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OFFICE OF THE STATE FIRE MARSHAL
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Date: April 10, 2020

Attachment 5

To: John Binaski, Chairperson
Statewide Training and Education Advisory Committee
c/o State Fire Training

From: Kevin Conant, Fire Service Training Specialist III
Caryn Petty, Deputy State Fire Marshal

SUBJECT/AGENDA ACTION ITEM:

Behavioral Health and Cancer Awareness (2020) FSTEP Curriculum

Recommended Actions:

Approval – Behavioral Health and Cancer Awareness 1A: Front-Line Responder (2020)
Behavioral Health and Cancer Awareness 2A: First-Level Supervisor (2020)
Behavioral Health and Cancer Awareness 3A: Organizational Leader (2020)

Background Information:

Staff is presenting this curriculum to STEAC for Information Only. The Steering Committee and other stakeholders directed staff to develop a series of courses integral in addressing the need to develop curriculum on fire service behavioral health and cancer awareness. Behavioral Health and Cancer Awareness is an emerging topic with significant resources, research, and attention being devoted to the subject. NFPA standards have not yet been developed, however, and stakeholders are demanding these subjects be addressed with the intention of educating the workforce and simultaneously influencing the standards making process.

The FSTEP Instructor requirements have been developed by State Fire Training and the three (3) Behavioral Health and Cancer Awareness Course Plans are complete and intended to function as both stand-alone FSTEP courses with eventual integration into the CFSTES curriculum for professional development. A cadre of experienced subject matter experts with extensive technical expertise in these disciplines were selected from various agencies statewide and backgrounds with the mission of further developing and validating the content and instructor requirements for these FSTEP courses.

Cadre Leadership

Kevin Conant, Fire Service Training Specialist III; Caryn Petty, Deputy State Fire Marshal; Laura Garwood, Cadre Editor, Sacramento State.

Development/Validation Cadre Members

Tim Andre, Battalion Chief, Huntington Beach Fire Department; Robert Anthony, Assistant Director, Firefighter Cancer Support Network; Brent Brainard, Wellness Officer, San Diego Fire-Rescue Department; Noah Brownlow, Battalion Chief, Richmond Fire Department; Dr. Alana Brunacini, Licensed Counselor and Behavioral Health specialist; Chris Emmons, Battalion Chief, Humboldt Fire Department; Mike Massone, Captain, San Diego Federal Firefighters; Mike Ming, Deputy Fire Chief Employee Support Services, CAL FIRE; Dionisio Mitchell, Ph.D. (c), Battalion Chief, Kern County Fire Department; Mary Murphy, RN, Medical Services Officer, North County Fire Protection District; Mynda Ohs, Ph.D., Author and Psychologist, Private Practice; Kristin Thompson, EMS Chief, Newport Beach Fire Department; Derek Urwin, Ph.D. (c), Engineer, Los Angeles County Fire Department; Rob Wheatley, Division Chief and Director of Fire Training, CAL FIRE.

Several of the cadre members are State Fire Training Registered Instructors and all have extensive experience in the clinical, practical, or operational setting with this subject matter. The diversity of experience, education, training, and practical application of the subject matter included members of the Labor/Management California Fire Service Behavioral Health Task Force, licensed therapists, Ph.Ds., two Ph.D. candidates, Master's thesis subject matter authors, program directors, program coordinators, peer members, RNs, paramedics, EMTs, and cancer and trauma survivors. The development of the course required a week-long session, with additional work by the editor, cadre members, and cadre leads to finalize the course plan. Since these are FSTEP Courses, the development of a Certification Training Standards (CTS) was not required. Terminal Learning Objectives (TLO) were established and the supporting Enabling Learning Objectives (ELO) were developed using the latest evidence-based research and industry best practice, using several others references as supporting documents in creating the individual Course Plans.

Analysis/Summary of Issue:

1. Instructional delivery staff are strongly encouraging the use of culturally-competent clinicians and lecturers due to the technical nature of the curriculum.
2. Behavioral Health and Cancer Awareness 1A: Front-Line Responder (2020) is an 8-hour course including 6:15 (hours: minutes) of lecture/discussion and 1:45 (hours: minutes) of application and skills. The course may be delivered as an FSTEP course or within the fire academy setting by a Fire Fighter Academy Instructor, Subject Matter Experts, and Guest Lecturers. The FSTEP course delivery would provide students with a SFT diploma upon successful completion. This delivery allows access to the Awareness Level curriculum for incumbent members seeking personal and professional development. The academy delivery would not result in an SFT diploma.

This course provides the student the opportunity for learning and demonstrating the basics of behavioral health and cancer awareness by describing stress and listing stressors, identifying and describing the impacts of stress, describing factors and demonstrating practices for resilience, describing types, prevalence, and causes of cancer, describing exposure to carcinogenic chemicals, and

describing and demonstrating minimizing exposure and risk to cancerous contaminants.

3. Behavioral Health and Cancer Awareness 2A: First-Level Responder (2020) is a 24-hour course including 14:30 (hours: minutes) of lecture/discussion and 9:30 (hours: minutes) of application and skills. This course is a stand-alone FSTEP course intended for the leadership-level fire service student. BHCA 1A will serve as the prerequisite for this course. Students will receive a SFT diploma upon successful completion of this course.

This course is intended for the fire service member operating in a leadership capacity. The Behavioral Health and Cancer Awareness 2A (2020) course provides leadership-level information on and best practices for cancer awareness, including communicating risk about and minimizing and mitigating toxic exposure and risk; creating a supportive environment, overcoming barriers, and effecting change; and laws, regulations, standards, and policies. This course also provides leadership-level information on and best practices for behavioral health, including stressors on members and leaders; stress impacts; overcoming barriers to behavioral health and resiliency, creating a supportive environment, member engagement, and effecting change; support resources and how to access them; and documentation types and requirements.

4. Behavioral Health and Cancer Awareness 3A: Organizational Leader (2020) is a 24-hour course including 13:00 (hours: minutes) of lecture/discussion and 11:00 (hours: minutes) of application and skills. This is a stand-alone FSTEP course intended for the chief-officer-level fire service student. BHCA 2A will serve as the prerequisite for this course. Students will receive a SFT diploma upon successful completion of this course.

This course provides chief-officer-level information on the science of cancer, the budgetary and policy impacts, implementing policies and procedures and overcoming challenges to mitigation and minimization of toxic exposure, and developing a cancer-prevention program. It also provides information on the prevalence of behavioral-health issues and the impacts of prevention, implementing policies and procedures and overcoming challenges to increase wellness, and developing a behavioral health and wellness program.

5. This series of courses is intended to address the need for creating fire service behavioral health and cancer awareness education. The curriculum is designed to include an Awareness-level course (firefighter, crew member) for the Front-Line Responder, an Operations-level course (company officer) for the First-Line Supervisor, and a Technician-level course (Chief Officer/Program Manager-Coordinator) for the Organizational Leader.



BEHAVIORAL HEALTH AND CANCER AWARENESS (2020) Curriculum Implementation Plan

Issued: August 2020

OVERVIEW

This document is intended to provide information for all State Fire Training (SFT) stakeholders on the new Behavioral Health and Cancer Awareness 1A, 2A, and 3A (2020) Fire Service Training and Education (FSTEP) curriculum. Stakeholders are encouraged to study this information carefully and seek clarification from SFT if questions arise.

Behavioral Health and Cancer Awareness 1A: Front-Line Responder (2020) is an 8-hour course and is the first in the series of courses intended to address the need for creating an Awareness level course (firefighter, crew member).

This course is intended for any member of the fire service. The Behavioral Health and Cancer Awareness 1A: Front-Line Responder (2020) course provides the student the opportunity for learning the basics of Behavioral Health and Cancer Awareness by describing stress and listing stressors; identifying and describing the impacts of stress; describing factors and demonstrating practices for resilience; describing types, prevalence, and causes of cancer; describing exposure to carcinogenic chemicals; and describing and demonstrating minimizing exposure and risk to cancerous contaminants.

Behavioral Health and Cancer Awareness 2A: First-Level Supervisor (2020) is a 24-hour course intended to provide leadership-level information and best practices for cancer mitigation and behavioral health for the aspiring Company Officer and/or fire service leader.

This course is intended for the fire service member operating in a leadership capacity. The Behavioral Health and Cancer Awareness 2A: First-Level Supervisor (2020) course provides leadership-level information on and best practices for cancer awareness, including communicating risk about and minimizing and mitigating toxic exposure and risk; creating a supportive environment, overcoming barriers, and effecting change; and laws, regulations, standards, and policies. This course also provides leadership-level information on and best practices for behavioral health, including stressors on members and leaders; stress impacts; overcoming barriers to behavioral health and resiliency, creating a supportive environment, member engagement, and effecting change; support resources and how to access them; and documentation types and requirements.

Behavioral Health and Cancer Awareness 3A: Organizational Leader (2020) is a 24-hour course intended to provide chief-officer-level information on the development of inclusive cancer prevention and behavioral health and wellness programs.

The Behavioral Health and Cancer Awareness 3A: Organizational Leader course provides chief-officer-level information on the science of cancer, the budgetary and policy impacts, implementing policies and procedures and overcoming challenges to mitigation and minimization of toxic exposure, and developing a cancer-prevention program. It also provides information on the prevalence of behavioral-health issues and the impacts of prevention, implementing policies and procedures and overcoming challenges to increase wellness, and developing a behavioral health and wellness program.

This new FSTEP curriculum has been developed based on the latest evidence-based research and industry best practices, and using several others references as supporting documents. Behavioral health and cancer awareness are emerging topics where significant resources, research, and attention is being dedicated to the study of the topics. To date, NFPA standards have not yet been developed, however, stakeholders are demanding information on these subjects be addressed with the intention of educating the workforce and simultaneously influencing policy and the standards-making process.

The Course Plans are available on the SFT website.

BEHAVIORAL HEALTH AND CANCER AWARENESS COURSE IMPLEMENTATION

Behavioral Health and Cancer Awareness 1A, 2A, and 3A (2020)..... Available September 1, 2020

New Curriculum	Hours
Behavioral Health and Cancer Awareness 1A: Front-Line Responder (2020)	8 Hours
Behavioral Health and Cancer Awareness 2A: First-Level Supervisor (2020)	24 Hours
Behavioral Health and Cancer Awareness 3A: Organizational Leader (2020)	24 Hours

INSTRUCTOR REQUIREMENTS

Instructor Registration Available September 1, 2020

The Behavioral Health and Cancer Awareness 1A (2019) Course may be delivered in the academy setting as part of the Fire Fighter 1: Structure Course Plan or as a stand-alone FSTEP course. Behavioral Health and Cancer Awareness 2A and 3A (2020) may be delivered independently with respect to the successive prerequisites.

Instructional staff is highly encouraging the use of subject matter experts as Guest Lecturers, in accordance with the State Fire Training Procedures Manual, due to the significant technical information presented in this course.

SFT Registered Instructors for this curriculum will be required to demonstrate cultural competency in their Registered Instructor application and supplemental Chief’s letter verifying the following:

1. A minimum of five (5) years’ full-time employment within a recognized fire agency in California **OR** a minimum ten (10) years’ volunteer or paid-call employment within recognized fire agency in California
2. A minimum of two (2) years’ experience in at least one of the following fire service behavioral health area(s)
 - a. Peer Support
 - b. Peer Instructor
 - i. International Critical Incident Stress Foundation (ICISF), International Association of Firefighters (IAFF), or AHJ
 - c. Policy Development

- d. Agency health and wellness programs
- e. Agency injury/illness prevention programs
3. A minimum of two (2) years' experience in at least one of the following fire service cancer mitigation and exposure reduction area(s)
 - a. Cancer mitigation and exposure reduction programs
 - b. Policy Development
 - c. Agency health and wellness programs
 - d. Agency injury/illness prevention programs
4. Authority Having Jurisdiction (AHJ) letter verifying the applicant's qualification to deliver training

Instructor Currency

To maintain instructor currency and relevancy, registered instructors for Behavioral Health and Cancer Awareness courses shall complete a minimum eight (8) continuing education hours obtained via verifiable topic-specific conferences, seminars, and/or workshops. Instructors are required to maintain documentation of continuing education hours for five (5) years. Registered Instructors shall furnish SFT documentation upon request.

POTENTIAL AGENCY IMPACTS

Fire agencies desiring to utilize the course completion as a requirement for their recruitment/promotion activities should review the curriculum and certification requirements to ensure that all agency training needs are being met. After review, Fire Agencies should update their job specifications and recruitment documentation to reflect these new courses and requirements.

The Behavioral Health and Cancer Awareness 1A: Front-Line Responder (2019) course may be delivered in the Fire Fighter Academy setting as part of the 2019 FF1A Structural Course Plan or as a stand-alone FSTEP course. If delivered in a Fire Fighter Academy, the instructor-of-record is not required to be a Registered FSTEP Instructor. Instead, the Academy Instructor must comply with the Procedures Manual requirements for Academy instruction including Instructor 1 Certification and successful completion of either Ethical Leadership in the Classroom (2007) or Ethics for Instructors (2018). FSTEP course delivery requires Registered Instructor status in the SFT system.

Students attending the Academy delivery of Behavioral Health and Cancer Awareness 1A: Front-Line Responder (2019) will not receive an SFT Course Completion Diploma. Students attending the FSTEP delivery of the course will be provided an FSTEP diploma upon successful completion of the course.

Accredited Regional Training Programs (ARTP), Accredited Local Academies (ALA), community colleges, and all other local delivery venues need to review the curriculum and seek approval from their curriculum committee / program sponsor, as appropriate. ARTPs should review the new curriculum and discuss potential impacts with their advisory committees.



Front-Line Responder

Course Plan

Course Details

Description:	This course provides awareness-level information on behavioral health and cancer for front-line responders, including describing stress and listing stressors; identifying and describing the impacts of stress; describing factors and demonstrating practices for resilience; describing types, prevalence, and causes of cancer; describing exposure to carcinogenic chemicals; and describing and demonstrating minimizing exposure and risk to cancerous contaminants.
Designed For:	Front-line responders
Authority:	Office of the State Fire Marshal
Standard:	Complete all activities and formative tests.
Hours:	Lecture: 6:15 Activities: 1:45
Hours (Total):	8:00
Maximum Class Size:	50
Instructor Level:	Registered Instructor
Instructor/Student Ratio:	1:50 lecture, 1:10 activities
SFT Designation:	FSTEP

Required Resources

Instructor Resources

To teach this course, instructors need:

- See Online Resources

Online Instructor Resources

The following instructor resources are available online:

- State Fire Training FSTEP Curriculum: <https://osfm.fire.ca.gov/divisions/state-fire-training/fstep-curriculum/>
- Firefighter Safety Through Advanced Research: <http://www.fstaresearch.org>
- Fire Hero Learning Network: https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx
- Firestrong: <https://www.firestrong.org>
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- Florida Firefighter Safety and Health Collaborative: <https://www.floridafirefightersafety.org>
- Healing Our Own: <https://healingourown.org>
- IAFF Health and Safety: <http://client.prod.iaff.org/#page=ProgramsAndServices>
- National Volunteer Fire Council: <https://www.nvfc.org>
- UL Firefighter Safety: Health Research: <https://ulfirefightersafety.org/research-projects/health/index.html>

Behavioral Health:

- Everyone Goes Home: <https://www.everyonegoeshome.com>
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/FLSI13TSQ.pdf>
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- FRCE Behavioral Health Awareness Training Instructor's Manual: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/behavioral-health-instructor-guide.pdf>

Behavioral Health and Cancer Awareness 1A

Cancer Awareness:

- IAFC Lavender Ribbon Report Best Practices for Preventing Firefighter Cancer: https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d_8
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- FRCE Fire Service Cancer Awareness Training Instructor's Manual: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/Cancer-Awareness-Training-Instructors-Guide.pdf>
- Healthy In – Healthy Out: <https://www.wscff.org/health-wellness/healthy-in-healthy-out/>

Student Resources

To participate in this course, students need:

- Everyone Goes Home: <https://www.everyonegoeshome.com>
- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- Fire Hero Learning Network: https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- Firefighter Safety Through Advanced Research: <http://www.fstaresearch.org>
- Firestrong: <https://www.firestrong.org>
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- Florida Firefighter Safety and Health Collaborative: <https://www.floridafirefightersafety.org>
- FRCE Behavioral Health Awareness Training Student Guide: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/behavioral-health-student-guide.pdf>
- Healing Our Own: <https://healingourown.org>
- Healthy In – Healthy Out: <https://www.wscff.org/health-wellness/healthy-in-healthy-out/>
- IAFC Lavender Ribbon Report Best Practices for Preventing Firefighter Cancer: https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d_8

Behavioral Health and Cancer Awareness 1A

- IAFF Health and Safety: <http://client.prod.iaff.org/#page=ProgramsAndServices>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/FLS113TSQ.pdf>
- UL Firefighter Safety: Health Research: <https://ulfirefightersafety.org/research-projects/health/index.html>

Facilities, Equipment, and Personnel

The following facilities, equipment, or personnel are required to deliver this course:

Facilities

- Classroom
- Open area for practice decontamination
- Yoga or relaxation activity space

Equipment

- Whiteboards, projectors, markers, erasers, and other classroom materials
- Complete sets of wildland and structural PPE and SCBA for each student
- Selection of fire fighting tools and equipment
- Wipes (can be simulations, e.g., paper towels)
- Isolation bags
- Gross decontamination kit, including buckets, brushes (wet and dry), dish soap, water supply (hoses, nozzles, and fittings)
- Hard copies or technology for self-assessment

Personnel (Optional)

- Yoga or relaxation instructor
- Culturally competent subject matter experts
- First responders providing testimonials

Unit 1: Introduction

Topic 1-1: Orientation and Administration

Terminal Learning Objective

At the end of this topic, a student will be able to identify facility and classroom requirements and identify course objectives, events, requirements, assignments, activities, resources, evaluation methods, and participation requirements in the course syllabus.

Enabling Learning Objectives

1. Identify facility requirements
 - Restroom locations
 - Food locations
 - Smoking locations
 - Emergency procedures
2. Identify classroom requirements
 - Start and end times
 - Breaks
 - Electronic device policies
 - Special needs and accommodations
 - Other requirements as applicable
3. Review course syllabus
 - Course objectives
 - Calendar of events
 - Course requirements
 - Student evaluation process
 - Assignments
 - Activities
 - Required student resources
 - Class participation requirements

Discussion Questions

1. To be determined by the instructor

Activities

1. To be determined by the instructor.

Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series

Terminal Learning Objective

At the end of this topic, a student will be able to identify the different levels of the Behavioral Health and Cancer Awareness curriculum series and the courses and requirements for completion.

Enabling Learning Objectives

1. Identify the courses in the Behavioral Health and Cancer Awareness curriculum series
 - BHCA 1A: Front-line Responder
 - BHCA 2A: First-Level Supervisor
 - BHCA 3A: Organizational Leader
2. Identify any other requirements for the curriculum series

Discussion Questions

1. To be determined by the instructor.

Activities

1. To be determined by the instructor.

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Unit 2: Stress and Resilience

Topic 2-1: Describing Stress and Listing Stressors

Terminal Learning Objective

At the end of this topic, given an assignment as a front-line responder, a student will be able to describe stress and list common sources of stress.

Enabling Learning Objectives

1. Define types of stress
2. Describe the signs and symptoms of and reactions to stress
3. List common stressors found in various situations and environments:
 - On-duty/workplace/station life
 - Relationships with peers/coworkers
 - Relationships with supervisors
 - Relationships with the community
 - Environmental stressors
 - Off-duty/family and personal life
 - Transitioning to home life
 - Responding to incidents
 - Extended deployments or shift assignments
 - Long-term injuries
 - Training

Discussion Questions

1. How do high-frequency calls without resolution impact job satisfaction?
2. If a front-line responder responds to three calls to one patient in one day, what stressors will they be exposed to?
3. What are some techniques for transitioning between work and home life?
4. What is hypervigilance and how does it manifest at work and home?

Activities

1. To be determined by the instructor.

Instructor Notes

1. The instructor should refer to the Healing Our Own, Firefighter Behavioral Health Alliance, National Fallen Firefighter Foundation, Florida Firefighter Safety and Health Collaborative, National Volunteer Firefighter Council, and Firestrong websites.

Topic 2-2: Identifying and Describing the Impacts of Stress

Terminal Learning Objective

At the end of this topic, given an assignment as a front-line responder, a student will be able to identify and describe the physiological and emotional impacts of stress.

Enabling Learning Objectives

1. Describe the physiological and emotional impacts of stress
 - Acute versus cumulative
 - Stress and the brain
 - Parasympathetic versus sympathetic (fight or flight)
 - Adrenal fatigue
 - Mood and cognitive impacts
2. Describe behaviors associated with unmanaged stress
 - Anger and irritability
 - Sleep problems
 - Depression
 - Marital and family issues
 - Substance abuse
 - Addictions
 - Thoughts of suicide
 - Other forms of self-harm or risky behavior
3. Demonstrate the self-assessment process

Discussion Questions

1. What are the current statistics with regard to fire service suicide?
2. What is the difference between acute stress and cumulative stress?
3. What is your personal relationship with substance use, including drugs and alcohol?

Activities

1. The instructor must create an activity directing the students to perform a self-assessment.

Instructor Notes

1. The instructor should refer to the Healing Our Own, Firefighter Behavioral Health Alliance, National Fallen Firefighter Foundation, Florida Firefighter Safety and Health Collaborative, National Volunteer Firefighter Council, and Firestrong websites. The instructor should provide statistics on issues like suicide and PTSD among first responders.
2. The instructor must provide case studies (in-person speakers, videos, etc.) and have the students perform a stress inventory to demonstrate assessment skills.
3. The instructor may use discussion question 3 as a place of reflection or as a written exercise. The students may experience discomfort but this is an important part of a wellness reflection.

Topic 2-3: Describing Factors and Demonstrating Practices for Resilience

Terminal Learning Objective

At the end of this topic, given an assignment as a front-line responder, a student will be able to describe factors and demonstrate practices contributing to resilience.

Enabling Learning Objectives

1. Describe the role of nutrition, sleep, exercise, relaxation techniques, and rest in mediating and mitigating stress
2. Demonstrate relaxation techniques
3. Describe healthy and unhealthy coping mechanisms
4. Identify potential consequences of unhealthy coping mechanisms
5. Describe the role of communication in coping with stress
 - Personal life
 - Professional life
6. Describe resources available in the AHJ, such as:
 - Peer support
 - Preventive tools
 - Employee assistance programs
 - Chaplains
7. Describe external resources, such as:
 - Community and faith-based groups
 - Health care system
 - Culturally competent clinicians
 - Hotlines and crisis resources

Discussion Questions

1. What are some stressors you will encounter in fire service training and/or the academy? What are some coping skills for these?
2. How is a personal support system a part of resilience?
3. What internal and external resources are available in your AHJ and how do you access them?
4. What would you do if a peer showed signs and symptoms of stress?

Activities

1. The instructor should create an activity directing students to use their self-assessments and coming up with specific strategies for dealing with stressors.

Instructor Notes

1. The instructor should present information on evidence-based relaxation techniques, possibly including yoga, breathing exercises, and mindfulness exercises. The instructor could choose to bring in someone to lead the class in relaxation techniques, such as a yoga instructor or someone familiar with breathing exercises.
2. Culturally competent providers and clinicians can help provide the information in this topic, such as peer counselors, psychologists with experience in fire and front-line-responder culture, or chaplains.

Unit 3: Cancer Awareness

Topic 3-1: Describing Types, Prevalence, and Causes of Cancer

Terminal Learning Objective

At the end of this topic, given an assignment as a front-line responder, a student will be able to describe types and prevalence of occupational cancer and list common causes of cancer in the fire service.

Enabling Learning Objectives

1. Describe cancer prevalence in the fire service
 - Types/locations
 - Statistics
2. Define carcinogenic agent
 - Occupational
 - Activities
 - Chemicals
3. List risk factors specific to the fire service
 - Exposure to carcinogenic chemicals
 - Sleep disruption
 - Shift work
 - UV radiation
4. List risk or protective factors specific to lifestyle or personal life, including but not limited to:
 - Tobacco
 - Alcohol
 - Stress
 - Diet
 - Exercise
 - Infectious agents
 - Age
 - Metabolic syndrome
 - Overweight
 - Mental health
 - Genetic history
 - Hormones

Discussion Questions

1. How does tobacco use affect your ability to claim workers compensation for cancer?
2. How are behavioral health, lifestyle, your occupation, and cancer risk related?
3. How do factors such as race and gender impact occupational cancer risk?
4. What are some types of carcinogenic agents other than chemical carcinogens?

Activities

1. To be determined by the instructor.

Instructor Notes

1. The instructor might consider having the students perform a risk self-assessment.
2. For this unit, the instructor should refer to Tucson best practices document and Washington state's "Healthy In, Healthy Out" document and video.

Topic 3-2: Describing Exposure to Carcinogenic Chemicals

Terminal Learning Objective

At the end of this topic, given an assignment as a front-line responder, a student will be able to describe exposure to carcinogenic chemicals.

Enabling Learning Objectives

1. List sources of exposure
 - Fires and products of combustion
 - Hazardous materials
 - Environmental
 - Cross-contamination
2. List common states of carcinogenic chemicals
 - Gases
 - Particulates
3. List common categories of carcinogenic chemicals
 - Polycyclic aromatic hydrocarbon (PAHs)
 - Volatile organic compounds (VOCs)
4. List routes of exposure
 - Absorption
 - Inhalation
 - Ingestion
 - Injection or penetration
5. List common sources of exposure found in various situations and environments
 - Fire suppression
 - Overhaul, mop-up, and postincident activities
 - PPE
 - Equipment
 - Apparatus
 - Station
 - Home

Discussion Questions

1. What are some sources of exposure after a fire is extinguished?
2. How does duration of exposure relate to absorption of carcinogenic chemicals?
3. How might a firefighter ingest carcinogenic chemicals?
4. What are the exposure risks for members not engaged in the IDLH environment?

Activities

1. To be determined by instructor

Instructor Notes

None

Topic 3-3: Describing and Demonstrating Minimizing Exposure and Risk

Terminal Learning Objective

At the end of this topic, given an assignment as a front-line responder, a student will be able to describe the factors and behaviors and demonstrate best practices for minimizing contaminant exposure and risk.

Enabling Learning Objectives

1. Identify unmodifiable factors
 - Infectious agents
 - Genetic history
 - Hormones
 - Age
2. Identify modifiable factors
 - Exposures
 - Sleep
 - Tobacco
 - Alcohol
 - Diet
 - Exercise
 - Metabolic syndrome
 - Overweight obesity
 - UV radiation
3. Define exclusion (hot) zones, contamination reduction (warm) zones, and support (cold) zones on a fireground
4. Identify and demonstrate the best practices for minimizing contaminant exposure and risk during fire suppression, overhaul, mop-up, and postincident activities
 - Wearing full PPE with SCBA until no longer exposed to carcinogenic chemicals
 - At wildland fires, wearing full PPE with respiratory protection until no longer exposed to carcinogenic chemicals
 - Gross decontamination procedures in the warm zone prior to rehabilitation
 - Appropriate placement and cleaning procedures for rehabilitation
 - Establish rehabilitation in the cold zone
 - Establish rehabilitation away from smoke (uphill, upwind)
 - Establish rehabilitation away from any sources of exhaust
 - Ensure clean hands, mouth, and face prior to eating or drinking
 - Only enter rehabilitation area after gross decontamination and removal of contaminated gear
 - Storage of contaminated gear in isolation bags for transfer

5. Identify and demonstrate the best practices for PPE that minimize contaminant exposure and risk
 - Proper fit
 - Best practice is two complete sets of everything
 - Helmet, hood, coat and liner, gloves, pants and liner, suspenders, boots, radio straps, hose/truck belts, web gear, goggles, respiratory protection, wildland coat and pants
 - Wearing PPE
 - Ensure it is clean before you put it on
 - Best practices for hood exchange
 - Transfer of PPE and equipment between job sites
 - Gross decontamination
 - Performed in the warm zone
 - The person being decontaminated needs to wear SCBA and remain on supplied air for the duration of the decontamination process
 - The person decontaminating needs to wear SCBA, remain on supplied air, and wear turnouts or splash protection for the duration of the decontamination process
 - While handling contaminated PPE, use EMS gloves
 - Dry, wet, or combination method
 - Wipe and wash your face, neck, armpits, torso, groin, and hands
 - Isolate contaminated turnouts
 - Wash turnouts
 - Air out turnouts at least twenty-five minutes outdoors before washing
 - Launder turnouts at approved location
 - Wash out or dispose of the isolation method
 - Commercial dishwasher for helmet and SCBA, boots, and gloves
 - Extractor washer for turnouts
 - Turnout dryer
 - While washing turnouts, need to wear EMS gloves and respirator and protective clothing, and have a negative pressure environment
6. Identify and demonstrate the best practices for equipment that minimize contaminant exposure and risk
 - The dangers of equipment off-gassing and cross-contaminating after exposure
 - Completing gross decontamination
 - Having a designated decontamination station
 - PPE for all decontamination practices
 - Cleaning products designed for purpose
 - Apparatus
 - The clean cab concept and treating contaminants as biohazards
 - Turning off apparatus and other vehicles to minimize exhaust

7. Identify and demonstrate the best practices that minimize contaminant exposure and risk at the station
 - Avoid cross-contamination at all costs
 - Identify hot, warm, and cold zones in fire stations
 - Treat living quarters as cold zones
 - PPE must never enter cold zones
 - Keep all doors at zone interfaces shut
 - Wash hands, face, and neck before entering the cold zone
 - Identify possible warm zones in fire stations (areas of interface between hot and cold)
 - Shower within an hour of exposure (cold and then hot water)
 - Infrared saunas as chemical decontamination units (CDUs)
 - PPE storage in the warm zone
 - Wash all garments and undergarments worn beneath PPE separately at the station
 - Identify hot zones
 - Treat apparatus floor as a hot zone because of vehicle exhaust
 - The following must not be located in the hot zone
 - Ice machines
 - Workout equipment
 - PPE storage must be situated to prevent exhaust carcinogen contamination
 - Off-duty storage
 - Response-ready storage
 - Use of exhaust systems
 - Tool maintenance and checks performed outdoors, wearing PPE, to prevent exposure
 - Tool decontamination performed in a negative pressure environment and while wearing PPE to prevent carcinogen exposure
 - Perform apparatus pretrips outside of the apparatus floor
8. Identify and demonstrate the best practices that minimize contaminant exposure and risk at home
 - Avoid cross-contamination at all costs, including with PPE
 - Don't wash work items at home
 - PPE including wildland
 - Uniforms
 - Personal items used during work hours
 - Garments or undergarments worn beneath PPE
 - Keep all work items in a sealed bag in vehicle and avoid direct sunlight and heat
 - Shower prior to leaving the station
9. Document all exposures, injuries, and illnesses within AHJ reporting system

Discussion Questions

1. What are the best practices for hood types, wearing, and exchange?

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2. Under what circumstances is it best to do dry decontamination or wet decontamination?
3. What are the benefits of washing versus wiping during body decontamination?
4. Why is it important to use a new wipe for each part of your body? What can you use to wipe off contaminants?
5. Why is it critical to complete an exposure report for all exposures, injuries, and illnesses on all incidents?

Activities

1. The instructor must create an activity directing students to demonstrate the above ELOs.

Instructor Notes

1. This topic is interrelated with those pertaining to behavioral health and stress reduction. Some of the wellness behaviors will overlap.
2. NFPA 1500 (2019) Standard on Fire Department Occupational Safety, Health, and Wellness Program A.14.6 addresses exposure reports.
3. The instructor should refer to and share the NIOSH photo showing the limits of PPE in preventing exposure.

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Time Table

Segment	Lecture Time	Activity Time	Total Unit Time
Unit 1: Introduction			
Topic 1-1: Orientation and Administration			
Lecture	0:45		
Activity 1-1: To be determined by instructor		0:00	
Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series			
Lecture	0:15		
Activity 1-2: To be determined by instructor		0:00	
Unit 1 Totals	1:00	0:00	1:00
Unit 2: Stress and Resilience			
Topic 2-1: Describing Stress and Listing Stressors			
Lecture	1:00		
Activity 2-1: To be determined by instructor		0:00	
Topic 2-2: Identifying and Describing the Impacts of Stress			
Lecture	1:00		
Activity 2-2: Student Self-Assessment		0:15	
Topic 2-3: Describing Factors and Demonstrating Practices for Resilience			
Lecture	1:15		
Activity 2-3: Strategies for Resilience		0:30	
Unit 2 Totals	3:15	0:45	4:00
Unit 3: Cancer Awareness			
Topic 3-1: Describing Types, Prevalence, and Causes of Cancer			
Lecture	0:30		
Activity 3-1: To be determined by instructor		0:00	
Topic 3-2: Describing Exposure to Carcinogenic Chemicals			
Lecture	0:30		

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Segment	Lecture Time	Activity Time	Total Unit Time
Activity 3-2: To be determined by instructor		0:00	
Topic 3-3: Describing and Demonstrating Minimizing Exposure and Risk			
Lecture	1:00		
Activity 3-3: Demonstrating Best Practices		1:00	
Unit 3 Totals	2:00	1:00	3:00
Lecture, Activity, and Unit Totals:	6:15	1:45	8:00

Course Totals

Total Lecture Time (LT)	6:15
Total Activity Time (AT)	1:45
Total Course Time	8:00

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Behavioral Health and Cancer Awareness 1A

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DRAFT



First-Level Supervisor

Course Plan

Course Details

- Description:** This course provides leadership-level information on and best practices for cancer awareness, including communicating risk about and minimizing and mitigating toxic exposure and risk; creating a supportive environment, overcoming barriers, and effecting change; and laws, regulations, standards, and policies. This course also provides leadership-level information on and best practices for behavioral health, including stressors on members and leaders; stress impacts; overcoming barriers to behavioral health and resiliency, creating a supportive environment, member engagement, and effecting change; support resources and how to access them; and documentation types and requirements.
- Designed For:** Aspiring and incumbant Company Officers and fire service leaders
- Authority:** Office of the State Fire Marshal
- Prerequisites:** Behavioral Health and Cancer Awareness 1A
- Standard:** Complete all activities and formative tests
- Hours:** Lecture: 14:30
Activities: 9:00
- Hours (Total):** 24:00
- Maximum Class Size:** 32
- Instructor Level:** Registered Instructor
- Instructor/Student Ratio:** 1:32 lecture, 1:10 activities
- Restrictions:** None
- SFT Designation:** FSTEP

Required Resources

Instructor Resources

To teach this course, instructors need:

- See Online Resources

Online Instructor Resources

The following instructor resources are available online:

- State Fire Training FSTEP Curriculum: <https://osfm.fire.ca.gov/divisions/state-fire-training/fstep-curriculum/>
- Fire Hero Learning Network: https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx
- Firefighter Safety Through Advanced Research: <http://www.fstaresearch.org>
- Firestrong: <https://www.firestrong.org>
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- Florida Firefighter Safety and Health Collaborative: <https://www.floridafirefightersafety.org>
- Healing Our Own: <https://healingourown.org>
- IAFF Health and Safety: <http://client.prod.iaff.org/#page=ProgramsAndServices>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- UL Firefighter Safety: Health Research: <https://ulfirefightersafety.org/research-projects/health/index.html>

Behavioral Health:

- “Stress and Coping Self-Test” (various sources online)
- CAGE Substance-Abuse Screening Tool: https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf
- CDC Alcohol Use Fact Sheet: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- Everyone Goes Home: <https://www.everyonegoeshome.com>
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>

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- FRCE Behavioral Health Awareness Training Instructor’s Manual: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/behavioral-health-instructor-guide.pdf>
- Gallup Employee Engagement Questionnaire: https://www.goalbusters.net/uploads/2/2/0/4/22040464/gallup_q12.pdf
- Patient Health Questionnaire (PHQ-9): http://www.cqaimh.org/pdf/tool_phq9.pdf
- Professional Quality of Life Scale (PROQOL) “Compassion Satisfaction and Compassion Fatigue”: https://www.proqol.org/uploads/ProQOL_5_English.pdf
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/FLSI13TSQ.pdf>

Cancer Awareness:

- “Contamination of Firefighter Personal Protective Equipment and Skin and the Effectiveness of Decontamination Procedures”: <https://www.fsi.illinois.edu/research/cardiochem/files/Fent-2017-Contamination%20of%20firefighter%20persona.pdf>
- “Evaluation of Dermal Exposure to Polycyclic Aromatic Hydrocarbons in Fire Fighters”: <https://www.cdc.gov/niosh/hhe/reports/pdfs/2010-0156-3196.pdf>
- “Firefighters' and Instructors' Absorption of PAHs and Benzene during Training Exercises”: <https://www.sciencedirect.com/science/article/pii/S143846391930313X?via%3Dihub>
- “Firefighters Battle Occupational Cancer”: <https://www.cbsnews.com/news/firefighters-battle-occupational-cancer/>
- “Firefighters’ Absorption of PAHs and VOCs during Controlled Residential Fires by Job Assignment and Fire Attack Tactic”: <https://www.nature.com/articles/s41370-019-0145-2>
- “Gross Decon Effectiveness” (various sources online)
- “Routes of Exposure,” University of Miami Health System
- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- FRCE Fire Service Cancer Awareness Training Instructor’s Manual: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/Cancer-Awareness-Training-Instructors-Guide.pdf>
- Healthy In – Healthy Out: <https://www.wscff.org/health-wellness/healthy-in-healthy-out/>

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- IAFC Lavender Ribbon Report Best Practices for Preventing Firefighter Cancer: https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d_8
- The NIOSH Hierarchy of Controls: www.cdc.gov/niosh/topics/hierarchy/default.html

Student Resources

To participate in this course, students need:

- CDC Alcohol Use Fact Sheet: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- CAGE Substance-Abuse Screening Tool: https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf
- The NIOSH Hierarchy of Controls: www.cdc.gov/niosh/topics/hierarchy/default.html
- Everyone Goes Home: <https://www.everyonegoeshome.com>
- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- Fire Hero Learning Network: https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- Firefighter Safety Through Advanced Research: <http://www.fstaresearch.org>
- Firestrong: <https://www.firestrong.org>
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- Florida Firefighter Safety and Health Collaborative: <https://www.floridafirefightersafety.org>
- FRCE Behavioral Health Awareness Training Student Guide: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/behavioral-health-student-guide.pdf>
- Healing Our Own: <https://healingourown.org>
- Healthy In – Healthy Out: <https://www.wscff.org/health-wellness/healthy-in-healthy-out/>
- IAFC Lavender Ribbon Report Best Practices for Preventing Firefighter Cancer: https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d_8
- IAFF Health and Safety: <http://client.prod.iaff.org/#page=ProgramsAndServices>

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- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/FLSI13TSQ.pdf>
- UL Firefighter Safety: Health Research: <https://ulfirefightersafety.org/research-projects/health/index.html>

Facilities, Equipment, and Personnel

The following facilities, equipment, or personnel are required to deliver this course:

Facilities

- Classroom
- Open area for practice decontamination
- Yoga or relaxation activity space

Equipment

- Whiteboards, projectors, markers, erasers, and other classroom materials
- Complete sets of wildland and structural PPE and SCBA for each student
- Selection of fire fighting tools and equipment
- Wipes (can be simulations, e.g., paper towels)
- Isolation bags
- Gross decontamination kit, including buckets, brushes (wet and dry), dish soap, water supply (hoses, nozzles, and fittings)
- Hard copies or technology for self-assessment

Personnel (Optional)

- Yoga or relaxation instructor
- Culturally competent subject matter experts
- First responders providing testimonials

Unit 1: Introduction

Topic 1-1: Orientation and Administration

Terminal Learning Objective

At the end of this topic, a student will be able to identify facility and classroom requirements and identify course objectives, events, requirements, assignments, activities, resources, evaluation methods, and participation requirements in the course syllabus.

Enabling Learning Objectives

1. Identify facility requirements
 - Restroom locations
 - Food locations
 - Smoking locations
 - Emergency procedures
2. Identify classroom requirements
 - Start and end times
 - Breaks
 - Electronic device policies
 - Special needs and accommodations
 - Other requirements as applicable
3. Review course syllabus
 - Course objectives
 - Calendar of events
 - Course requirements
 - Student evaluation process
 - Assignments
 - Activities
 - Required student resources
 - Class participation requirements

Discussion Questions

1. To be determined by the instructor

Activities

1. To be determined by the instructor

Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series

Terminal Learning Objective

At the end of this topic, a student will be able to identify the different levels of the Behavioral Health and Cancer Awareness curriculum series and the courses and requirements for completion.

Enabling Learning Objectives

1. Identify the courses in the Behavioral Health and Cancer Awareness curriculum series

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- BHCA 1A: Front-line Responder
- BHCA 2A: First-Level Supervisor
- BHCA 3A: Organizational Leader

2. Identify any other requirements for the curriculum series

Discussion Questions

1. To be determined by the instructor.

Activities

1. To be determined by the instructor.

Unit 2: Cancer Awareness

Topic 2-1: Describing Exposure to Carcinogenic Chemicals and Communicating Risks

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe exposure to carcinogenic chemicals and the pathophysiology of exposure and communicate the risks to assigned members so that sources and routes of exposure, states and categories of carcinogenic chemicals are addressed, and members understand exposure risks.

Enabling Learning Objectives

1. List sources of exposure
 - Fires and products of combustion
 - Hazardous materials
 - Environmental
 - Cross-contamination
2. List common states of carcinogenic chemicals
 - Gases
 - Particulates
3. List common categories of carcinogenic chemicals
 - Polycyclic aromatic hydrocarbon (PAHs)
 - Volatile organic compounds (VOCs)
4. List routes of exposure
 - Absorption
 - Inhalation
 - Ingestion
 - Injection or penetration
5. List common sources of exposure found in various situations and environments
 - Fire suppression
 - Overhaul, mop-up, and postincident activities
 - PPE
 - Equipment
 - Apparatus
 - Station
 - Home
6. Communicate information about exposure to members using educational resources

Discussion Questions

1. Where are you and those you are overseeing exposed to toxic chemicals?
2. Describe the process of what happens when you are exposed to carcinogens, starting with exposure and ending with cancer-promoting cellular changes.

Activities

1. To be determined by instructor

Instructor Notes

1. The instructor should reinforce that if the students are performing their duty, they cannot completely avoid all exposure.
2. It will be important to send students away with one-pagers or other aids to use and share. There are examples in the instructor and student resources section. They should fall into three categories: epidemiology of cancer (statistics), routes of exposure, and how to mitigate exposure.
3. The instructor should refer to the instructor resources.

Topic 2-2: Identifying Laws, Regulations, Standards, and Policies and Procedures

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to identify applicable federal, state, or local laws and regulations; industry standards and best practices; and policies and procedures of the AHJ relating to a leader's responsibility to minimize, mitigate, and document toxic exposure so that all applicable laws, standards, best practices, policies, and procedures are identified.

Enabling Learning Objectives

1. Identify applicable federal, state, or local laws and regulations
 - Occupational Safety and Health Act (OSHA) and California Occupational Safety and Health Act (Cal/OSHA)
 - PPE
 - Hazardous substances
 - Permissible exposure limits
 - Documentation
 - The Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65)
 - California Code of Regulations, Title 8, § 3203: Injury and Illness Prevention Program
 - Assembly Bill 1127 (1999–2000), amending Cal/OSHA
 - Health and Safety Code § 13110.5
 - Labor Code § 3212.1(5)(B)(b)
 - Firefighter Cancer Registry Act (2014)
2. Identify applicable industry standards
 - Centers for Disease Control
 - The National Institute for Occupational Safety and Health (NIOSH)
 - Agency for Toxic Substances and Disease Registry (ATSDR)
 - The American Conference on Government and Industrial Hygienists
 - NFPA standards:
 - NFPA 1001: Standard for Fire Fighter Professional Qualifications
 - NFPA 1021: Standard for Fire Officer Professional Qualification
 - NFPA 1051: Standard for Wildland Firefighting Personnel Professional Qualification
 - NFPA 1403: Standard on Live Fire Training Evolutions

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- NFPA 1404: Standard for Fire Service Respiratory Protection Program
- NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Program
- NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments
- NFPA 1583: Standard on Health-Related Fitness Programs for Fire Department Members
- NFPA 1584: Standard on the Rehabilitation Process for Members during Emergency Operations and Training Exercises
- NFPA 1700: Guide for Structural Fire Fighting
- NFPA 1851: Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting
- NFPA 1852: Standard on Selection, Care, and Maintenance of Open-Circuit Self-Contained Breathing Apparatus SCBA
- NFPA 1951: Standard on Protective Ensembles for Technical Rescue Incidents
- NFPA 1971: Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting
- NFPA 1981: Standard on Open-Circuit Self-Contained Breathing Apparatus for Emergency Services
- NFPA 1984: Standard on Respirators for Wildland Fire Fighting Operations

3. Identify applicable policies and procedures of the AHJ

Discussion Questions

1. What are your AHJ's policies and procedures for minimizing and mitigating toxic exposure? How do they compare to the laws and regulations? How do they compare to other AHJ's policies and procedures?
2. What can you do as a leader to minimize and mitigate exposure?
3. What are your legal responsibilities toward minimizing and mitigating exposure to yourself and others?

Activities

1. To be determined by the instructor

Instructor Notes

1. Refer to NFPA 1021 and NFPA 1051, Definition of Duty, for details on leadership responsibilities.
2. Refer to NFPA 1851, 1852, 1971, and 1981 for standards on PPE, which is critical information.
3. NFPA 1500 has critical information that is key to this topic.

Topic 2-3: Identifying and Overcoming Barriers to Mitigating and Minimizing Toxic Exposure

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Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to identify cultural, historical, traditional, operational, and logistical barriers to mitigation and minimization of toxic exposure and describe how a leader can work to overcome those barriers so that a variety of ways to address modifiable barriers within a leader's control are identified.

Enabling Learning Objectives

1. Identify modifiable individual and group tactics and behaviors that increase exposure
2. Identify cultural, historical, and traditional barriers to mitigation and minimization of toxic exposure
3. Identify operational and logistical barriers to mitigation and minimization of toxic exposure
 - Unmodifiable barriers
 - Modifiable barriers
4. Identify ways to overcome barriers within the leader's control

Discussion Questions

1. What barriers do you experience within your AHJ?
2. What modifiable barriers are currently within your sphere of influence and your span of control?
3. How can you influence the system if a barrier is outside of your span of control?

Activities

1. The instructor must create an activity directing students to list barriers and classify them as modifiable or unmodifiable, within their control or outside their control.

Instructor Notes

1. The list the students come up with will be used in the next activity or it can be combined into one.

Topic 2-4: Describing How to Create a Supportive Environment and Effect Change

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe how to engage members, create a supportive environment, address barriers, effect change, and influence behaviors to minimize and mitigate toxic exposure so that ways to effect change to protect member health are identified.

Enabling Learning Objectives

1. Identify ways a leader can influence change
 - Setting the example
 - Modeling the behaviors you want to see performed
 - Self-care and lifestyle
 - Following procedures to minimize and mitigate exposure
 - Ethical behavior considering the risks to others
 - Maintaining relevancy
 - Knowing where to find informational resources

- Documenting toxic exposures
 - Documenting on behalf of your crew
 - Encouraging members to document their own exposures
 - Documenting evidence of occupational exposure to support health care, disability, and survivor benefit claims
 - Documenting to collect data for research and development
- Striving to overcome barriers
- 2. Describe how a leader can promote an environment that engages members
 - Supporting members' individual will via education and training
 - Promoting an open culture of honest discussion
 - "Bring it to the kitchen table"
 - Establishing, communicating, and writing down expectations and procedures that minimize and mitigate toxic exposure

Discussion Questions

1. What are your ethical responsibilities toward minimizing and mitigating exposure to assigned members, their coworkers, their families, and the public?
2. What is your role as a leader in promoting, influencing, and implementing a culture of change that mitigates and minimizes toxic exposure?
3. What responsibility does an individual have when it comes to documenting exposure? How does documentation play a role in claims?

Activities

1. The instructor must create an activity directing students to use their list of barriers created in the last topic and to work on overcoming the barriers and considering how to influence change.
2. The instructor must create an activity directing students to write out expectations for those under their leadership.
3. The instructor must create an activity directing students to perform a personal assessment of their own behaviors.

Instructor Notes

1. None

Topic 2-5: Applying the NIOSH Hierarchy of Controls to Minimize Exposure and Risk

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, a simulated incident, and the NIOSH Hierarchy of Controls, will be able to describe the factors and demonstrate behaviors and best practices for minimizing contaminant exposure and risk by applying the NIOSH Hierarchy of Controls so that behaviors and best practices to reduce exposure and risk and protect member health are described and demonstrated.

Enabling Learning Objectives

1. Explain the NIOSH Hierarchy of Controls
 - Elimination

- Substitution
 - Engineering controls
 - Administrative controls
 - PPE
2. Describe unmodifiable factors
 - Infectious agents
 - Genetic history
 - Hormones
 - Age
 3. Describe the leader's role in the mitigation of modifiable factors
 - Exposures
 - Sleep
 - Tobacco
 - Alcohol
 - Diet
 - Exercise
 - Metabolic syndrome
 - Overweight obesity
 - UV radiation
 4. Establish exclusion (hot) zones, contamination reduction (warm) zones, and support (cold) zones on a fireground
 5. Apply the NIOSH Hierarchy of Controls throughout the incident in order to mitigate and minimize exposure
 6. Describe the leader's role in implementing and modeling the best practices for minimizing contaminant exposure and risk during fire suppression, overhaul, mop-up, and postincident activities
 - Wearing full PPE with SCBA until no longer exposed to carcinogenic chemicals
 - At wildland fires, wearing full PPE with respiratory protection until no longer exposed to carcinogenic chemicals
 - Gross decontamination procedures in the warm zone prior to rehabilitation
 - Appropriate placement and cleaning procedures for rehabilitation
 - Establish rehabilitation in the cold zone
 - Establish rehabilitation away from smoke (uphill, upwind)
 - Establish rehabilitation away from any sources of exhaust
 - Ensure clean hands, mouth, and face prior to eating or drinking
 - Only enter rehabilitation area after gross decontamination and removal of contaminated gear
 - Storage of contaminated gear in isolation bags for transfer
 7. Describe the leader's role in implementing and modeling the best practices for PPE that minimize contaminant exposure and risk
 - Proper fit

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- Best practice is two complete sets of everything
 - Helmet, hood, coat and liner, gloves, pants and liner, suspenders, boots, radio straps, hose/truck belts, web gear, goggles, respiratory protection, wildland coat and pants
 - Wearing PPE
 - Ensure it is clean before you put it on
 - Best practices for hood exchange
 - Transfer of PPE and equipment between job sites
 - Gross decontamination
 - Performed in the warm zone
 - The person being decontaminated needs to wear SCBA and remain on supplied air for the duration of the decontamination process
 - The person decontaminating needs to wear SCBA, remain on supplied air, and wear turnouts or splash protection for the duration of the decontamination process
 - While handling contaminated PPE, use EMS gloves
 - Dry, wet, or combination method
 - Wipe and wash your face, neck, armpits, torso, groin, and hands
 - Isolate contaminated turnouts
 - Wash turnouts
 - Air out turnouts at least twenty-five minutes outdoors before washing
 - Launder turnouts at approved location
 - Wash out or dispose of the isolation method
 - Commercial dishwasher for helmet and SCBA, boots, and gloves
 - Extractor washer for turnouts
 - Turnout dryer
 - While washing turnouts, need to wear EMS gloves and respirator and protective clothing, and have a negative pressure environment
8. Describe the leader's role in implementing and modeling the best practices for equipment that minimize contaminant exposure and risk
- The dangers of equipment off-gassing and cross-contaminating after exposure
 - Completing gross decontamination
 - Having a designated decontamination station
 - PPE for all decontamination practices
 - Cleaning products designed for purpose
 - Apparatus
 - The clean cab concept and treating contaminants as biohazards
 - Turning off apparatus and other vehicles to minimize exhaust
9. Describe the leader's role in implementing and modeling the best practices that minimize contaminant exposure and risk in the workplace
- Avoid cross-contamination at all costs

- Identify hot, warm, and cold zones in fire stations
 - Treat living quarters as cold zones
 - PPE must never enter cold zones
 - Keep all doors at zone interfaces shut
 - Wash hands, face, and neck before entering the cold zone
 - Identify possible warm zones in fire stations (areas of interface between hot and cold)
 - Shower within an hour of exposure (cold and then hot water)
 - Infrared saunas as chemical decontamination units (CDUs)
 - PPE storage in the warm zone
 - Wash all garments and undergarments worn beneath PPE separately at the station
 - Identify hot zones
 - Treat apparatus floor as a hot zone because of vehicle exhaust
 - The following must not be located in the hot zone
 - Ice machines
 - Workout equipment
 - PPE storage must be situated to prevent exhaust carcinogen contamination
 - Off-duty storage
 - Response-ready storage
 - Use of exhaust systems
 - Tool maintenance and checks performed outdoors, wearing PPE, to prevent exposure
 - Tool decontamination performed in a negative pressure environment and while wearing PPE to prevent carcinogen exposure
 - Perform apparatus pretrips outside of the apparatus floor
10. Describe the leader's role in implementing and modeling the best practices that minimize contaminant exposure and risk at home
- Avoid cross-contamination at all costs, including with PPE
 - Don't wash work items at home
 - PPE including wildland
 - Uniforms
 - Personal items used during work hours
 - Garments or undergarments worn beneath PPE
 - Keep all work items in a sealed bag in vehicle and avoid direct sunlight and heat
 - Shower prior to leaving the station
11. Describe the leader's role in documenting all exposures, injuries, and illnesses within the AHJ reporting system

Discussion Questions

1. Explain why the Hierarchy of Controls does not preclude your duty to act in an emergency.
2. What system does your AHJ use for documenting exposures?

3. How do you apply the Hierarchy of Controls to:
 - The decontamination process (on scene and postincident)
 - Rehabilitation
 - Other incident activities
 - Station and home
 - PPE cleaning
4. What are the best practices for cleaning and decontaminating PPE?
5. How does using skin wipes reduce your exposure?
6. Why is it critical to complete an exposure report for all exposures, injuries, and illnesses on all incidents?

Activities

1. The instructor must create an activity directing students to apply the NIOSH Hierarchy of Controls in order to mitigate and minimize exposure.
2. The instructor must create an activity directing students to share the reporting systems of their AHJs for comparison.

Instructor Notes

1. It is very important that the instructor underscore that the duty to act overrides the Hierarchy of Controls.
2. This topic is interrelated with those pertaining to behavioral health and stress reduction. Some of the wellness behaviors will overlap.
3. NFPA 1500 (2019) Standard on Fire Department Occupational Safety, Health, and Wellness Program A.14.6 addresses exposure reports.
4. The instructor should refer to and share the NIOSH photo showing the limits of PPE in preventing exposure.

Unit 3: Behavioral Health

Topic 3-1: Describing Stressors Impacting Members and Leaders

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe common stressors impacting members and additional stressors experienced at the leadership level so that stressors that are new at the leadership level and which stressors are within a leader's control are described.

Enabling Learning Objective

1. Describe how stressors and stress reactions found in various situations vary between members and those in a leadership role
 - Responsibility for others' safety and mental health
 - Performance evaluations (providing and receiving)
 - Operational after-action and critique
 - Relationships with peers, subordinates, command staff, family, and the public
 - Training
 - Problem behaviors

- Responding to incidents
 - Promoting
 - Mandatory overtime
 - Balancing work and home life
 - Leadership
 - Personal growth
2. Describe the difference between stressors within the leader's control and outside of their control

Discussion Questions

1. What stressors have you experienced that you were not anticipating?
2. What challenges are associated with transitioning from peer to supervisor?
3. What are stressors you have control over? What are stressors you do not?
4. Compare and contrast the stressors experienced by members and those in leadership roles.

Activities

1. To be determined by the instructor

Instructor Notes

1. It is important for the instructor to keep the discussion focused on stress and stressors rather than allowing it to turn into a sharing of retraumatizing "war stories."
2. The instructor should refer to the Healing Our Own, Firefighter Behavioral Health Alliance, National Fallen Firefighter Foundation, and Firestrong.

Topic 3-2: Describing and Discussing the Impacts of Stress

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe and discuss with members the impacts of stress so that various stress impacts and related behaviors are identified and stress self-assessments are administered.

Enabling Learning Objectives

1. Describe the physiological and emotional impacts of stress
 - Acute versus cumulative
 - Stress and the brain
 - Parasympathetic versus sympathetic (fight or flight)
 - Adrenal fatigue
 - Mood and cognitive impacts
 - Compassion fatigue
 - Injuries and medical conditions
2. Describe behaviors associated with unmanaged stress
 - Isolation or withdrawal
 - Anger and irritability
 - Sleep problems
 - Depression

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- Marital and family issues
 - Substance abuse
 - Addictions
 - Thoughts of suicide
 - Other forms of self-harm or risky behavior
3. Demonstrate administering a self-assessment to members
 4. Demonstrate leading a discussion with members about the results of self-assessments

Discussion Questions

1. What are examples of changes in behavior or decreased work performance on behalf of a member have you observed?
2. What could be signs of a stress impact or stress response?
3. What are examples of acute and cumulative stress?
4. What is your definition of binge drinking? What is your definition of a healthy weekly intake?

Activities

1. The instructor must create an activity directing students to complete a CAGE substance-abuse screening tool.
2. The instructor must create an activity directing students to lead members through a stress self-assessment.

Instructor Notes

1. This topic may be triggering to the students. The instructor should come prepared with resources in the event a student shows signs of distress.
2. The instructor must underscore the importance of not dismissing concerns.
3. The instructor must underscore that the students will not be diagnosing; their role will be recognizing warning signs and referring to support resources.
4. The instructor should refer to the CDC guidelines about alcohol use.
5. There are self-assessments in the instructor resources section.
6. It is healthy to do self-assessments on an ongoing basis, and the instructor should encourage students to practice this.
7. The instructor should refer to the Healing Our Own, Firefighter Behavioral Health Alliance, National Fallen Firefighter Foundation, Florida Firefighter Safety and Health Collaborative, National Volunteer Firefighter Council, and Firestrong websites. The instructor should provide statistics on issues like suicide and PTSD among front-line responders.

Topic 3-3: Identifying Barriers to Behavioral Health and Resiliency

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to identify cultural, historical, traditional, operational, and logistical barriers to behavioral health and resiliency and

Behavioral Health and Cancer Awareness 2A

describe how a leader can work to overcome those barriers so that a variety of ways to address modifiable barriers within a leader's control are identified.

Enabling Learning Objectives

1. Identify cultural, historical, and traditional barriers to mitigation and minimization of stressors and stress impacts
2. Identify modifiable culture and behaviors that decrease engagement with behavioral health and wellness
3. Identify operational and logistical barriers to behavioral health and resiliency
 - Unmodifiable barriers
 - Modifiable barriers
4. Identify ways to overcome barriers within the leader's control

Discussion Questions

1. What stigmas have you experienced or observed with regard to behavioral health within or outside of your workplace?
2. How do generation, family, and other factors impact beliefs and perceptions about behavioral health and wellness?
3. What barriers do you experience within your AHJ?
4. What modifiable barriers are currently within your sphere of influence and your span of control?
5. How can you influence the system if a barrier is outside of your span of control?

Activities

1. The instructor must create an activity directing students to list barriers to behavioral health and resiliency and classify them as modifiable or unmodifiable, within their span of control or outside of their span of control.

Instructor Notes

1. The list the students come up with will be used in the next activity or it can be combined into one.

Topic 3-4: Describing Member Engagement, Creating a Supportive Environment, and Change

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe how to engage members, create a supportive environment, address barriers, effect change, and influence behaviors to minimize and mitigate stressors and stress impacts so that ways to effect change to protect member behavioral health are identified.

Enabling Learning Objectives

1. Identify ways a leader can influence change
 - Setting the example
 - Modeling the behaviors you want to see performed
 - Open and honest communication
 - Seeking support

- Self-care and lifestyle
- Following procedures to minimize and mitigate exposure
- Ethical behavior considering the risks to others
- Knowing where to find informational resources
- Maintaining relevancy
 - Regular check-ins and information sharing with members
 - Familiarize yourself with current legislation, research, and best practices
 - Maintaining currency in education
- Documenting
- Striving to overcome barriers
- 2. Describe how a leader can promote an environment that engages members
 - Use tools to measure member engagement such as “The Gallup Q12 Index”
 - Gathering and using feedback
 - Supporting members’ individual will via education and training
 - Promoting an open culture of honest discussion
 - “Bring it to the kitchen table”
 - Establishing, communicating, and writing down expectations and procedures for a positive culture that promotes wellness

Discussion Questions

1. What are your ethical responsibilities toward minimizing and mitigating stressors and stress impacts on assigned members, their coworkers, their families, and the public?
2. What is your role as a leader in promoting, influencing, and implementing a culture of change that mitigates and minimizes stressors and stress impacts?
3. How can you create and normalize a culture of consistent honest discussion?
4. How do “The Gallup Q12 Index” questions relate to basic needs, management support, teamwork, and growth?

Activities

1. The instructor must create an activity directing students to use their list of barriers created in the last topic and to work on overcoming the barriers and considering how to influence change.
2. The instructor must create an activity directing students to write out and share expectations for those under their leadership.
3. The instructor must create an activity directing students to perform a personal assessment of their own beliefs and attitudes toward behavioral health and seeking help.

Instructor Notes

1. The instructor should refer to the “Stress Continuum Model.”

Topic 3-5: Describing Factors and Demonstrating Practices for Resilience

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to identify, implement, and promote resilience practices so that healthy practices and coping mechanisms that a leader can implement are identified and implementation procedures are described.

Enabling Learning Objectives

1. List practices that support and promote healthy nutrition, sleep, exercise, relaxation techniques, and rest in mediating and mitigating stress
 - Group meals
 - Nutritious meals
 - Yoga
 - Physical training in groups
 - Fatigue management and ensuring adequate work-rest cycles
 - Regular self-assessments
 - Breathing exercises
 - Mindfulness and meditation practices
 - Recreation
 - Maintaining flexibility in daily routines in response to calls, types, and volume
 - Openness to new ideas and techniques
2. Describe how to implement practices that promote wellness and resilience
3. Describe healthy and unhealthy coping mechanisms
4. Identify potential consequences of unhealthy coping mechanisms
5. Describe the leader's role in communication for coping with stress
 - Personal life
 - Professional life

Discussion Questions

1. What are some stressors you will encounter in a new leadership role? What are some coping skills for these?
2. How is connectedness at the workplace a part of resilience? How do you create, maintain, and promote connectedness among members?
3. How can you implement practices promoting resilience? What barriers might you encounter?

Activities

1. The instructor must create an activity directing students to choose methods of promoting resilience and make a plan for implementing them in the workplace.
2. The instructor must choose a practice from the list or have the students choose one and create an activity directing the students to perform the practice.

Instructor Notes

1. The instructor should present information on evidence-based relaxation techniques, possibly including yoga, breathing exercises, and mindfulness exercises. The instructor could choose to bring in someone to lead the class in relaxation techniques, such as a yoga instructor or someone familiar with breathing exercises.

2. Culturally competent providers and clinicians can help provide the information in this topic, such as peer counselors, psychologists with experience in fire culture, or chaplains.

Topic 3-6: Identifying Support Resources and Describing How to Access Them

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to identify available support resources and describe how to access them so that resources are identified and methods for access are described.

Enabling Learning Objectives

1. Identify internal and external support resources
 - Peer support
 - Confidentiality
 - Chaplains
 - Employee support services and employee assistance programs
 - Defusing, debriefing, crisis management briefing
 - Clinicians
 - Family Medical Leave Act
 - Trauma retreats
 - Inpatient treatment facilities
 - Websites
 - Crisis hotlines
2. Describe how to access internal and external support resources

Discussion Questions

1. What resources are available in your AHJ? Which are internal and which are external?
2. How would you encourage members to and support them in using support services?
3. When should a supervisor refer a member to support services? When is it required?
4. What are some confidentiality issues and laws leaders must be aware of? How can you reconcile the need for confidentiality with not maintaining stigma?
5. What is the policy in your AHJ with regard to confidentiality?

Activities

1. The instructor must create an activity directing students to present the confidentiality differences between a leadership role and a peer-support role using the California Firefighter Peer Support and Crisis Referral Services Act as a resource.

Instructor Notes

1. The California Firefighter Peer Support and Crisis Referral Services Act, AB 1116, adds Article 21 to Government Code, Title 2, Division 1, Chapter 7.
2. Culturally competent providers and clinicians can help provide the information in this topic, such as peer counselors, psychologists with experience in fire culture, or chaplains.

Topic 3-7: Describing Types of Documentation, Requirements, and Individual Documentation

Terminal Learning Objective

At the end of this topic, a student, given a leadership role and the policies and procedures for the AHJ, will be able to describe the different types of documentation of behavioral health exposure and injuries, the requirements for documentation, and how and when individual members should complete documentation so that the types of documentation and documentation needs are described.

Enabling Learning Objectives

1. Identify examples of incidents that may prompt documentation as an exposure or injury, such as:
 - Close calls or near misses and maydays
 - Major disaster or mass casualty incident
 - Serious injury, death, or suicide of fire personnel
 - Serious multivictim incident
 - Traumatic injury or death of children
 - Serious injury or death to a civilian occurring during or caused by authority operations
 - Loss of life following an unusual or extremely prolonged expenditure of emotional and physical energy by personnel
 - Incident that attracts unusual heavy media attention
 - Serious incident where victims are known to personnel
 - Communicable disease exposure with serious health implications
 - Significant injury to firefighter with long-term health implications or extended time off duty
2. Identify types of documentation, such as:
 - NFIRS/RMS
 - Personal exposure reporting
 - NFORS
 - PER online
 - Internal documentation
 - Informal notes
 - Peer-support notes
3. Identify applicable laws, regulations, and policies and procedures of the AHJ regarding documentation of exposures and injuries, such as:
 - Federal
 - State
 - Labor Code § 3212.15 (SB 542), addressing workers' compensation
 - Health and Safety Code § 13110.5
 - Local
 - Policies and procedures of the AHJ

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4. Describe how to educate and encourage individual members to document their own exposures and injuries

Discussion Questions

1. What are the benefits of a member documenting their own exposures and injuries?
2. When is Labor Code § 3212.15 applicable? What is “rebuttable”?
3. What are your AHJ’s policies and procedures for documenting behavioral health exposures and injuries?
4. What are your AHJ’s policies and procedures for filing claims?
5. What are your AHJ’s policies and procedures for receiving treatment?
6. As a supervisor, what are your responsibilities in terms of identifying member-related problems?
7. As a supervisor, what are the limits on your authority in this area?

Activities

1. The instructor must create an activity directing students to document a behavioral health exposure or injury on a sample form.

Instructor Notes

1. The instructor will need sample forms such as those of the AHJ or a DWC-1.
2. This is a dynamic and growing area, so the instructor will need to keep current on laws and policies and best practices.

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Time Table

Segment	Lecture Time	Activity Time	Total Unit Time
Unit 1: Introduction			
Topic 1-1: Orientation and Administration			
Lecture	0:45		
Activity 1-1: To be determined by instructor		0:00	
Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series			
Lecture	0:15		
Activity 1-2: To be determined by instructor		0:00	
Unit 1 Totals	1:00	0:00	1:00
Unit 2: Cancer Awareness			
Topic 2-1: Describing Exposure to Carcinogenic Chemicals and Communicating Risks			
Lecture	1:00		
Activity 2-1: To be determined by instructor		0:00	
Topic 2-2: Identifying Laws, Regulations, Standards, and Policies and Procedures			
Lecture	1:00		
Activity 2-2: To be determined by instructor		0:00	
Topic 2-3: Identifying and Overcoming Barriers to Mitigating and Minimizing Toxic Exposure			
Lecture	1:00		
Activity 2-3: Listing and Classifying Barriers		1:00	
Topic 2-4: Describing How to Create a Supportive Environment and Effect Change			
Lecture	1:30		
Activity 2-4a: Overcoming Barriers and Influencing Change		0:30	
Activity 2-4b: Writing Expectations		0:30	

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Segment	Lecture Time	Activity Time	Total Unit Time
Activity 2-4c: Performing a Personal Assessment of Behaviors		0:30	
Topic 2-5: Applying the NIOSH Hierarchy of Controls to Minimize Exposure and Risk			
Lecture	1:00		
Activity 2-5a: Applying the NIOSH Hierarchy of Controls		0:30	
Activity 2-5b: Sharing Reporting Systems		0:30	
Unit 2 Totals	5:30	3:30	9:00
Unit 3: Behavioral Health Awareness			
Topic 3-1: Describing Stressors Impacting Members and Leaders			
Lecture	1:00		
Activity 3-1: To be determined by instructor		0:00	
Topic 3-2: Describing and Discussing the Impacts of Stress			
Lecture	2:00		
Activity 3-2a: Performing a CAGE screening		0:30	
Activity 3-2b: Performing a Self-Assessment		0:30	
Topic 3-3: Identifying Barriers to Behavioral Health and Resiliency			
Lecture	1:00		
Activity 3-3: Classifying Barriers		1:00	
Topic 3-4: Describing Member Engagement, Creating a Supportive Environment, and Change			
Lecture	1:45		
Activity 3-4a: Overcoming Barriers and Influencing Change		0:30	
Activity 3-4b: Writing Out Expectations		0:30	
Activity 3-4c: Performing an Assessment of Beliefs and Attitudes		0:30	
Topic 3-5: Describing Factors and Demonstrating Practices for Resilience			
Lecture	0:30		

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Segment	Lecture Time	Activity Time	Total Unit Time
Activity 3-5: Planning to Promote Resilience		0:30	
Activity 3-5: Practicing Relaxation		1:00	
Topic 3-6: Identifying Support Resources and Describing How to Access Them			
Lecture	0:45		
Activity 3-6: Presenting the confidentiality differences between a leadership and a peer-support role		0:30	
Topic 3-7: Describing Types of Documentation, Requirements, and Individual Documentation			
Lecture	1:00		
Activity 3-7: Documenting Behavioral Health Exposures or Injuries		0:30	
Unit 3 Totals	8:00	6:00	14:00
Lecture, Activity, and Unit Totals:	14:30	9:30	24:00

Course Totals

Total Lecture Time (LT)	14:30
Total Activity Time (AT)	9:30
Total Testing Time (TT)	0:00
Total Skill Exercise Time (ST)	0:00
Total Course Time	24:00

Acknowledgments

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Organizational Leader

Course Plan

Course Details

Description: This course provides organizational-leadership-level information on the science of cancer, the budgetary and policy impacts, implementing policies and procedures and overcoming challenges to mitigation and minimization of toxic exposure, and developing a cancer-prevention program. It also provides information on the prevalence of behavioral-health issues and the impacts of prevention, implementing policies and procedures and overcoming challenges to increase wellness, and developing a behavioral health and wellness program.

Designed For: Aspiring and incumbant organizational leaders

Authority: Office of the State Fire Marshal

Prerequisites: Chief Fire Officer 3B

Recommended Prerequisites: Behavioral Health and Cancer Awareness 1A
Behavioral Health and Cancer Awareness 2A

Standard: Complete all activities and formative tests

Hours: Lecture: 13:00
Activities: 11:00

Hours (Total): 24:00

Maximum Class Size: 32

Instructor Level: Registered Instructor

Instructor/Student Ratio: 1:32 lecture, 1:10 activities

Restrictions: None

SFT Designation: FSTEP

Required Resources

Instructor Resources

To teach this course, instructors need the following texts:

- Fire Service Behavioral Health Management Guide, 2017, the National Fallen Firefighters Foundation
- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance

Instructor Resources

To teach this course, instructors need:

- See Online Resources

Online Instructor Resources

The following instructor resources are available online:

- State Fire Training FSTEP Curriculum: <https://osfm.fire.ca.gov/divisions/state-fire-training/fstep-curriculum/>
- Fire Hero Learning Network: https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx
- Firefighter Safety Through Advanced Research: <http://www.fstaresearch.org>
- Firestrong: <https://www.firestrong.org>
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- Florida Firefighter Safety and Health Collaborative: <https://www.floridafirefightersafety.org>
- Healing Our Own: <https://healingourown.org>
- IAFF Health and Safety: <http://client.prod.iaff.org/#page=ProgramsAndServices>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- UL Firefighter Safety: Health Research: <https://ulfirefightersafety.org/research-projects/health/index.html>

Behavioral Health:

- “Building a Comprehensive Behavioral Health Program” (IAFF): https://www.iaff.org/wp-content/uploads/2019/04/BHProgramChecklist_v3.pdf
- “Stress and Coping Self-Test” (various sources online)

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- CAGE Substance-Abuse Screening Tool: https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf
- CDC Alcohol Use Fact Sheet: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- Everyone Goes Home: <https://www.everyonegoeshome.com>
- Fire Service Behavioral Health Management Guide, 2017, the National Fallen Firefighters Foundation: <http://www.everyonegoeshome.com/wp-content/uploads/sites/2/2017/12/behavioral-health-mgmt-guide-122017.pdf>
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- FRCE Behavioral Health Awareness Training Instructor's Manual: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/behavioral-health-instructor-guide.pdf>
- Gallup Employee Engagement Questionnaire: https://www.goalbusters.net/uploads/2/2/0/4/22040464/gallup_q12.pdf
- Patient Health Questionnaire (PHQ-9): http://www.cqaimh.org/pdf/tool_phq9.pdf
- Professional Quality of Life Scale (PROQOL) "Compassion Satisfaction and Compassion Fatigue": https://www.proqol.org/uploads/ProQOL_5_English.pdf
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/FLS113TSQ.pdf>

Cancer Awareness:

- "Contamination of Firefighter Personal Protective Equipment and Skin and the Effectiveness of Decontamination Procedures": <https://www.fsi.illinois.edu/research/cardiochem/files/Fent-2017-Contamination%20of%20firefighter%20persona.pdf>
- "Evaluation of Dermal Exposure to Polycyclic Aromatic Hydrocarbons in Fire Fighters": <https://www.cdc.gov/niosh/hhe/reports/pdfs/2010-0156-3196.pdf>
- "Firefighters' and Instructors' Absorption of PAHs and Benzene during Training Exercises": <https://www.sciencedirect.com/science/article/pii/S143846391930313X?via%3Dihub>
- "Firefighters Battle Occupational Cancer": <https://www.cbsnews.com/news/firefighters-battle-occupational-cancer/>
- "Firefighters Battle Occupational Cancer": <https://www.cbsnews.com/news/firefighters-battle-occupational-cancer/>

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- “Firefighters’ Absorption of PAHs and VOCs during Controlled Residential Fires by Job Assignment and Fire Attack Tactic”: <https://www.nature.com/articles/s41370-019-0145-2>
- “Gross Decon Effectiveness” (various sources online)
- “Routes of Exposure,” University of Miami Health System
- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- FRCE Fire Service Cancer Awareness Training Instructor’s Manual: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/Cancer-Awareness-Training-Instructors-Guide.pdf>
- Healthy In – Healthy Out: <https://www.wscff.org/health-wellness/healthy-in-healthy-out/>
- IAFC Lavender Ribbon Report Best Practices for Preventing Firefighter Cancer: https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d_8
- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance: <http://16lo3h33km9w3q8o12211jxa.wpengine.netdna-cdn.com/wp-content/uploads/2017/04/Cancer-Toolkit-v6.pdf>
- The NIOSH Hierarchy of Controls: www.cdc.gov/niosh/topics/hierarchy/default.html

Student Resources

To participate in this course, students need the following texts:

- Fire Service Behavioral Health Management Guide, 2017, the National Fallen Firefighters Foundation
- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance

To participate in this course, students need the following resources:

- “Building a Comprehensive Behavioral Health Program” (IAFF): https://www.iaff.org/wp-content/uploads/2019/04/BHProgramChecklist_v3.pdf
- CDC Alcohol Use Fact Sheet: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- CAGE Substance Abuse Screening Tool: https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf
- The NIOSH Hierarchy of Controls
- Everyone Goes Home: <https://www.everyonegoeshome.com>

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- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- Fire Hero Learning Network: https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx
- “Firefighters Battle Occupational Cancer”: <https://www.cbsnews.com/news/firefighters-battle-occupational-cancer/>
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- Firefighter Safety Through Advanced Research: <http://www.fstaresearch.org>
- Firestrong: <https://www.firestrong.org>
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- Florida Firefighter Safety and Health Collaborative: <https://www.floridafirefightersafety.org>
- FRCE Behavioral Health Awareness Training Student Guide: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/behavioral-health-student-guide.pdf>
- Healing Our Own: <https://healingourown.org>
- Healthy In – Healthy Out: <https://www.wscff.org/health-wellness/healthy-in-healthy-out/>
- IAFC Lavender Ribbon Report Best Practices for Preventing Firefighter Cancer: https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d_8
- IAFF Health and Safety: <http://client.prod.iaff.org/#page=ProgramsAndServices>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- Patient Health Questionnaire (PHQ-9)
- Professional Quality of Life Scale (PROQOL) “Compassion Satisfaction and Compassion Fatigue”
“Routes of Exposure,” University of Miami Health System
- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance: <http://16lo3h33km9w3q8o12211jxa.wpengine.netdna-cdn.com/wp-content/uploads/2017/04/Cancer-Toolkit-v6.pdf>
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/FLSI13TSQ.pdf>

Behavioral Health and Cancer Awareness 3A

- UL Firefighter Safety: Health Research: <https://ulfirefightersafety.org/research-projects/health/index.html>

Facilities, Equipment, and Personnel

The following facilities, equipment, or personnel are required to deliver this course:

Facilities

- Classroom
- Yoga or relaxation activity space (optional)

Equipment

- Whiteboards, projectors, markers, erasers, and other classroom materials
- Hard copies or technology for self-assessment

Personnel (Optional)

- Yoga or relaxation instructor
- Culturally competent subject matter experts
- First responders providing testimonials

Unit 1: Introduction

Topic 1-1: Orientation and Administration

Terminal Learning Objective

At the end of this topic, a student will be able to identify facility and classroom requirements and identify course objectives, events, requirements, assignments, activities, resources, evaluation methods, and participation requirements in the course syllabus.

Enabling Learning Objectives

1. Identify facility requirements
 - Restroom locations
 - Food locations
 - Smoking locations
 - Emergency procedures
2. Identify classroom requirements
 - Start and end times
 - Breaks
 - Electronic device policies
 - Special needs and accommodations
 - Other requirements as applicable
3. Review course syllabus
 - Course objectives
 - Calendar of events
 - Course requirements
 - Student evaluation process
 - Assignments
 - Activities
 - Required student resources
 - Class participation requirements

Discussion Questions

1. To be determined by the instructor

Activities

1. To be determined by the instructor

Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series

Terminal Learning Objective

At the end of this topic, a student will be able to identify the different levels of the Behavioral Health and Cancer Awareness curriculum series and the courses and requirements for completion.

Enabling Learning Objectives

1. Identify the courses in the Behavioral Health and Cancer Awareness curriculum series

Behavioral Health and Cancer Awareness 3A

- BHCA 1A: Front-line Responder
- BHCA 2A: First-Level Supervisor
- BHCA 3A: Organizational Leader

2. Identify any other requirements for the curriculum series

Discussion Questions

1. To be determined by the instructor.

Activities

1. To be determined by the instructor.

Unit 2: Cancer Awareness

Topic 2-1: Describing the Science of Cancer and the Budgetary and Policy Impacts

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe the background science of cancer in the fire service and the financial impacts of preventive action versus a member's cancer diagnosis so that the prevalence, science, and cost/benefit analysis are addressed.

Enabling Learning Objectives

1. Describe the prevalence of cancer in the fire service using epidemiological data
 - IAFF statistics
 - Research papers
2. Describe exposure science
 - List sources of exposure
 - Fires and products of combustion
 - Hazardous materials
 - Environmental
 - Cross-contamination
 - List routes of exposure
 - Absorption
 - Inhalation
 - Ingestion
 - Injection or penetration
3. Describe exposure-reduction measures
 - The impossibility of reaching zero exposure to workplace carcinogens
 - The impacts of every exposure
4. Describe the financial costs to the organization associated with a member getting cancer
5. Describe the organizational impacts of a cancer diagnosis within the AHJ
 - Morale
 - Behavioral health
 - Increased desire and support for cultural change among members
6. Describe the relationship between prevention expenditure and cancer diagnosis costs

Discussion Questions

1. What are costs associated with cancer diagnosis versus prevention?
2. How has occupational cancer prevalence in the fire service changed over time?
3. What do current trends in cancer prevalence indicate is needed?
4. What tools can be used to decrease exposure and long-term diagnosis?

Activities

1. The instructor must create an activity directing students to prepare and present a staff report on cancer prevalence in the fire service and associated costs to justify the purchase of prevention-based equipment or supplies.

Instructor Notes

1. The instructor should develop the concept that when a member receives a diagnosis, there may be a period of less resistance to change and more desire for prevention.

Topic 2-2: Developing and Implementing Policies and Procedures to Minimize and Mitigate Toxic Exposure

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to develop and implement policies and procedures for the AHJ that incorporate applicable federal, state, and local laws and regulations as well as industry best practices and standards so that toxic exposure is minimized and mitigated.

Enabling Learning Objectives

1. Identify applicable federal, state, and local laws and regulations
 - Occupational Safety and Health Act (OSHA) and California Occupational Safety and Health Act (Cal/OSHA)
 - The Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65)
 - California Code of Regulations
 - Assembly Bill 1127 (1999–2000), amending Cal/OSHA
 - Health and Safety Code
 - Labor Code
 - Firefighter Cancer Registry Act
2. Identify applicable industry standards and best practices
 - Centers for Disease Control
 - The National Institute for Occupational Safety and Health (NIOSH)
 - Agency for Toxic Substances and Disease Registry (ATSDR)
 - The American Conference on Government and Industrial Hygienists
 - NFPA standards:
 - NFPA 1001: Standard for Fire Fighter Professional Qualifications
 - NFPA 1021: Standard for Fire Officer Professional Qualification
 - NFPA 1051: Standard for Wildland Firefighting Personnel Professional Qualification
 - NFPA 1403: Standard on Live Fire Training Evolutions
 - NFPA 1404: Standard for Fire Service Respiratory Protection Program
 - NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Program
 - NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments

- NFPA 1583: Standard on Health-Related Fitness Programs for Fire Department Members
 - NFPA 1584: Standard on the Rehabilitation Process for Members during Emergency Operations and Training Exercises
 - NFPA 1700: Guide for Structural Fire Fighting
 - NFPA 1851: Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting
 - NFPA 1852: Standard on Selection, Care, and Maintenance of Open-Circuit Self-Contained Breathing Apparatus (SCBA)
 - NFPA 1951: Standard on Protective Ensembles for Technical Rescue Incidents
 - NFPA 1971: Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting
 - NFPA 1981: Standard on Open-Circuit Self-Contained Breathing Apparatus for Emergency Services
 - NFPA 1984: Standard on Respirators for Wildland Fire Fighting Operations
3. Identify changes to laws, regulations, standards and best practices to remain current, effective, and compliant in cancer mitigation
 4. Develop policies and procedures that incorporate the laws, regulations, standards, and best practices
 5. Implement policies and procedures that incorporate the laws, regulations, standards, and best practices
 6. Advocate for and enforce the full implementation of policies and procedures
 7. Monitor the implementation and effectiveness of policies and procedures
 8. Identify and implement strategies to improve effectiveness of and compliance with policies and procedures

Discussion Questions

1. What are your AHJ's current policies and procedures for minimizing and mitigating toxic exposure? How do they compare to the laws and regulations? What changes or new policies and procedures can you implement to increase legal compliance and minimize and mitigate exposure?

Activities

1. The instructor must create an activity directing students to choose and study a law, regulation, or standard and present its potential impact on cancer or toxic exposure reduction.
2. The student must use their findings from activity 2-1 to create a policy.

Instructor Notes

1. As of 2019, applicable sections in law that the instructor must reference include but are not limited to the following list. This is an emergent field and the instructor must refer to any new or revised laws, regulations, standards, and best practices.
 - Occupational Safety and Health Act (OSHA)
 - Recording and Reporting Occupational Injuries and Illnesses (1904)
 - Occupational Safety and Health Standards (1910)

- Personal Protective Equipment (subpart I)
 - Respiratory Protection (§ 1910.134)
 - Toxic and Hazardous Substances (subpart Z)
 - Air Contaminants (§ 1910.1000)
 - Permissible Exposure Limits (PELs)
 - OSHA Annotated Tables Z-1, Z-2, Z-3
 - California Occupational Safety and Health Act (Cal/OSHA)
 - Report of Injury
 - Article 10.1 - Personal Protective Clothing and Equipment for Fire Fighters
 - Article 109 - Hazardous Substances and Processes
 - Article 107 - Dust, Fumes, Mists, Vapors, and Gases
 - Article 110 - Regulated Carcinogens
 - Table AC 1 - Permissible Exposure Limits (PELs)
 - California Code of Regulations (CCR) Title 8, § 3203: Injury and Illness Prevention Program
 - Health and Safety Code § 13110.5
 - Labor Code § 3212.1(5)(B)(b)
2. Refer to NFPA 1021 and NFPA 1051, Definition of Duty, for details on leadership responsibilities.
 3. Refer to NFPA 1851, 1852, 1971, and 1981 for standards on PPE, which is critical information for this topic.
 4. NFPA 1500 has critical information that is key to this topic.

Topic 2-3: Identifying and Overcoming Barriers to Mitigation and Minimization of Toxic Exposure

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to identify cultural, behavioral, traditional, operational, and logistical barriers to mitigation and minimization of toxic exposure and describe how to overcome barriers so that change is effected by leader's intent.

Enabling Learning Objectives

1. Describe the leader's moral, ethical, personal, and legal responsibility to effect change, communicate, and protect member health
2. Identify cultural, behavioral, and traditional barriers to mitigation and minimization of toxic exposure
 - Within the AHJ
 - Externally
3. Identify operational and logistical barriers to mitigation and minimization of toxic exposure
 - Budget

- Staffing
 - Equipment, facilities, supplies, and apparatus
 - Policy
 - Public perceptions
 - Politics and governing bodies
 - Risk management
 - Training exposures:
 - Live-fire training
 - Diesel exhaust
4. Describe resources and methods for overcoming barriers and effecting change
- Training and accountability
 - Communication
 - Partnerships (internal and external)
 - Labor
 - Funding sources
 - Community partnerships
 - Industry partnerships
 - Research partners
 - Public health
 - Risk management
 - Policies, programs, and procedures
 - Leader's intent
 - Advocacy

Discussion Questions

1. What barriers do you experience when implementing new policies and procedures within your AHJ?
2. How can clearly communicating leader's intent lead to cultural change within your organization?
3. What is your AHJ's current relationship with risk management? How can that relationship impact your ability to implement change and care for members?

Activities

1. The instructor should create an activity directing students to choose several operational and logistical barriers and come up with ways to overcome those barriers and effect change (drawing on ELOs #3 and #4).

Instructor Notes

1. The instructor should be prepared to assess and manage negative attitudes among the students.

Topic 2-4: Describing How to Develop a Cancer-Prevention Program

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe how to develop a comprehensive cancer-prevention program so that data and research; best practices, policies, laws, and regulations; barriers; budgetary concerns; and maintaining currency are addressed.

Enabling Learning Objectives

1. Identify the organizational impacts of implementing a cancer-prevention program
 - Long-term cost savings
 - Morale boosts
 - Resource availability and deployment:
 - Potential for additional staffing
 - Out-of-service time
 - Increased reliance on mutual aid resources
 - Capital infrastructure
 - Better recruitment and retention
 - Resistance to the change
2. Identify the components of a cancer-prevention program
 - Policies and procedures
 - Communication (internal and external)
 - Partnerships (internal and external)
 - Exposure-reduction best practices
 - Facility, apparatus, equipment, supply, and PPE design, acquisition, maintenance, and sustainment
 - Medical screening and health/wellness best practices
 - Training
 - New hires and training academies
 - Existing membership
 - Keeping current on information and research
 - Continuing education
 - Family and community engagement
3. Identify the administrative needs of a cancer-prevention program
 - Program coordinator or manager
 - Staffing and membership
 - Established scope
 - Short- and long-term goals
 - Data collection to assess program effectiveness
 - Documentation compliance
 - Exposures
 - Injuries
 - Data and trends
 - Treatment resource identification
 - Communication throughout the organization

- Budget
 - Program costs, cost savings (health care, overtime and labor costs, staffing, and training costs)
 - Expenditure tracking and projections
 - Funding sources
 - Partnerships (internal and external)
 - Conferences, training, and continuing education for program coordinator and staff
- Policy and procedure development, implementation, monitoring, and enforcement
- Ongoing program evaluation and improvement

Discussion Questions

1. Does your AHJ have a cancer-prevention program? Is it being used?
2. What are the impacts of implementing a cancer-prevention program on your organization?
3. What are some low- or no-cost measures your program can include that will help prevent and mitigate exposure? Are there preexisting policies or program components that are not being enforced or used? Why? Of these, which could be swiftly implemented?
4. What data will you need to collect to assess and improve program effectiveness?
5. What role do documentation and data collection play in claims and program development? How can your program increase documentation compliance?

Activities

1. The instructor should create an activity directing students to create a budget proposal that considers and justifies short- and long-term costs of the cancer-prevention program.

Instructor Notes

1. It will be important to note that data collection must be performed with an eye for the long-term because a cancer diagnosis can take up to thirty years to present. Previous exposures will still impact members well into the future.
2. The budget that the students create in activity 2-4 should be able to be used in their recommendations for their new programs.

Unit 3: Behavioral Health

Topic 3-1: Describing the Prevalence of Behavioral Health Issues and the Impacts of Prevention

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe the prevalence of behavioral health issues in the fire service and the impacts of proactive policies and programs so that stress, negative impacts, and the cost/benefit analysis are addressed.

Enabling Learning Objective

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1. Describe the scope of behavioral health issues in the fire service
 - Prevalence and data of mental-health diagnoses and suicide
 - Data on addictive behaviors, substance abuse, divorce rates
2. Describe the unique stressors encountered at the organizational-leadership level, such as:
 - Isolation
 - Fewer peers and less peer support
 - Political and financial pressure
 - Unresolved history of stressors and incidents
 - Management and organizational responsibilities
 - Focusing on others first
 - Grieving change and loss of identity
 - Change in reactions to stressors commonly encountered in prior environment
3. Describe the organizational impacts of stress at all levels of the organization
 - Performance issues
 - Morale
 - Financial impacts:
 - Lost work time and overtime
 - Increased staff time
 - Retention
 - Legal costs
 - Treatment (reactive)
 - Prevention programs (proactive)
 - Relationship and family problems
 - Risky behaviors
 - Self-harm
4. Describe the benefits of a proactive program versus a reactionary approach to behavioral health

Discussion Questions

1. What are unique stressors you anticipate encountering at the organizational-leadership level?
2. How does unmanaged or unrecognized stress impact your organization?
3. What are your best and worst experiences with behavioral health?

Activities

1. The instructor must create an activity directing students to complete a CAGE substance-abuse screening tool.
2. The instructor must create an activity directing students to take a stress self-assessment and evaluate the tool for use in their AHJ.

Instructor Notes

1. It is healthy to do self-assessments on an ongoing basis, and the instructor should encourage students to practice this.

Topic 3-2: Developing and Implementing Behavioral Health Policies and Procedures

Terminal Learning Objective

At the end of this topic, a student, a student, given a leadership role, will be able to develop and implement policies and procedures for the AHJ that incorporate applicable federal, state, and local laws and regulations as well as industry best practices and standards so that behavioral health issues are minimized and mitigated.

Enabling Learning Objective

1. Identify applicable federal, state, and local behavioral-health laws and regulations
 - California Firefighter Peer Support and Crisis Referral Services Act
 - Family Medical Leave Act
 - Labor Code
 - Health and Safety Code
2. Identify applicable industry behavioral-health standards, resources, and best practices
 - NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Programs
 - NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments
 - NFPA 1583: Standard on Health-Related Fitness Programs for Fire Department Members
 - Life Safety Initiatives
 - Referrals to resources
3. Identify ways to monitor changes to laws, regulations, standards, and best practices to remain current, effective, and compliant
4. Develop policies and procedures that incorporate the laws, regulations, standards, and best practices
5. Implement policies and procedures that incorporate the laws, regulations, standards, and best practices
6. Advocate for and enforce the full implementation of policies and procedures
7. Monitor the implementation and effectiveness of policies and procedures
8. Identify and implement strategies to improve effectiveness of and compliance with policies and procedures

Discussion Questions

1. What policies and procedures already exist in your AHJ regarding behavioral health? To what degree are those policies being used and enforced?

Activities

1. The instructor must create an activity breaking students into groups, with some groups assigned to research California Firefighter Peer Support and Crisis Referral Services Act (AB 1116) and some Labor Code § 3212.15 (SB 542). The students should compare their findings with the AHJ's preexisting policies and present them to the other group(s).

Instructor Notes

1. The instructor should refer to the resources listed in the instructor resources section for ELO #2.
2. Refer to the IAFF “Building a Comprehensive Behavioral Health Program” for this topic and topic 3-4.
3. As of 2019, applicable sections in law that the instructor should reference include but are not limited to the following. This is an emergent field, and the instructor must refer to any new or revised laws, regulations, standards, and best practices.
 - California Firefighter Peer Support and Crisis Referral Services Act, AB 1116, which adds Article 21 to Government Code, Title 2, Division 1, Chapter 7.
 - Family Medical Leave Act
 - Labor Code § 3212.15 (SB 542), addressing workers’ compensation
 - Health and Safety Code § 13110.5

Topic 3-3: Identifying and Overcoming Barriers to Effect Change

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to identify cultural, behavioral, traditional, operational, and logistical barriers to behavioral health and describe how to overcome barriers so that change is effected by leader’s intent.

Enabling Learning Objectives

1. Describe the leader’s moral, ethical, personal, and legal responsibility to effect change, communicate, and protect member health
2. Identify cultural, behavioral, traditional barriers to maintaining behavioral wellness
 - Member barriers:
 - Stigma and lack of cultural acceptance
 - Lack of awareness (self and others)
 - Lack of education and training
 - Difficulty accessing resources
 - Organizational barriers:
 - Financial and budgetary
 - Staffing issues
 - Policy gaps or lack of enforcement
 - Gaps in laws, regulations, and standards
 - Lack of programs and resources
 - Leadership attitudes and culture
 - Lack of education and training
3. Identify operational and logistical barriers to maintaining behavioral wellness
 - Financial and budgetary
 - Staffing issues
 - Policy gaps or lack of enforcement
 - Gaps in laws, regulations, and standards
 - Lack of programs and resources

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- Leadership attitudes and culture
 - Lack of education and training
 - Lack of equipment, facilities, and supplies
 - Public perceptions
 - Politics and governing bodies
 - Risk management/human resources
 - Failure to include different job functions or allied agencies
4. Describe resources and methods for overcoming barriers and effecting change
- Education and training
 - Members
 - Leaders
 - Families
 - Policies, programs, and procedures
 - Policy enforcement and accountability
 - Funding
 - Grants and scholarships
 - Communication
 - Partnerships (internal and external)
 - Among job functions and allied agencies
 - Labor
 - Funding sources
 - Community partnerships
 - Industry partnerships
 - Research partners
 - Public health
 - Risk management
 - Leader's intent
 - Advocacy
 - Equipment, facilities, and supplies
 - Wellness program supplies
 - Instructors
 - Calm spaces
 - Therapy animals

Discussion Questions

1. How do gaps in knowledge and understanding of behavioral health issues create barriers to wellness?
2. What is the relationship between leader's intent and the barriers to wellness behaviors, engagement, and acceptance of treatment?

Activities

1. To be determined by the instructor

Instructor Notes

1. The instructor should consider creating activities for the course that encourage relaxation and mindfulness.

Topic 3-4: Describing How to Develop a Behavioral Health and Wellness Program

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe how to develop a comprehensive behavioral health and wellness program so that data and research; best practices, policies, laws, and regulations; barriers; budgetary concerns; and maintaining currency are addressed.

Enabling Learning Objectives

1. Identify the organizational impacts of implementing a behavioral health and wellness program
 - Long-term cost savings
 - Morale boosts
 - Resource availability and deployment:
 - Potential for additional staffing
 - Out-of-service time
 - Increased reliance on mutual aid resources
 - Capital infrastructure
 - Resistance to change
 - Better recruitment and retention
2. Identify the components of a behavioral health and wellness program
 - Program elements
 - Employee assistance
 - Member assistance
 - External assistance resources
 - Behavioral health standing committee
 - Behavioral health specialist
 - Peer support program
 - Family services and outreach
 - Retiree services and outreach
 - Chaplain
 - Policies and procedures
 - Communication (internal and external)
 - Partnerships and resources (internal and external)
 - Vetted outpatient clinicians/talk therapists
 - Vetted outpatient psychiatrists
 - Vetted inpatient treatment centers
 - Vetted trauma retreat centers
 - Vetted 12-step meetings or support groups
 - Allied organizations or mutual aid
 - Peer support

- Vetted chaplain
 - Therapy animal programs
 - Wellness best practices
 - Resiliency, mindfulness, yoga, stress-management practices
 - Rest/sleep
 - Diet and exercise
 - Therapy animals
 - Regular wellness visits
 - Facility, equipment, and supply acquisition, maintenance, and sustainment
 - Stress-management or mindfulness activity supplies, equipment, and facilities
 - Behavioral health screening
 - Education and training
 - New hires and training academies
 - Existing membership, including ancillary members and contractors
 - Retirees
 - Families
 - Keeping current on information and research
 - Continuing education
 - Family and community engagement
3. Identify the administrative needs of a behavioral health and wellness program
- Program coordinator or manager
 - Staffing and membership
 - Established scope
 - Short- and long-term goals
 - Data collection to assess program effectiveness
 - Documentation
 - Exposures
 - Injuries
 - Data and trends
 - Communication throughout the organization
 - Budget
 - Program costs, cost savings (health care, overtime and labor costs, staffing and training costs)
 - Expenditure tracking and projections
 - Funding sources
 - Partnerships (internal and external)
 - Conferences, training, and continuing education for program coordinator and staff
 - Policy and procedure development, implementation, monitoring, and enforcement
 - Ongoing behavioral health and wellness program evaluation and improvement

Discussion Questions

1. Does your AHJ have a behavioral health and wellness program? Is it being used?
2. What are the impacts of implementing a behavioral health and wellness program on your organization?
3. What are some low- or no-cost measures your program can include that will help prevent and mitigate behavioral health issues? Are there already policies or program components that are not being enforced or used? Why? Of these, which could be swiftly implemented?
4. What data will you need to collect to assess and improve program effectiveness?
5. What role do documentation and data collection play in claims and program development? How can your program increase documentation compliance?
6. What are the pros and cons of receiving mutual aid assistance when your AHJ experiences an internal crisis event?

Activities

1. The instructor must create an activity directing students to complete a comprehensive behavioral health program implementation checklist.
2. The instructor must create an activity directing students to create a budget proposal that considers and justifies short- and long-term costs of the behavioral health and wellness program.

Instructor Notes

1. For activity 2-4a, the instructor may want to use the IAFF's "Building a Comprehensive Behavioral Health Program" checklist.
2. It will be important to note that data collection must be performed with an eye for the long-term because of the impacts of chronic stress. Previous exposures will still impact members well into the future.
3. The budget that the students create in Activity 2-4b should be able to be used in their recommendations for their new programs.
4. The AHJ will need to vet all resources in the ELOs.
5. As of 2019, reporting methods for behavioral health issues or stressful incidents include PER Online, NFORS, and some RMS programs.

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Time Table

Segment	Lecture Time	Activity Time	Total Unit Time
Unit 1: Introduction			
Topic 1-1: Orientation and Administration			
Lecture	0:45		
Activity 1-1: To be determined by instructor		0:00	
Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series			
Lecture	0:15		
Activity 1-2: To be determined by instructor		0:00	
Unit 1 Totals	1:00	0:00	1:00
Unit 2: Cancer Awareness			
Topic 2-1: Describing the Science of Cancer and the Budgetary and Policy Impacts			
Lecture	1:00		
Activity 2-1: Presenting a Staff Report		1:00	
Topic 2-2: Developing and Implementing Policies and Procedures to Minimize and Mitigate Toxic Exposure			
Lecture	1:00		
Activity 2-2a: Presenting the Impacts of Laws, Regulations, and Standards		1:30	
Activity 2-2b: Creating Policy		0:30	
Topic 2-3: Identifying and Overcoming Barriers to Minimizing and Mitigating Toxic Exposure			
Lecture	1:00		
Activity 2-3: Choosing Barriers to Overcome		1:00	
Topic 2-4: Describing How to Develop a Cancer-Prevention Program			
Lecture	3:00		
Activity 2-4: Creating a Budget Proposal		2:00	
Unit 2 Totals	6:00	6:00	12:00
Unit 3: Behavioral Health Awareness			

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Segment	Lecture Time	Activity Time	Total Unit Time
Topic 3-1: Describing the Prevalence of Behavioral Health Issues and the Impacts of Prevention			
Lecture	1:00		
Activity 3-1a: Performing a CAGE screening		0:30	
Activity 3-1b: Performing a Self-Assessment		1:00	
Topic 3-2: Developing and Implementing Behavioral Health Policies and Procedures			
Lecture	1:00		
Activity 3-2: Researching and Comparing Laws to Policies		1:00	
Topic 3-3: Identifying and Overcoming Barriers to Effect Change			
Lecture	1:30		
Activity 3-3: To be determined by instructor		0:00	
Topic 3-4: Describing How to Develop a Behavioral Health and Wellness Program			
Lecture	3:30		
Activity 3-4a: Completing a Behavioral Health Program Checklist		0:30	
Activity 3-4b: Creating a Budget Proposal		2:00	
Unit 3 Totals	7:00	5:00	12:00
Lecture, Activity, and Unit Totals:	13:00	11:00	24:00

Course Totals

Total Lecture Time (LT)	13:00
Total Activity Time (AT)	11:00
Total Testing Time (TT)	0:00
Total Skill Exercise Time (ST)	0:00
Total Course Time	24:00

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BEHAVIORAL HEALTH AND CANCER AWARENESS INSTRUCTOR Interim Procedures

Issued: August 2020

Procedure Changes

- Edition:** January 2019 edition of the State Fire Training Procedures Manual
- Effective Date:** September 1, 2020
- Section Change:** Add Section 6.7.26: BEHAVIORAL HEALTH AND CANCER AWARENESS INSTRUCTOR
- Justification:** This Interim Procedure is instructor requirements for the new Behavioral Health and Cancer Awareness courses.
- SFT Contact** [Contact SFT Staff](#) assigned to Instructor Registration.
- Note:** *All new text appears in underline. All deleted text appears in ~~strikeout~~*

6.7: INSTRUCTIONAL DISCIPLINES

6.7.26: BEHAVIORAL HEALTH AND CANCER AWARENESS (BHCA) INSTRUCTOR

6.7.26.1: Eligible Courses

Table 6.7.26.1: BHCA Instructor Eligible Courses

<u>CFSTES Courses</u>	<u>FSTEP Courses</u>
<ul style="list-style-type: none"> • <u>None</u> 	<ul style="list-style-type: none"> • <u>Behavioral Health and Cancer Awareness 1A: Front-Line Responder</u> • <u>Behavioral Health and Cancer Awareness 2A: First-Level Supervisor</u> • <u>Behavioral Health and Cancer Awareness 3A: Organizational Leader</u>

6.7.26.2: General Qualifications

- A. A Registered Primary Instructor for a Fire Service Training and Education Program (FSTEP) BHCA course shall meet the qualifications required of all State Fire Training (SFT) Registered Primary Instructors.
1. See 6.2.1: Qualifications.

6.7.26.3: Professional Experience

- A. A Registered Primary Instructor for an FSTEP BHCA course shall meet the professional experience qualifications listed below.
1. Performing in an “acting” capacity does not qualify.



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Table 6.7.26.3: Fire Control – Primary Instructor Professional Experience

FSTEP Course	Experience
<ul style="list-style-type: none"> • <u>Behavioral Health and Cancer Awareness 1A: Front-Line Responder</u> 	<ul style="list-style-type: none"> • <u>A minimum of five (5) years’ full-time employment within a recognized fire agency in California OR a minimum ten (10) years’ volunteer or paid-call employment within recognized fire agency in California</u> and • <u>A minimum of two (2) years’ experience in at least one of the following fire service behavioral health area(s)</u> <ul style="list-style-type: none"> ○ <u>Peer Support</u> ○ <u>Peer Instructor</u> <ul style="list-style-type: none"> ▪ <u>International Critical Incident Stress Foundation (ICISF), International Association of Firefighters (IAFF), or AHJ</u> ○ <u>Policy Development</u> ○ <u>Agency health and wellness programs</u> ○ <u>Agency injury/illness prevention programs</u> <p>and</p> <ul style="list-style-type: none"> • <u>A minimum of two (2) years’ experience in at least one of the following fire service cancer mitigation and exposure reduction area(s)</u> <ul style="list-style-type: none"> ○ <u>Cancer mitigation and exposure reduction programs</u> ○ <u>Policy Development</u> ○ <u>Agency health and wellness programs</u> ○ <u>Agency injury/illness prevention programs</u>
<ul style="list-style-type: none"> • <u>Behavioral Health and Cancer Awareness 2A: First-Level Supervisor</u> 	<ul style="list-style-type: none"> • <u>A minimum of five (5) years’ full-time employment within a recognized fire agency in California OR a minimum ten (10) years’ volunteer or paid-call employment within recognized fire agency in California;</u> and • <u>A minimum of two (2) years’ experience in at least one of the following fire service behavioral health area(s)</u> <ul style="list-style-type: none"> ○ <u>Peer Support</u> ○ <u>Peer Instructor</u>



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FSTEP Course	Experience
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ <u>International Critical Incident Stress Foundation (ICISF), International Association of Firefighters (IAFF), or AHJ</u> ○ <u>Policy Development</u> ○ <u>Agency health and wellness programs</u> ○ <u>Agency injury/illness prevention programs</u> <p>and</p> <ul style="list-style-type: none"> • <u>A minimum of two (2) years' experience in at least one of the following fire service cancer mitigation and exposure reduction area(s)</u> <ul style="list-style-type: none"> ○ <u>Cancer mitigation and exposure reduction programs</u> ○ <u>Policy Development</u> ○ <u>Agency health and wellness programs</u> ○ <u>Agency injury/illness prevention programs</u>
<ul style="list-style-type: none"> • <u>Behavioral Health and Cancer Awareness 3A: Organizational Leader</u> 	<ul style="list-style-type: none"> • <u>A minimum of five (5) years' full-time employment as Company Officer or higher within a recognized fire agency in California OR a minimum ten (10) years' volunteer or paid-call employment within recognized fire agency in California; and</u> • <u>A minimum of two (2) years' experience in at least one of the following fire service behavioral health area(s)</u> <ul style="list-style-type: none"> ○ <u>Peer Support</u> ○ <u>Peer Instructor</u> <ul style="list-style-type: none"> ▪ <u>International Critical Incident Stress Foundation (ICISF), International Association of Firefighters (IAFF), or AHJ</u> ○ <u>Policy Development</u> ○ <u>Agency health and wellness programs</u> ○ <u>Agency injury/illness prevention programs</u> <p>and</p> <ul style="list-style-type: none"> • <u>A minimum of two (2) years' experience in at least one of the following fire service cancer mitigation and exposure reduction area(s)</u>



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FSTEP Course	Experience
	<ul style="list-style-type: none"> ○ <u>Cancer mitigation and exposure reduction programs</u> ○ <u>Policy Development</u> ○ <u>Agency health and wellness programs</u> ○ <u>Agency injury/illness prevention programs</u>

6.7.26.4: Maintenance

- A. A Registered BHCA Primary Instructor shall successfully complete a minimum of 8 hours of continuing education hours obtained via verifiable topic-specific conferences, seminars, and/or workshops.
 1. Instructors are required to maintain documentation of continuing education hours for five (5) years and shall furnish SFT documentation upon request.