

NFPA 1583

Standard on Health-Related Fitness Programs for Fire Fighters

2000 Edition



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An International Codes and Standards Organization

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NFPA 1583

Standard on

Health-Related Fitness Programs for Fire Fighters

2000 Edition

This edition of NFPA 1583, *Standard on Health-Related Fitness Programs for Fire Fighters*, was prepared by the Technical Committee on Fire Service Occupational Medical and Health and acted on by the National Fire Protection Association, Inc., at its World Fire Safety Congress and Exposition™ held May 14–17, 2000, in Denver, CO. It was issued by the Standards Council on July 20, 2000, with an effective date of August 18, 2000.

This edition of NFPA 1583 was approved as an American National Standard on August 18, 2000.

Origin and Development of NFPA 1583

In the initial development of NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*, the document contained language regarding the development of a fire department physical fitness program. This requirement has remained in subsequent editions of NFPA 1500, without explanatory material or reference to fire service occupational safety and health.

In the standards-making process, this technical committee struggled with the development of a specific document and worked to include it as a standard in the suite of occupational safety and health documents. The first proposed document was voted on by the Association membership and passed in Chicago in 1996. It was subsequently appealed and later withdrawn from the NFPA system by the technical committee.

In June 1997 the new Technical Committee on Fire Service Occupational Medical and Health revived the project, but with a new focus. That focus was based on the intent that a fire fighter should have a comprehensive document based on a healthy lifestyle, with a fitness component. The committee members felt that other areas of fire fighter health and safety (i.e., protective equipment and clothing, fire apparatus, and incident command) had evolved to address specific areas of occupational safety, but had not focused on health.

NFPA statistics continue to show that almost 50 percent of fire fighter fatalities are heart attacks, and almost 50 percent of those who died had heart-related problems. The development and issuance of NFPA 1582, *Standard on Medical Requirements for Fire Fighters and Information for Fire Department Physicians*, in 1992, with subsequent editions, emphasizes the need for annual medical evaluations. The technical committee believes that a health-related fitness program will contribute significantly to reducing fire fighter fatalities and injuries. 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.

The committee considers this standard to be a companion document to NFPA 1582, and that, if used by fire departments, it will reduce fire fighter fatalities and injuries. Furthermore, the committee considers this standard to be a tool to be used in conjunction with the Joint Labor-Management Wellness Initiative, developed by the International Association of Fire Fighters (IAFF) and the International Association of Fire Chiefs (IAFC). The work done by the fire department physicians in the development of this standard, as well as their ongoing contributions to fire service occupational health and safety, are to be commended.

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NOTE: Membership on a committee shall not in and of itself constitute an endorsement of the Association or any document developed by the committee on which the member serves.

Committee Scope: This Committee shall have primary responsibility for documents on occupational medicine and health in the working environment of the fire service.

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NFPA 1583**Standard on****Health-Related Fitness Programs
for Fire Fighters****2000 Edition**

NOTICE: An asterisk (*) following the number or letter designating a paragraph indicates that explanatory material on the paragraph can be found in Appendix A.

Information on referenced publications can be found in Chapter 8 and Appendix C.

Chapter 1 Administration**1.1 Scope.**

1.1.1 The requirements in this standard are the minimum requirements of the development, implementation, and management for a health-related fitness program (HRFP).

1.1.2 These requirements are applicable to public, governmental, military, private, and industrial fire department organizations providing rescue, fire suppression, emergency medical services, hazardous materials mitigation, special operations, and other emergency services.

1.1.3 This standard is not applicable to industrial fire brigades or to industrial fire departments meeting the requirements of NFPA 600, *Standard on Industrial Fire Brigades*. Industrial fire brigades or fire departments shall also be permitted to be known as emergency brigades, emergency response teams, fire teams, plant emergency organizations, or mine emergency response teams.

1.2 Purpose.

1.2.1* The purpose of this standard is to provide the minimum requirements for a health-related fitness program for fire department members who are involved in rescue, fire suppression, emergency medical services, hazardous materials operations, special operations, and related activities.

1.2.2 Implementation of this document shall promote the members' ability to perform occupational activities with vigor and to demonstrate the traits and capacities normally associated with a low risk of premature development of injury, morbidity, and mortality.

1.2.3 Nothing herein shall be intended to restrict any jurisdiction from exceeding these requirements.

1.2.4 This document is not intended to establish physical performance criteria.

1.3 Application.

1.3.1 When this standard is adopted by a jurisdiction, the authority having jurisdiction shall set a date or dates for achieving compliance with the requirements of this standard and shall be permitted to establish a phase-in schedule for compliance with specific requirements of this standard.

1.3.2 The fire department shall incorporate the requirements of this standard in their risk management plan.

1.4 Definitions.

1.4.1* **Approved.** Acceptable to the authority having jurisdiction.

1.4.2* **Authority Having Jurisdiction.** The organization, office, or individual responsible for approving equipment, materials, an installation, or a procedure.

1.4.3 **Candidate.** A person who has submitted an application to become a member of the fire department.

1.4.4 **Communicable Disease.** A disease, sometimes known as a contagious disease, that can be transmitted from one person to another.

1.4.5 **Component.** An element of a larger system or program.

1.4.6 **Composite Program.** A program made up of distinct components or elements.

1.4.7 **Confidential Data.** Information, especially information organized for analysis or used as the basis for decision making, that is communicated only in a restricted manner.

1.4.8 **Debilitating Illness or Injury.** A condition that temporarily or permanently prevents a member of the fire department from engaging in normal duties and activities as a result of illness or injury.

1.4.9 **Drug.** Any substance, chemical, over-the-counter medication, or prescribed medication that can affect the performance of the fire fighter.

1.4.10 **Emergency Operations.** Activities of the fire department relating to rescue, fire suppression, emergency medical care, and special operations, including response to the scene of an incident and all functions performed at the scene.

1.4.11 **Facility.** See definition 1.4.14, Fire Department Facility.

1.4.12 **Fire Chief.** The highest ranking officer in charge of a fire department.

1.4.13* **Fire Department.** An organization providing rescue, fire suppression, and related activities and, in many cases, emergency medical services, hazardous materials operations, and special operations.

1.4.14* **Fire Department Facility.** Any building or area owned, operated, occupied, or used by a fire department on a routine basis.

1.4.15 **Fire Department Member.** See definition 1.4.28, Member.

1.4.16 **Fire Department Physician.** The licensed doctor of medicine or osteopathy who has been designated by the fire department to provide professional expertise in the areas of occupational safety and health as they relate to emergency services.

1.4.17* **Fire Suppression.** The activities involved in controlling and extinguishing fires.

1.4.18* **Hazard.** The potential for harm or damage to people, property, or the environment.

1.4.19 **Health and Fitness Coordinator.** The person who, under the supervision of the fire department physician, has been designated by the department to coordinate and be responsible for the health and fitness programs of the department.

1.4.20* **Health and Safety Officer.** The member of the fire department assigned and authorized by the fire chief as the manager of the safety and health program and who performs the duties and responsibilities specified in this standard.

1.4.21 Health Database. A compilation of records and data that relates to the health experience of a group of individuals and is maintained in a manner such that it is retrievable for study and analysis over a period of time.

1.4.22 Health Promotion. Preventive activities that identify real and potential health risks in the work environment and that inform, motivate, and otherwise help people to adopt and maintain healthy practices and lifestyles.

1.4.23* Health-Related Fitness Program (HRFP). A comprehensive program designed to promote the member's ability to perform occupational activities with vigor, and to assist the member in the attainment and maintenance of the premature traits or capacities normally associated with premature development of injury, morbidity, and mortality.

1.4.24 Infection Control Program. The fire department's formal policy and implementation of procedures relating to the control of infectious and communicable disease hazards where employees, patients, or the general public could be exposed to blood, body fluids, or other potentially infectious materials in the fire department work environment.

1.4.25 Infectious Disease. An illness or disease resulting from invasion of a host by disease-producing organisms such as bacteria, viruses, fungi, or parasites.

1.4.26 Medical Evaluation. The analysis of information, sometimes obtained from a medical examination, for the purpose of making a determination of medical certification.

1.4.27 Medical Examination. An examination performed or directed by the fire department physician.

1.4.28* Member. A person involved in performing the duties and responsibilities of a fire department, under the auspices of the organization.

1.4.29 Member Assistance Program (MAP). A generic term used to describe the various methods used in the fire department for the control of alcohol and other substance abuse, stress, and personal problems that adversely affect member performance.

1.4.30* Member Organization. An organization formed to represent the collective and individual rights and interests of the members of the fire department, such as a labor union or fire fighters' association.

1.4.31* Morbidity. The state of being diseased.

1.4.32 Mortality. The death rate, or the ratio of the number of deaths to a given population.

1.4.33 Occasionally Assigned. The infrequent fire-fighting responsibility in a given jurisdiction, district, or area, or fire-fighting situations that are less likely to occur or that occur on an infrequent basis within the response area.

1.4.34 Occupational Illness. An illness or disease contracted through or aggravated by the performance of the duties, responsibilities, and functions of a fire department member.

1.4.35 Occupational Injury. An injury sustained during the performance of the duties, responsibilities, and functions of a fire department member.

1.4.36 Primarily Assigned. The principal fire-fighting responsibility in a given jurisdiction, district, or area, or the fire-fighting situations that are most likely to occur within the response area.

1.4.37 Procedure. An organizational directive issued by the authority having jurisdiction or by the department that establishes a specific policy that must be followed.

1.4.38 Punitive. Inflicting or aiming to inflict punishment.

1.4.39 Qualified Person. A person who, by possession of a recognized degree, certificate, professional standing, or skill, and who, by knowledge, training, and experience, has demonstrated the ability to deal with problems related to the subject matter, work, or project.

1.4.40 Related Activities. Any and all functions that fire department members can be called upon to perform in the execution of their duties.

1.4.41 Risk. A measure of the probability and severity of adverse effects. These adverse effects result from an exposure to a hazard.

1.4.42 Risk Management. Identification and analysis of exposure to hazards, selection of appropriate risk management techniques to handle exposures, implementation of chosen techniques, and monitoring of results, with respect to the health and safety of members.

1.4.43 SCBA. See definition 1.4.44, Self-Contained Breathing Apparatus.

1.4.44 Self-Contained Breathing Apparatus (SCBA). A respirator, worn by the user, that supplies a respirable atmosphere that is either carried on or generated by the apparatus and is independent of the ambient environment.

1.4.45 Shall. Indicates a mandatory requirement.

1.4.46 Should. Indicates a recommendation or that which is advised but not required.

1.4.47 Standard. A document, the main text of which contains only mandatory provisions using the word "shall" to indicate requirements and which is in a form generally suitable for mandatory reference by another standard or code or for adoption into law. Nonmandatory provisions shall be located in an appendix, footnote, or fine-print note and are not to be considered a part of the requirements of a standard.

1.4.48 Standard Operating Procedure. An organizational directive that establishes a course of action.

Chapter 2 Organization

2.1 Program Overview.

2.1.1 The fire chief shall have the ultimate responsibility for the fire department's health-related fitness program as required by NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*.

2.1.2* The fire department shall establish and provide a health-related fitness program that enables members to develop and maintain a level of health and fitness to safely perform their assigned functions.

2.2 Program Components. The health-related fitness program shall include the following components:

- (1) The assignment of a qualified health and fitness coordinator
- (2) A periodic fitness assessment for all members
- (3) An exercise training program that is available to all members
- (4) Education and counseling regarding health promotion for all members
- (5) A process for collecting and maintaining HRFP data