, 2006). These are similar to the recommendations that were offered by the LMHS nutritional counselors that did the on-site training for the FMSFPRSD.

Yoga is used as a stress relieving technique in Doctor Becker's program. The concept of yoga is to "join together" the two sides of the body (Christensen & Rankin, p. 4). The manual claims that by joining the Ha (sun) and the Tha (moon) "one attains physical health, mental clarity, and steady strength of mind and character" (p.4).

When researching I found a term I had never heard but describes what we are trying to develop in our aerobic fitness program. Cardiorepiratory fitness is the "…health and function of the heart, lungs, and circulatory system and related to cardiorespiratory endurance, which is the ability to persist or sustain activity for prolonged periods" (American Council on Exercise, p. 213). Furthermore it is described as the "…capacity of the lungs to exchange oxygen and carbon dioxide with the blood and the circulatory system's ability to transport blood and nutrients to metabolically active tissues for sustained periods without undue fatigue" (American Council on Exercise, p. 213). The list of benefits of cardiorespiratory fitness exude what the WFI fitness and exercise component is all about. Some of the benefits are: increase in burning fat, decrease in blood pressure, and an increase in maximal oxygen consumption, and a decrease in cardiovascular disease and diabetes (American Council on Exercise, 2003).

In his article *Does it Matter if You Run or Walk, revisited* author Michael Boyle describes the science behind increased intensity workouts and caloric expenditure. He states, "…it's not should you exercise harder, it's can you. The key is to work as hard as your health and body

allows" (Boyle, n.d.). This is a critical thought when comparing firefighter crews actively working. Is it wise to team up crew members of different cardiorespiratory fitness levels for strenuous work? The competitive nature of the workforce may put us at risk to work harder when we really should be in the rehabilitation sector.

Considering the amount of work and effort put into the WFI, EFO papers, news articles, and the NFPA standards we would be remiss to discount this body of work. The effort has influenced our department to come up to speed and be part of the process so future firefighters are not saddled with the dire consequences of cardiovascular disease and sudden cardiac death.

The United States Fire Administration (USFA) mission is to "reduce life and economic losses due to fire and related emergencies, through leadership, advocacy, coordination, and support" (USFA, 2005). Furthermore, the Federal Emergency Management Agency's mission, "…to focus Federal effort on preparedness for, mitigation of, response to, and recovery from emergencies encompassing the full range of natural and manmade disasters" (FEMA, 2003). The successful accomplishment of this mission will require the workforce to be fit both mentally and physically fit

Procedures

The action research method used to set the parameters for the assessment and implementation of the FMSFCRSD wellness program began in the 2005 fiscal year. During the summer months of 2005 the department was actively involved in the budget process. After a lengthy bid process we determined to change our medical insurance provider to the Lee County Board of County Commissioners insurance plan. One of the unforeseen benefits was an employee assistance program at no cost. This program meets the concept of a behavior health program. We have one member on the Tri-County Critical Incident Stress Management Team

who has access to the team process whenever an employee is faced with an overwhelming incident.

It was during the budget process that two personnel were approved to attend the American Council on Exercise Certified Fire Service Peer Fitness Trainer course. In addition to station improvements a room in the fire station that was not being used was allocated for remodeling as an exercise room. Eighteen thousand dollars was budgeted for equipment. During the budget process the first medical physical examinations were approved for ten thousand dollars.

During the same months during the summer of 2005 the first union contract was being negotiated with newly formed District 18, IAFF Local 1826, Inc. The rank and file agreed to participate in mandatory annual medical physical examinations (Appendix C). The department had provided base line medical examinations for new hires but did not offer any other form of medical evaluations throughout the employee's career. The department did not allow members to workout or attend the local fitness center while they were on duty.

In November of 2005 two employees were sent to the North Naples Fire Department to take the American Council on Exercise Certified Fire Service Peer Fitness Trainer course. The 40 hour class was a collection of multiple departments with a common link to provide their workforce with competent fitness instruction. The two members sent represented the different demographics of the FMSFPRSD. Half of the department is younger then 26 years old and the other half is older then 37 years of age. One member of each group was sent in hopes of them being able to relate to each of their particular age groups. Both personnel completed the class and received their certifications. In October of 2006 a new member of the department was tasked as

the Operations Chief. He was part of the November 2005 class at the North Naples Fire Department and is also certified so the department has three ACE accredited peer fitness trainers.

Two doctor offices and Lee Memorial Health Systems (LMHS) were contacted about medical physical examinations during the summer of 2005 and a bid for medical physical examinations was obtained. In May of 2006 I met with the Compensation Manager for the City of Fort Myers, Florida, Ellen Smith. She was tasked with negotiating the medical physical examinations for the Fort Myers Fire Department (FMFD) and the Region 6 Haz Mat team who are city firefighters. We patterned our physicals in accordance with the FMFD's physicals because the union that represents FMSFPRSD is the same union representatives that represented the City of Fort Myers' firefighters. The medical physicals are in accordance with NFPA 1582.

During this time we picked the LMHS for our medical physicals. The physician who conducts the physicals is board certified in occupational health; the nursing staff is trained in occupational health and is familiar with the special circumstances associated with fire department physical examinations.

On June 9, 2006 we purchased the exercise room equipment. The PFTs decided upon aerobic equipment, loose dumbbells, adjustable benches, mating, exercise balls, and pushup bars instead of the typical exercise room weights and machines. They felt that the PFT class stressed core performance vs. standard weight lifting equipment. The total cost for the equipment was 12,697 dollars; well within budget. We were able to install mirrors for 575 dollars and rubber flooring for a cost of 882.40 dollars. The total cost to get started was 14,154.40 dollars.

On June 21, 2006 Bud Stevens, our LMHS representative for medical examinations, was called and asked if he knew anyone who could do a nutritional consultation for us. We had fully expected there to be a charge for this type of counseling. As it turned out on-site nutritional

counseling was part of the occupational health department's physical examinations. It took a while to arrange but on July 10, 2006 Gary Church from LMHS contacted us and discussed the principles of wellness and what LMHS could offer us as clients. The things the LMHS does for employers are: pre-employment and annual physicals; drug screening; preventative health to decrease worker's compensation claims; and to streamline injured patients to facilities other then emergency departments when appropriate. The first three items on the list were our primary focus.

The on-site nutritional counseling had two parts. The first was a didactic session on the principles of nutrition. The second part was a hands-on cooking class which discussed food shopping, food preparation, meal planning, and a lesson on fat and sugar content of everyday foods. The focus was on planning and cooking vs. eating at restaurants and fast food drive-through; common places for shift workers to eat. Each shift received the didactic session first from Marjory Chutkan, a registered dietician with LMHS. The time for the class was 0900 hours and the dates for these lectures were August 17, 2006, August 22, 2006, and August 30, 2006. Once each personnel had the classroom training Celia Hill, director of the Lee County Extension Services, a local service provided by the University of Florida, gave each shift the hands on portion of the nutritional training. These classes were conducted while the personnel were on duty during dinner time, 1630-2000 hours, on the same dates.

The medical physical examinations were started on July 25, 2006 and the last personnel completed their medical physical examination on October 31, 2006. Each employee received a fit for duty notice from the attending physician, Doctor Fortier.

During the summer of 2006 the collective bargaining agreement was open for negotiations again. On August 15, 2006 the union agreed to a mandatory one-hour physical fitness program. See Appendix C.

As of December 1, 2006 all personnel are required to workout one-hour a day. The workout period can be arranged by the duty officer anytime during the shift and they may exercise at the department or at the local fitness center.

A questionnaire was sent out to every fire department in Lee County, Florida. The goal was to assess our local departments and survey if they had a wellness program or if they didn't what elements of a fitness program they had in place. The questionnaire is in Appendix B with the spreadsheet of results.

We surveyed twenty departments by telephone, fax and email. We received 11 responses. Of noteworthiness is the finding that no responding department in our county has a defined wellness program. Another interesting finding is that only two other responding departments have a mandatory physical fitness period. The other departments allow time for workout but don't enforce mandatory fitness. No other responding department offered nutritional counseling but after talking with us they learned the service is provided with the LMHS medical physicals. Four other departments use the LMHS as their medical physicals provider.

The limitations of the survey are obvious but predictable. Departments just don't take wellness seriously. This is true even in responding to our survey on wellness let alone the lack of a wellness program. At the start of this paper I thought we were way behind but the results of the survey, although limited, show we are on the right track.

A three-year implementation schedule for the wellness program is found in Appendix A and will be the bases for future compliance and negotiations.

Definitions:

Worker's Compensation Loss Ratio: the product of the financial outlay from the insurance carrier divided by the premium paid by the fire department to the insurance carrier for a worker's compensation claim.

Results

The following are conclusions reached on each of the three research questions. The first question asked what processes need to be established so the FMSFPRSD can provide a working environment that promotes physical fitness and cardiovascular health? The first process was to understand the WFI and what it was about. Researching the document found the five elements of the program: medical examinations; fitness testing and exercise; rehabilitation; behavioral health promotion; and data collection. The department budgeted for the medical examinations, fitness equipment, and personnel to attend the PFT certification class. The PFT's were involved in picking the fitness equipment and explaining the program to each the personnel. We bid the physical examinations and picked a service provider in accordance with NFPA 1582. The union contract was negotiated over two-years to include medical examinations and a mandatory physical fitness program. Equipment was purchased and time was allotted for wellness. In addition, nutritional counseling was provided so the underlying anatomy and physiology of diet was better understood by all personnel.

The second research question asked what partnerships need to be built in order to supply and support a mandatory physical fitness program within the FMSFPRSD? The first partnership that was built was with the employee representatives. The collaborative efforts of the IAFF and the IAFC set the stage for this easy partnership. As long as the program was not punitive buy-in was universal. Including the union in the PFT class and paying for them to attend facilitated the

buy in. Having one older PFT and one younger PFT seems to be beneficial. The second partnership was with the healthcare provider who conducted the medical examinations and provided the on-site nutritional counseling. These two professionals related nicely to the workforce. The third partnership was with retailers. Berry's Barbells gave us a discount on equipment and flooring, delivered and set up the equipment for a nominal fifty dollars, and provided training on the use and maintenance of the equipment. West Coast Installation also gave us a discount on the mirrors and installation. All work was timely and each retailer seemed interested that they were helping the fire department.

The third research question asked what are the essential components of a first-year physical fitness and cardiovascular health program and why are these components necessary for successful implementation of a long term program? Since we are a small fire department with moderate budget cost containment is always important. We do not have the funds, facilities, or personnel to implement a full WFI. We decided that the program was important enough to walk into it instead of running full force. The essential elements were establishing the medical examinations, getting equipment or a place to exercise, exercising every duty shift, having a commitment from the union to support the program, and having a medical insurance product that includes an employee assistance program. These are the essential components. Establishing that the department is interested in growing the program to include rehabilitation services, additional behavior health promotions, and a data collection process that is conducted by the health services provider and not in-house will help the three-year implementation of a WFI.

There is no specific data to analyze. The questionnaire was informative and is located in Appendix C for the reader's convenience. The lack of importance placed on wellness is

disheartening when approximately half of all deaths and half of all forced retirements are cardiac health related.

Discussion

At the outset of this research paper I was under the impression that our department was critically behind in the implementation of a wellness program. I found this erroneous on our part. The concept of wellness for our personnel in the fire service historically has not been a focal point for consideration (IAFF/IAFC/ACE, 2003). Leadership should start at the top and delegate those important concepts and projects to competent subordinates. In my experience the fire chief has never considered wellness a priority. Since leadership didn't consider fitness a priority it wasn't. The results from the survey imply this thought may be strikingly true. There are stories of firefighters coming up with their own fitness methods and fitness programs to supersede the lack of interest from administration. I know many a firefighter who has used the stairwells in the department for exercise. Just as detrimental was the Union who looked at fitness as a method to penalize personnel (IAFF/IAFC/ACE, 2003). The thought was that personnel were allowed to get out of shape over decades then with no plan for compliance those personnel were to be judged vs. the younger workforce.

The collaborative success of the development of the WFI cannot be understated. The elaborative results that include so much more then the standard physical fitness routine are complementary for both organizations.

The findings of Doctor Becker's cholesterol lowering experiment that pitted modern medicine vs. holistic methods of wellness is significant. The program is not time friendly however and with time management being the Achilles heal of the fire service I wonder how successful a program like this can be. Griffith concludes that even though department policies

need change and updating a personal wellness lifestyle is still the responsibility of the individual (Griffith, 2006).

As cardiovascular disease and sudden cardiac death remain the top killers of firefighters nationwide it is nice to see the consensus that the IAFC/IAFF have come to for the benefit of all concerned. The inclusion of a certification process for PFT expands the nontraditional function of the firefighter and is a cost containment factor for taxpayers.

Recommendations

The problem is that we are aware that cardiac related problems are the leading killer of firefighters. Because of this awareness the purpose of this research was to develop something that works that can be proven to reduce the problem. Because we are implementing something slowly is a positive. During the process we can reevaluate and make necessary changes. We will especially concentrate on those changes initiated by the group. The personnel are the focus and we believe they should direct the course of action as long as it parallels the WFI.

The primary recommendation is to implement the program over three-years.

Another recommendation would be not to rush the process. I thought I had the groundwork together to have the first year program fully implemented by the completion of my six-month ARP timeframe. This didn’t happen but we have progressed in the direction that exercise is being done every shift. The personnel have been introduced to nutrition both didactically and in the kitchen. Our personnel are constantly talking about losing fat and gaining muscle as opposed to just losing weight. Take the positive gains, no matter how small, and accept them as the feedback required to move forward with the program.

We did not go over in detail the responsibilities of NFPA 1582 Section 4.2: Fire Department Physician Responsibilities with Doctor Fortier prior to our medical physicals. We

believed he had a total grasp since he was the physician for the Regional Haz Mat Team and conducted medical physicals for other area departments. We will change this next cycle.

Another recommendation would be to enter into a formal agreement with LMHS to partnership their occupational health physician team as our fire department physician. We believe this would be the professional designation that would make the medical physicals totally compliant within three years.

We did not go over in detail the responsibilities of NFPA 1582 Section 4.3: Candidate and Member Responsibilities with the personnel prior to our medical physicals. Additionally we should have gone over in detail the responsibilities of NFPA 1582 Section 5.1: Essential Job Tasks and Descriptions with the personnel prior to our medical physicals. This information would have made the employees a more educated end user.

It is recommended that future readers build partnerships with their employee representatives or have someone within your organization that can build this relationship. Having language in the collective bargaining agreement for medical examinations and a mandatory fitness program that is more stringent for the new hire but allows flexibility for the senior employees is beneficial for the organization. With continued allotment of time and funding to wellness our future senior members should not be faced with the cardiovascular disease and sudden cardiac death associated with today's fire service culture.

Another recommendation would be to explore your area health care system. We found a medical examination provider that viewed wellness education as an important part of the health management system. The University of Florida Extension Office was a resource we didn't know existed in our community before we asked about nutritional counseling for our personnel. This partnership was at no cost to the tax paying members of our community.

An important facet of the program was to include the PFT certification course early in the process. We would recommend holding off the design and purchase of your exercise room equipment until you have your PFT's in place. The wise use of space and the procurement of equipment along with the buy-in from the group are easier with the PFT leading the way.

Finding resources so you do not have to reinvent an already established and working format is important. There are many departments that have already traveled this path and they are willing to share information. An example is the *Guide to Implement the IAFC/IAFF Fire Service Joint Labor Management Wellness/Fitness Initiative* that is available at the IAFC website. Our program utilizes the Implementation Checklist from this free offering as a template.

I recommend you set your goals high. I am expecting the second year of the wellness program to be more organized and focused on fitness that parallels the special operations training we have planned for the year. I believe the organization knows that special operations training will take a different level of fitness to perform the long hours of training.

References

Administrative Code Board of County Commissioners (2005): *Fire & ems impact fee ordinance administrative code.* Retrieved November 12, 2006 from http://www.lee-county.com/AdminCodes/PDF13-0/AC-13-18.pdf

American Council on Exercise, (2003). *ACE personal fitness trainer manual: The ultimate resource for fitness professionals, third edition.* United States: American Council on Exercise.

Basic Financial Statements Together with Reports of Independent Auditor Year Ended September 30, 2005. Presented September 21, 2006

Boyle, M., (n.d.). *Does it matter if you run or walk revisited. Retrieved November 18, 2006 from* http://www.coreperformance.com/article.php?p=3&s=1&id=235).

Christensen, A., & Rankin, D., (2002). American yoga association beginners manual fully revised and updated. New York: Fireside Publishing.

DHS, (2003): *Securing Our Homeland: U.S. Department of Homeland Security Strategic Plan.* Retrieved November 12, 2006 from http://www.usfa.dhs.gov/about/strategic/

FEMA, (2003). *Executive development.* Washington DC: U.S. Government Printing Office.

FEMA, (2005). *Executive leadership.* Washington DC: U.S. Government Printing Office.

Florida Mutual Insurance Trust. *Members loss report.* September 30, 2006

Griffith, T., (2006). *Increasing firefighter longevity through lifestyle management.* National Fire Academy Executive Fire Officer Program paper.

Goldstein, Josh. "Doctor Bets on Lifestyle Changes to Improve Cholesterol." Fort Myers News Press 28 Feb. 2006: E1+.

IAFC

IAFF/IAFC/ACE Peer Fitness Trainer: *Reference Manual*, 2003. United States: Healthy Learning

Locke, S., (2005). *Developing physical fitness evaluation criteria for the Hartford Fire Department.* National Fire Academy Executive Fire Officer Program paper.

NFPA, (2000). NFPA 1583: *Standard on health-related fitness programs for fire fighters, 2000 edition.*

NFPA (2000b). *NFPA 1583:* retrieved on November 28, 2006 from http://www.nfpa.org/freecodes/free_access_document.asp

NFPA, (2007). NFPA 1582: *Comprehensive occupational medical program for fire departments, 2007 edition.*

USFA, (2002). *NFA Board of Visitors Annual Report 2002*. Retrieved November 20, 2006 from http://www.usfa.dhs.gov/training/nfa/about/bov/02annrpt.shtm

USFA, (2003). *Executive fire officer program: operational policies and procedures: applied research guidelines.* Revised September 1, 2003

Appendix A

Fort Myers Shores Fire Department

Wellness Program

A Three Year Plan

December 2006-December 2009

December 2006

The ground work for a wellness program began in the summer of 2005 and as set the base for the next stage. The five components of a wellness program are:

1. medical evaluation
2. fitness testing and exercise
3. rehabilitation
4. behavioral health promotion
5. data collection

To date the department has made accomplishments in the following areas: 1) Medical evaluations have been completed for 2006 and have been budgeted for fiscal year 2007; 2) The exercise equipment is in place and fitness testing equipment has been budgeted for fiscal year 2007. 3) As of December 1, 2006 a mandatory one-hour exercise period has been instituted. During 2007 we will conduct personalized fitness evaluations and provide each employee with a personalized fitness program designed by the department peer fitness trainers; 4) behavioral health promotion will continue to be budgeted for and components such as critical incident stress debriefing, employee assistance programs, nutritional counseling, and smoking cessation will continue to be offered as requested; 5) we are in negotiations with the Athlete Profile, a sports specific training center, to conduct monthly fitness evaluations designed for competitiveness amongst shifts.

Areas for improvement in the second year of the program will include 1) a more clearly defined rehabilitation program for work related injury and illness. We will explore what other agencies are doing to promote wellness of retired employees and institute a program with dialog from the union; 2) we will start to compare the data from the first year of the program and

continue to measured and redefine data from year to year to assess the wellness program. Annually you will be asked to fill out a questionnaire and your answers will assist the PFT and the department physician in evaluating your overall wellness.

In the third and final year of the program we will be moving into the new station. This facility will have an exercise room that will be designed by our personnel with input from the PFTs and the department physician. We will have two full years of data to make quality, informed decisions on the wellness program and start to plan the next few years of the program by utilizing the SWOT method of strategic planning: strengths, weaknesses, opportunities and threats.

The mission of the Wellness Program: The Fort Myers Shores Fire Department's Wellness Program is an all encompassing wellness program based on employee health, fitness and wellbeing so we may continue to meet our organization's overall mission of providing service beyond expectation.

The vision of the Wellness Program: The Fort Myers Shores Fire Department's Wellness Program provides the members of the organization the opportunity to be mentally and physically prepared to accomplish each arduous task with proficiency and confidence no matter what the assignment.

An Example Exercise Program

Elements of a 60 minute physical fitness routine:

Yoga type static stretches with proper breathing—5 minutes

- Full Sun Position
- ½ Sun position
- Lunge stretch
- Twisted Triangle

Foam roller deep massage program—5 minutes

- Glutious maximus
- Lower back
- Upper back
    - Including scapulas and trapezoids
- Thighs
- Shins

Exercise ball stabilization balancing techniques—1 minute

Range of Motion Squats—4 minutes

Superman stretch and core performance dynamic stretches—8 minutes

Push-ups—to maximum 1-2 minutes

2 minutes for recovery time

30 minutes of 70-85 of their maximum heart rate.

- Treadmill or Elliptical Machine
    - Walk or run

Fundamental Measurements

	Neck	Chest	Waist	Hips	Thighs	Weight	Flexibility	Fat %
Burrell								
Clouse								
Dowaliby								
Duncan								
Gee								
Harrison								
Howard								
Jones								
Mann								
Phillips								
Rewis								
Roessl								
Sikes								
Summerall								
Swindle								
Terry								
Washburn								

Questionnaire for General Overall Well Being—Part of Data Collection Criteria

Rate each question on a 1-10 Scale with 1 being problematic and 10 being a positive sense of wellness.

Joint Flexibility as it pertains to a healthy condition

Ankles

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Knees

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Hips

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Lower Back

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Upper Back

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Shoulders

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Neck

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Elbows

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Wrist

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Joint Comfort as it pertains to a healthy condition

Ankles

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Knees

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Hips

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Lower Back

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Upper Back

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Shoulders

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Neck

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Elbows

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Wrist

1 2 3 4 5 6 7 8 9 10

Problematic Positive

Do you have Pain in any of the following areas of the body?

Ankles

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Knees

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Hips

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Lower Back

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Upper Back

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Shoulders

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Neck

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Elbows

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Wrist

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Legs

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Pelvis

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Abdomen

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Chest

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Head, Neck, and/or Shoulders

1 2 3 4 5 6 7 8 9 10

No Pain Very Painful

Appendix B

Questionnaire on Wellness Programs

1. Do you have a mandatory wellness program?
   If no, go to next question.
   If yes, which of the following components does it have?
   - Medical Examinations
   - Fitness testing and exercise
   - Rehabilitation
   - Behavioral Health promotion
   - Data Collection
   - Provision in the Union Contract addressing wellness/fitness

2. Do you have a mandatory physical fitness program?

3. Do you have a provision in the Union Contract that addresses wellness/fitness

4. Are personnel allowed to workout on duty?
   - Do you have equipment in house?

   - Do you allow personnel to go to an outside fitness center to workout while on duty?
5. Do you offer nutritional counseling?
   - Is it offered on duty?

6. Do you have mandatory medical physical examinations?
   - Is the physician board certified in occupational health?

Survey Results—Refer to questionnaire

Question	Alva	Bayshore	Boca Grande	Bonita Springs	Cape Coral	Captiva	City of Ft. Myers	Division of Forestry	Estero	Ft. Myers Beach	Iona Mcgregor	Port Authority	Lehigh Acres	Matlacha-Pine Island	North Ft. Myers	San Carlos	Sanibel	South Trail	Tice	Upper Captiva
#1	N	N			N		N	N		N		N			N	N	N		N	
	-	-			-			-		-		-			-	-	-		-	
	-	-			-			-		-		-			-	-	-		-	
	-	-			-			-		-		-			-	-	-		-	
	-	-			-			-		-		-			-	-	-		-	
	-	-			-			-		-		-			-	-	-		-	
	-	-			-			-		-		-			-	-	-		-	
#2	N	N (1)			N (3)		Y	N (7)		N (4)		N (4)			N (4)	Y	N (4)		Y	
#3	-	-			N		Y	-		Y (4)		N			N	Y	?		Y	
#4	Y	Y			Y		Y	N (7)		Y (4)		Y (4)			Y	Y	Y		Y	
	Y	Y			Y		Y	N (7)		Y		Y			Y	Y	Y		Y	
	N	N			N		N	N		Y (5)		N			N	N	N		N	
#5	N	N			N		N	N		Y (6)		N			N	N	N		N	
	-	-			-			-		Y		-			-	-	-		-	
#6	N	Y			Y		Y	Y (7)		Y		Y			Y	Y	Y		Y	
	N/A	Y (2)			Y (2)		Y	N		Y (2)		Y			?	?	Y		N (8)	
	Loretta Lawhon	Cyndi Ott		Ted Kaklis	Sharon		Captain Foster	Bo Gilham	FF Steve Harris	AC Evans	John Spicuzza	BC Phil Crittendon	Mike Pcolar		Sandy Zamarilla	Kass Whidden	Mary Hickey	DC Lombardo	Rena Smart	

1) Not mandatory, but 1 hour a day is suggested

2) He/she thinks so but is not sure.

3) Not mandatory but captains will substitute physical training if their personnel are not using the equipment provided.

4) Not mandatory but 1 hour a day is set aside for exercise or study.

5) Saturdays they can go to the gym after truck check.

6) Not on a regular basis but they have offered programs at different times on nutrition, etc.

7) Limited—if they fail the yearly pack test they have either 20 or 30 minutes a day available to work out, otherwise they are not allowed to workout on duty. The only equipment available is whatever the employees have brought in.

8) They go to their own physicians so some may be.

Appendix C

ARTICLE 32 MEDICAL EXAMINATION/DRUG FREE WORKPLACE

32.1 The Ft. Myers Shores Fire Control District shall require compliance of the "Drug Free Workplace" as authorized in Florida Statute 440.102 and Chapter 59A-24 of the Florida Administrative Code.

32.2 In the effort of maintaining the health and well being of the employees covered by this Agreement, the Employer agrees to furnish all employees with a Physical Exam once a year. All employees will be given fourteen (14) days notification of any such Physical Exam. Physicals will only be provided through a physician approved by the Fire Chief.

32.3 Employees will be allowed to complete all parts of their annual physical examinations on-duty or on overtime, at the direction of the department. Overtime shall only be paid for time at the medical facility.

32.4 Any results of the physical examination and/or test results, including the cardiac treadmill stress test, shall, unless otherwise required by law, be held confidential between the physician, the Fire Chief, and the employee. If the results of the physical examination and/or tests reveals a condition that could affect the employee's ability to perform his job responsibilities, the Fire Chief may notify the Bureau of Fire Standards and Training.

32.5 In the effort of maintaining the health and well being of the employees covered by this Agreement, the Employer shall have the right to test employees to determine the use of illegal Chemical Substances in accordance with Florida Statutes. The Fire Chief may send an employee on duty or pay overtime if the employee is off -duty. The procedure will be as outlined in Chapter 440.101, 440.102 in its entirety of the Florida Statutes.

32.6 A mandatory physical fitness/training program shall be implemented which requires one hour of physical fitness/training per employee per shift.