



DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
STATE FIRE TRAINING
P.O. Box 944246
SACRAMENTO, CA 94244-2460
(916) 902-9738
Website: www.fire.ca.gov



Date: October 10, 2025

To: Statewide Training and Education Advisory Committee
State Board of Fire Services

From: Caryn Petty, Deputy State Fire Marshal III (Specialist), State Fire Training

SUBJECT/AGENDA ACTION ITEM:

Behavioral Health and Cancer Awareness (2025) FSTEP Curriculum

Recommended Actions:

Motion

Background Information:

This is the second reading of the curriculum, with no stakeholder requests for edits following the July 2025 STEAC meeting.

SFT updated the Behavioral Health and Cancer Awareness curriculum because behavioral health and cancer awareness are continuously evolving and updating fields, and the curriculum needs to keep up with new developments as well as revisions to and expansions in NFPA standards, including NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments (2022) and NFPA 1851: Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting (2020) and the new NFPA 1550: Standard for Emergency Responder Health and Safety (2024), which consolidates a number of older NFPA standards.

In addition, Behavioral Health and Cancer Awareness 2A (2020) and Behavioral Health and Cancer Awareness 3A (2020) were combined and reduced at the recommendation of the cadre and STEAC. Behavioral Health and Cancer Awareness 2A and 3A (2020) had not been taught yet, and the information is no longer entirely new to the fire service, rendering irrelevant the materials in 3A that were designed to build a program. The 2A level will be integrated into Company Officer certification requirements, and combining the courses was the most efficient and effective way to deliver the content in one course.

Analysis/Summary of Issue:

Instructional delivery staff are strongly encouraging the use of culturally competent clinicians and lecturers due to the technical nature of the curriculum.

Behavioral Health and Cancer Awareness 1A: Front-Line Responder (2025) is an 8-hour course including 6.25 hours of lecture and 1.75 hours of application. Prior to taking the course, students would be required to complete a self-assessment provided by the instructor. 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 an SFT diploma upon successful completion. This delivery allows access to the curriculum for incumbent members seeking personal and professional development. The academy delivery would not result in an SFT diploma. This course provides awareness-level information on behavioral health and cancer needed for frontline responders to safely, effectively, and competently describe stress and list stressors; identify and describe the impacts of stress; describe factors and demonstrate practices for resilience; describe types, prevalence, and causes of cancer; describe exposure to carcinogenic chemicals; and describe and demonstrate minimizing exposure and risk to cancerous contaminants.

Behavioral Health and Cancer Awareness 2A: Multilevel Supervisor (2025) is a 32-hour course including 24.5 hours of lecture and 7.5 hours of application. This course is a standalone FSTEP course intended for aspiring and incumbent fire service leaders. The prerequisites are BHCA 1A (2025) and Peer-Based Suicide Awareness (FSTEP) or equivalent (as approved by Cal-JAC per AB 1116). Students will receive an SFT diploma upon successful completion of this course. This course provides the behavioral-health skills and information needed for aspiring and incumbent fire service leaders to safely, effectively, and competently describe and discuss stressors impacting members and leaders; describe the prevalence of behavioral health issues and the impacts of policies and programs; identify and address barriers to behavioral health and resiliency; describe member engagement, environment, effecting change, and influencing behaviors; identify practices for resilience and describe promotion and implementation, describe types of required documentation, identify laws and legal considerations, and describe how to develop a behavioral health and wellness program.

This course also provides the cancer-prevention skills and information needed for aspiring and incumbent fire service leaders to safely, effectively, and competently describe exposure to carcinogenic chemicals and communicating risks; describe barriers to mitigating and minimizing toxic exposure; describe influencing and effecting change; demonstrate application of the NIOSH Hierarchy of Controls to minimize exposure and risk; identify laws, standards, policies and procedures; and describe developing a cancer-prevention program.

This series of courses is intended to address the need for updated fire service behavioral health and cancer awareness education. The curriculum is designed to include an

awareness-level course (firefighter, crew member) for the frontline responder and an operations-level course (company officer) for leaders at multiple organizational levels.

Behavioral Health and Cancer Awareness (2025) Curriculum Launch

SFT will release the Behavioral Health and Cancer Awareness (2025) curriculum on January 1, 2026.

Behavioral Health and Cancer Awareness (2025) Curriculum Retirement

Effective January 1, 2026, SFT will retire Behavioral Health and Cancer Awareness (2020). On January 1, 2026, SFT will remove the curriculum from the SFT course catalog, and it will no longer be available.

Course Plan 1A

Considerations (changes to document):

- Course Details
 - Formerly there was no prerequisite but now students must complete a self-assessment before the course.
- Units/Topics
 - Minor wording changes and updates were made
 - One topic was added: Topic 2-4: Describing Indicators of Behavioral Health Distress, which teaches students to communicate with people who are in distress or struggling with mental or behavioral health.

Course Plan 2A

Considerations (changes to document):

- Course Details
 - Behavioral Health and Cancer Awareness 2A (2020) and Behavioral Health and Cancer Awareness 3A (2020) were combined and shortened. The course is now Behavioral Health and Cancer Awareness (2025): Multilevel Supervisor
 - Originally the prerequisite for 2A was 1A and the prerequisite for 3A was 2A. The new prerequisites are:
 - Behavioral Health and Cancer Awareness 1A (2025)
 - Peer-Based Suicide Awareness (FSTEP) or equivalent (as approved by Cal-JAC per AB 1116)
 - The combined number of hours was originally 46.5 hours but now it is a total of 32 hours
 - The maximum class size changed from 32 to 50.
 - The instructor/student ratio changed from 1:32 to 1:50.
- Required Resources
 - The instructor is required to compile some documents into a virtual or hard-copy binder
- Units/Topics

- The order of the units changed. Formerly Unit 2 was Behavioral Health and Unit 3 was Cancer Awareness but they were swapped to align with the order in 1A.
- Topics 3-2 and 3-6 (Behavioral Health unit) were removed from BHCA 2A (2020) when the course plans were combined.
- Topics 3-2 and 3-3 (Behavioral Health unit) were removed from BHCA 3A (2020) when the course plans were combined.
- Topics 2-1 and 2-2 (both Cancer Awareness unit) were removed from BHCA 3A (2020) when the course plans were combined.
- Topic 2-7 (Behavioral Health unit) was added to BHCA (2025).

Existing Registered Instructors

SFT will authorize existing Behavioral Health and Cancer Awareness (2020) Registered Instructors to teach Behavioral Health and Cancer Awareness (2025) courses. SFT will update the SFT User Portal.

In-Process Instructor Candidates

Candidates actively pursuing Behavioral Health and Cancer Awareness 1A (2020) instructor registration must submit all documentation postmarked on or before December 31, 2025. Candidates actively pursuing Behavioral Health and Cancer Awareness 3A (2020) instructor registration must submit all documentation postmarked on or before December 31, 2025. As two levels have been combined, all candidates actively pursuing Behavioral Health and Cancer Awareness 2A (2020) instructor registration will be required to meet the Behavioral Health and Cancer Awareness (2025) requirements. Anyone who applies to teach Behavioral Health and Cancer Awareness 1A or 2A (2025) on or after January 1, 2026, will be required to meet the Behavioral Health and Cancer Awareness (2025) requirements.

New Instructor Registration

New instructor candidates shall meet the following requirements:

Category	Requirement
Instructor Registration	Be an OSFM Registered Instructor
Certification	None
Education	• For Behavioral Health and Cancer Awareness 1A, Behavioral Health and Cancer Awareness 1A Course Title (2025) • For Behavioral Health and Cancer Awareness 2A, Behavioral Health and Cancer Awareness 2A Course Title (2025)
Instructor Task Book	None
Experience	• A minimum of five (5) years' full-time paid or ten (10) years' volunteer or part-time paid experience working as a fire service member in a recognized California fire agency

	• Additionally, for BHCA 2A, a minimum of two (2) years' full-time paid or four (4) years' volunteer or part-time paid experience working as a Fire Officer in a recognized California fire agency • A minimum of two (2) years' experience in at least one of the following fire service behavioral health area(s): ○ Peer support ○ Peer instruction ▪ International Critical Incident Stress Foundation (ICISF), International Association of Firefighters (IAFF), or AHJ ○ Policy development ○ Agency health and wellness programs ○ Agency injury/illness prevention programs • A minimum of two (2) years' experience in at least one of the following fire-service cancer-mitigation and exposure-reduction area(s): ○ Cancer-mitigation and exposure-reduction programs ○ Policy development ○ Agency health and wellness programs ○ Agency injury/illness prevention programs
Chief's Letter	Provide a letter signed by their Fire Chief or authorized designee that verifies qualification to deliver Behavioral Health and Cancer Awareness (2025) curriculum.
Application	Submit an SFT Instructor Registration Application
Fee	Pay the registration fee (if applicable)



Behavioral Health and Cancer Awareness 2025 Implementation Plan

Issued: Month ##, ####

OVERVIEW

This document is intended to provide information for all State Fire Training (SFT) stakeholders on the updated Behavioral Health and Cancer Awareness (2025) curriculum requirements. Stakeholders are encouraged to study this information carefully and seek clarification from SFT if questions arise.

Behavioral Health and Cancer Awareness 1A: Frontline Supervisor (2025) and Behavioral Health and Cancer Awareness 2A: Multilevel Supervisor (2025) are presented as a Fire Service Training and Education Program (FSTEP) curriculum. SFT updated the course plans based on State Fire Training's authority.

IMPLEMENTATION

New Curriculum	Hours
BHCA 1A: Frontline Responder (2025)	8.0 hours
BHCA 2A: Multilevel Supervisor (2025)	32.0 hours

Behavioral Health and Cancer Awareness (2025) Curriculum LaunchJanuary 1, 2026
SFT will release the Behavioral Health and Cancer Awareness (2025) curriculum on January 1, 2026.

Behavioral Health and Cancer Awareness (2020) Curriculum Retirement ...December 31, 2025
Effective December 31, 2025 SFT will retire Behavioral Health and Cancer Awareness (2020). On January 1, 2026, SFT will remove the curriculum from the SFT course catalog, and it will no longer be available.

INSTRUCTOR REQUIREMENTS

Instructor Registration.....January 1, 2026
Instructors for the Behavioral Health and Cancer Awareness (2025) curriculum must meet the SFT requirements for Registered Instructor. Instructors must have appropriate education and practical experience relating to the specific course content.

Existing Registered Instructors

SFT will authorize existing former Behavioral Health and Cancer Awareness (2025) Registered Instructors to teach Behavioral Health and Cancer Awareness (2025) courses. SFT will update the SFT User Portal.

In-Process Instructor Candidates

Candidates actively pursuing Behavioral Health and Cancer Awareness 1A (2020) instructor registration must submit all documentation postmarked on or before December 31, 2025. Candidates actively pursuing Behavioral Health and Cancer Awareness 3A (2020) instructor registration must submit all documentation postmarked on or before December 31, 2025. As two levels have been combined, all candidates actively pursuing Behavioral Health and Cancer Awareness 2A (2020) instructor registration will be required to meet the Behavioral Health and Cancer Awareness (2025) requirements. Anyone who applies to teach Behavioral Health and Cancer Awareness 1A or 2A (2025) on or after January 1, 2026, will be required to meet the Behavioral Health and Cancer Awareness (2025) requirements.

New Instructor Registration

New instructor candidates shall meet the following requirements:

Category	Requirement
Instructor Registration	Be an OSFM Registered Instructor
Certification	None
Education	• For Behavioral Health and Cancer Awareness 1A, Behavioral Health and Cancer Awareness 1A Course Title (2025) • For Behavioral Health and Cancer Awareness 2A, Behavioral Health and Cancer Awareness 2A Course Title (2025)
Instructor Task Book	None
Experience	• A minimum of five (5) years' full-time paid or ten (10) years' volunteer or part-time paid experience working as a fire service member in a recognized California fire agency • Additionally, for BHCA 2A, a minimum of two (2) years' full-time paid or four (4) years' volunteer or part-time paid experience working as a Fire Officer in a recognized California fire agency • A minimum of two (2) years' experience in at least one of the following fire service behavioral health area(s): ○ Peer support ○ Peer instruction ▪ International Critical Incident Stress Foundation (ICISF), International Association of Firefighters (IAFF), or AHJ ○ Policy development

	○ Agency health and wellness programs ○ Agency injury/illness prevention programs ● A minimum of two (2) years' experience in at least one of the following fire-service cancer-mitigation and exposure-reduction area(s): ○ Cancer-mitigation and exposure-reduction programs ○ Policy development ○ Agency health and wellness programs ○ Agency injury/illness prevention programs
Chief's Letter	Provide a letter signed by their Fire Chief or authorized designee that verifies qualification to deliver Behavioral Health and Cancer Awareness (2025) curriculum.
Application	Submit an SFT Instructor Registration Application
Fee	Pay the registration fee (if applicable)

POTENTIAL AGENCY IMPACTS

Fire agencies desiring to use the Behavioral Health and Cancer Awareness (2025) curriculum as a requirement for their recruitment/promotion activities need to review the Behavioral Health and Cancer Awareness (2025) curriculum requirements to be sure that all agency training needs are met. After review, fire agencies should update their job specifications and recruitment documentation to reflect these new courses and certification requirements.

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 Behavioral Health and Cancer Awareness (2025) curriculum and discuss potential impacts with their advisory committees.



Frontline Responder

Course Plan

Course Details

Description: This course provides awareness-level information on behavioral health and cancer needed for frontline responders to safely, effectively, and competently describe stress and list stressors; identify and describe the impacts of stress; describe factors and demonstrate practices for resilience; describe types, prevalence, and causes of cancer; describe exposure to carcinogenic chemicals; and describe and demonstrate minimizing exposure and risk to cancerous contaminants.

Designed For: Frontline responders

Prerequisites: Completion of PTSD or mood self-assessment

Standard: Complete all activities.

Hours (Total): 8 hours
(6.75 lecture / 1.25 application)

Maximum Class Size: 50

Instructor Level: Registered Instructor

Instructor/Student Ratio: 1:50 lecture; 1:10 application

Restrictions: None

SFT Designation: FSTEP

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Required Resources

Instructor Resources

To teach this course, instructors may use:

- See online resources

Online Instructor Resources

The following instructor resources are available online at <https://osfm.fire.ca.gov/divisions/state-fire-training/fstep-curriculum>:

- Fire Hero Learning Network: https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- First Responder's Resiliency, Inc.: [resiliency1st.org](https://www.resiliency1st.org)
- Florida Firefighter Safety and Health Collaborative: <https://www.floridafirefightersafety.org>
- Healing Our Own: <https://healingourown.org>
- IAFF Health and Safety: <https://www.iaff.org/health-safety/>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- UL Firefighter Safety: Health Research: <https://fsri.org>

Behavioral Health:

- [California Professional Firefighters: cpf.org/health-and-safety](https://cpf.org/health-and-safety)
- Crisis Response Care: www.crisisresponse.org
- Everyone Goes Home: <https://www.everyonegoeshome.com>
- FirefighterAid, Cancer Awareness Month Video: <https://youtu.be/5ArbRNomAJQ?si=MgZo7KlcWpiApn9x>
- FirefighterAid CAPP Presentation Introduction & Impact Film: <https://youtu.be/RJ8CQnXRTu0?si=6IHg7wE3mZ-4Rm6i>
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- International Critical Incident Stress Foundation, Inc., Global Learning Programs: icisf.org/education-training
- MassHealth Commonly Used Substance Use Disorder Screening Instruments: <https://providers.masspartnership.com/pdf/CommonlyUsedSUDScreeningInstruments.pdf>
- PTSD Checklist for Civilians: https://www.mirecc.va.gov/docs/visn6/3_ptsd_checklist_and_scoring.pdf
- The Mood Disorder Questionnaire: <https://www.sadag.org/images/pdf/mdq.pdf>
- World Health Organization Programme on Mental Health WHOQOL User Manual: https://iris.who.int/bitstream/handle/10665/77932/WHO_HIS_HSI_Rev.2012.03_eng.pdf?sequence=1_!!NcZN9E-XsvE!PRmJhriVUE-yX6U5R-

[KD4LCZxhOb9GFjD1KIP 88HKcKO7KNZAOMmDCsffjUx4BIS73SFOMNc3snXlk7hCh2xTcP7vipXY\\$](https://www.youtube.com/watch?v=KD4LCZxhOb9&list=PL8H8KcKO7KNZAOMmDCsffjUx4BIS73SFOMNc3snXlk7hCh2xTcP7vipXY$)

Cancer Awareness:

- San_Diego_Fire_Rescue CAPP Clean Cab Program: <https://youtu.be/5RI2hpf-qUo?si=zdLcPVn5HKT-ZGkD>
- San_Diego_Fire_Rescue Post Fire Gross Decontamination: <https://youtu.be/OLbYr3SVavk?si=cjmv72SzYqkrDUAd>
- Miami_Dade_Fire_Rescue On-Scene Gross Decontamination: https://youtu.be/i_Sg5ZM7rII
- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.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/vcoslavendarribbonreport.pdf?sfvrsn=13f88b0d_8

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>
- 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>
- 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/vcoslavendarribbonreport.pdf?sfvrsn=13f88b0d_8
- IAFF Health and Safety: <https://www.iaff.org/health-safety/>

- MassHealth Commonly Used Substance Use Disorder Screening Instruments: <https://providers.masspartnership.com/pdf/CommonlyUsedSUDScreeningInstruments.pdf>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- PTSD Checklist for Civilians: https://www.mirecc.va.gov/docs/visn6/3_ptsd_checklist_and_scoring.pdf
- The Mood Disorder Questionnaire: <https://www.sadag.org/images/pdf/mdq.pdf>
- UL Firefighter Safety: Health Research: <https://fsri.org>
- World Health Organization Programme on Mental Health WHOQOL User Manual: [https://iris.who.int/bitstream/handle/10665/77932/WHO_HIS_HSI_Rev.2012.03_eng.pdf?sequence=1;!!NcZN9E-XsvE!PRmJhriVUE-yX6U5R-KD4LCZxhOb9GFjD1KIP_88HKcKO7KNZAxOMmDCsfjUx4BIS73SFOMNc3snXlk7hCh2xTcP7vjpXY\\$](https://iris.who.int/bitstream/handle/10665/77932/WHO_HIS_HSI_Rev.2012.03_eng.pdf?sequence=1;!!NcZN9E-XsvE!PRmJhriVUE-yX6U5R-KD4LCZxhOb9GFjD1KIP_88HKcKO7KNZAxOMmDCsfjUx4BIS73SFOMNc3snXlk7hCh2xTcP7vjpXY$)

Facilities, Equipment, and Personnel

Facilities

The following facilities are required to deliver this course:

- Standard learning environment or facility, which may include:
 - Writing board or paper easel chart
 - Markers, erasers
 - Amplification devices
 - Projector and screen
 - Laptop or tablet with presentation or other viewing software
 - Internet access with appropriate broadband capabilities
- Open area for practice decontamination
- Yoga or relaxation activity space

Equipment

The following equipment is required to deliver this course:

- Whiteboards, projectors, markers, erasers, and other classroom materials
- Complete sets of wildland and structural PPE and SCBA for each student
- 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)

Personnel (Optional)

The following personnel are optional for delivering this course:

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

Timetable

Segment	Lecture	Application	Unit Total
Unit 1: Introduction			
Topic 1-1: Orientation and Administration	0.75	0.0	
Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series	0.25	0.0	
Unit 1 Totals	1.0	0.0	1.0
Unit 2: Stress and Resilience			
Topic 2-1: Describing Stress and Listing Stressors	1.0	0.0	
Topic 2-2: Identifying and Describing the Impacts of Stress	1.0	0.0	
Topic 2-3: Describing Factors and Demonstrating Practices for Resilience	1.25	0.25	
Topic 2-4: Describe Indicators of Behavioral Health Distress	0.50	0.0	
Unit 2 Totals	3.75	0.25	4.0
Unit 3: Cancer Awareness			
Topic 3-1: Describing Types, Prevalence, and Causes of Cancer	0.5	0.0	
Topic 3-2: Describing Exposure to Carcinogenic Chemicals	0.5	0.0	
Topic 3-3: Describing and Demonstrating Minimizing Exposure and Risk	1.0	1.0	
Unit 3 Totals	2.0	1.0	3.0
Course Totals	6.75	1.25	8.00

Timetable Key

1. The Timetable documents the amount of time estimated to deliver the content included in the course plan.
2. Time is documented using the quarter system: 15 min. = .25 / 30 min. = .50 / 45 min. = .75 / 60 min. = 1.0.
3. The Course Totals do not reflect time for lunch (1 hour) or breaks (10 minutes per each 50 minutes of instruction or assessment). It is the instructor's responsibility to add this time based on the course delivery schedule.
4. Application (activities, skills exercises, and formative testing) time will vary depending on the number of students enrolled. The Application time documented is based on the maximum class size identified in the Course Details section.
5. Summative Assessments are determined and scheduled by the authority having jurisdiction. These are not the written or psychomotor State Fire Training certification exams. These are in-class assessments to evaluate student progress and calculate course grades.

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, skills exercises, resources, evaluation methods, and participation requirements in the course syllabus.

Enabling Learning Objectives

1. Identify facility requirements
 - Restroom locations
 - Food 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. Determined by instructor

Application

1. Determined by 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: Frontline Responder
 - BHCA 2A: Multilevel Supervisor
2. Identify any other requirements for the curriculum series

Discussion Questions

1. Determined by instructor

Application

1. Determined by instructor

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 frontline responder, a student will be able to describe stress and list common sources of stress so that signs, symptoms, and reactions to and sources of stress are described.

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 administration/supervisors
 - Relationships with the community
 - Workplace/station environment stressors
 - Quarters
 - Sleep hygiene
 - Alarm/alert systems
 - Agency or department behavior and culture
 - Off-duty/family and personal life
 - Transitioning to home life
 - Work-life imbalance
 - Finances
 - Responding to incidents
 - Extended deployments or shift assignments
 - Long-term injuries
 - Training
 - Retirement

Discussion Questions

1. How do high-frequency calls without resolution impact job satisfaction?
2. What are some techniques for transitioning between work and home life?
3. What is hypervigilance and how does it manifest at work and home?
4. What are some stressors you will encounter in fire service training and/or the academy?

Application

1. Determined by 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, and National Volunteer Firefighter Council 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 frontline responder, a student will be able to identify and describe the physiological and emotional impacts of stress so that the impacts of stress are described.

Enabling Learning Objectives

1. Describe the physiological and emotional impacts of stress
 - Acute, chronic, and cumulative stress
 - Stress and the brain
 - Parasympathetic versus sympathetic (fight or flight)
 - Adrenal fatigue
 - Mood and cognitive impacts
2. Define trauma
 - Perception versus actual injury
3. Define moral injury
 - Violation of individual values and beliefs
4. Define posttraumatic stress disorder and posttraumatic stress injury
 - Terminology
 - Presumptive worker's compensation
 - SB542, Dahle (2018)
 - Labor Code § 3212.15
5. Describe the psychological and emotional impacts of trauma
 - Acute, chronic, and cumulative trauma exposure
6. Describe signs and symptoms associated with unmanaged stress and trauma
 - Anger and irritability
 - Sleep problems
 - Depression
 - Marital and family issues
 - Substance abuse
 - Addictions
 - Suicidal ideation
 - Intrusive thoughts
 - Other forms of self-harm or risky behavior

Discussion Questions

1. What is the difference between acute, chronic, and cumulative stress?
2. What does trauma do your body?
3. Do you feel you have a healthy relationship with substances, including drugs and/or alcohol?

Application

1. Determined by instructor

Instructor Notes

1. Have the students discuss the results of the self-assessment they completed before the course began.
2. The instructor should refer to the Healing Our Own, Firefighter Behavioral Health Alliance, National Fallen Firefighter Foundation, Florida Firefighter Safety and Health Collaborative, IAFF, and National Volunteer Firefighter Council websites.
3. Provide the students with Behavioral Health Alliance's and/or IAFF's current firefighter suicide statistics.
4. The instructor may refer to Thomas Joiner's Interpersonal Theory of Suicide for information specific to suicidal ideation.

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

Terminal Learning Objective

At the end of this topic, given an assignment as a frontline responder, a student will be able to describe factors and demonstrate practices contributing to resilience so that resilience factors are described and resiliency practices are demonstrated.

Enabling Learning Objectives

1. Describe the role of psychological hygiene in meditating and mitigating stress
 - Nutrition
 - Sleep
 - Exercise
 - Relaxation techniques
 - Rest
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
 - Social support systems
6. Describe resources available within the AHJ, such as:
 - Organizational resources
 - Peer support
 - Critical Incident Stress Management (CISM)
 - Culturally competent clinicians
 - Chaplains
 - Preventive tools
 - Employee/student assistance programs (EAP/SAP)
 - Wellness retreats
 - Therapy and support or service animals
7. Describe external resources, such as:
 - Community groups (non–fire service/non–public safety)
 - Faith-based groups
 - Health care system
 - Culturally competent clinicians
 - Hotlines and crisis resources
 - Therapy and support or service animals

Discussion Questions

1. What are some coping skills for stressors you will encounter in the fire service?
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?

Application

1. Give students their completed self-assessments. Have them use the techniques, resources, and mechanisms in the enabling learning objectives to come up with specific strategies for dealing with stressors.

Instructor Notes

1. The instructor must 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. These may include peer counselors, chaplains, or psychologists with experience in fire and frontline-responder culture.

Topic 2-4: Describing Indicators or Behavioral Health Distress

Terminal Learning Objective

At the end of this topic, given a list of resources, a student will be able to communicate with a person that may be in distress or struggling with their behavioral health and wellness so that the person understands and can access resources.

Enabling Learning Objectives

1. Describe how to directly communicate about behavioral health distress
 - Recognize indicators
 - Consider danger to self/danger to others
 - Approach
 - Respectful, calm, nonjudgmental, nonconfrontational, validating, timing, and setting
 - Communicate
 - Define and use active listening techniques
 - Not “fixing”
 - Express concern citing specific reasons, using indicators, that a person may be in distress
 - Ask follow-up questions and continue active listening
2. Assist in educating and accessing internal and/or external support resources

Discussion Questions

1. What would you do if a peer showed signs and symptoms of distress?
2. What biases and barriers can prevent people from talking to their peers about their behavioral health?
3. What are some nonjudgmental and support questions you can ask if someone is having behavioral health distress?
4. How will you care for yourself regardless of your peer’s response/decisions?

Application

1. Determined by instructor.

Instructor Notes

None

Unit 3: Cancer Awareness

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

Terminal Learning Objective

At the end of this topic, given data on the prevalence of cancer in the fire service and risk and protective factors, a student will be able to describe types and prevalence of occupational cancer and list common causes of cancer in the fire service so that types and prevalence are described and causes are listed.

Enabling Learning Objectives

1. Describe cancer prevalence in the fire service
 - Types/locations
 - Statistics
2. Define carcinogenic agent
 - Occupational
 - International Agency for Research on Cancer (IARC) groupings
 - Chemicals
3. List risk factors specific to the fire service, including but not limited to:
 - Duration and dose of exposure to carcinogenic chemicals
 - Sleep disruption and shift work (IARC Group 2A)
 - UV radiation (IARC Group 1)
4. List risk or protective factors specific to lifestyle or personal life, including but not limited to:
 - Tobacco or nicotine
 - Alcohol
 - Stress
 - Diet or food choices
 - Exercise
 - Infectious agents
 - Age
 - Metabolic syndrome
 - Overweight
 - Mental health
 - Genetic history
 - Hormones

Discussion Questions

1. How do tobacco, nicotine, and alcohol 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?

Application

1. Determined by instructor

Instructor Notes

None

Draft

Topic 3-2: Describing Exposure to Carcinogenic Chemicals

Terminal Learning Objective

At the end of this topic, given an assignment as a frontline responder, a student will be able to describe exposure to carcinogenic chemicals so that exposure sources and routes and categories and states of carcinogenic chemicals are listed.

Enabling Learning Objectives

1. List sources of exposure, including but not limited to:
 - Fires and products of combustion
 - Hazardous materials
 - Environmental (station)
 - Apparatus cross-contamination
2. List common states of carcinogens
 - Gases
 - Particulates
 - Size
 - Radiation
3. List common categories of carcinogenic chemicals
 - Polycyclic aromatic hydrocarbon (PAHs)
 - Volatile organic compounds (VOCs)
 - Polyfluoroalkyl substances (PFAs)
4. List routes of exposure to carcinogenic chemicals
 - Absorption
 - Inhalation
 - Ingestion
 - Injection or penetration
5. List common sources of exposure found in various situations and environments
 - Fire suppression
 - Overhaul, mop-up, and post-incident activities
 - PPE
 - Equipment
 - Apparatus and private vehicle
 - Station
 - Home

Discussion Questions

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

Application

1. 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 frontline responder, a student will be able to describe the factors and behaviors and demonstrate best practices for minimizing contaminant exposure and risk so that factors and behaviors are described and best practices for minimizing risk and exposure are demonstrated.

Enabling Learning Objectives

1. Identify unmodifiable factors
 - Infectious agents
 - Genetic history
 - Hormones
 - Age
2. Identify modifiable factors
 - Exposures
 - Sleep
 - Tobacco and nicotine
 - Alcohol
 - Diet
 - Exercise
 - Metabolic syndrome
 - Overweight/obesity
 - UV radiation
 - Consumer products (e.g. personal care products, cleaning agents)
3. Define exclusion (hot) zones, contamination reduction (warm) zones, and support/clean (cold) zones on a fireground and at the fire station
4. Identify and demonstrate the best practices for minimizing contaminant exposure and risk during fire suppression, overhaul, mop-up, and post-incident activities, including but not limited to:
 - Wearing full PPE with SCBA until no longer exposed to carcinogenic chemicals
 - At wildland and wildland-urban-interface fires, wearing full PPE until no longer exposed to carcinogenic chemicals
 - Gross decontamination procedures in the warm zone prior to rehabilitation and/or demobilization
 - 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, when possible
 - Storage of contaminated gear in single-use isolation bags outside apparatus cab for transport

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, eye protection, respiratory protection, wildland jacket and pants
 - Wearing PPE
 - Ensuring it is clean before you put it on
 - Best practices for hood exchange
 - Transfer and storage of PPE and equipment between job sites or station assignments and home
 - Gross decontamination/preliminary exposure reduction
 - Performed in the warm zone
 - Those being decontaminated or providing decontamination must wear PPE and SCBA and remain on supplied air for the duration of the decontamination process
 - While handling contaminated PPE, use EMS gloves
 - Dry, wet, or combination method
 - Wiping and washing hands, face, neck, armpits, torso, and groin
 - Isolating contaminated turnouts in single-use bags
 - Laundering turnouts per AHJ
 - Airing out turnouts at least twenty-five minutes outdoors out of direct sunlight before washing
 - Commercial washer for helmet and liners, SCBA, boots, and gloves, per AHJ
 - Extractor washer for turnouts, per AHJ
 - Turnout dryer, per AHJ
 - While washing turnouts, need to wear EMS gloves and respirator and protective clothing and have a negative pressure environment as applicable
 - Documentation per AHJ
6. Identify and demonstrate the best practices for handling contaminated equipment that minimize 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
 - 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)
 - Showering as soon as possible following incident release (cold and then hot water)
 - Infrared saunas as chemical decontamination units (CDUs), per AHJ
 - PPE storage in the warm zone
 - Washing and storing garments and undergarments worn beneath PPE separately at the station
 - Identify activities that may occur in hot zones
 - Treat apparatus bay/floor as a hot zone
 - The following should not be located in the hot zone:
 - Ice machines
 - Workout equipment, where possible
 - SCBA fill station
 - PPE storage should be situated to prevent exhaust carcinogen contamination
 - Off-duty storage
 - Response-ready storage
 - Use of diesel exhaust capture 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, when possible
 - Perform apparatus pretrips outside of the apparatus floor with the station doors and apparatus doors and windows closed
8. Identify and demonstrate the best practices that minimize contaminant exposure and risk at home
 - Avoid cross-contamination, including with PPE
 - Don't wash work items at home
 - PPE
 - Uniforms
 - Personal items used during work hours
 - Garments or undergarments worn beneath PPE
 - Keep all work items in a nonpermeable sealed bag or container 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, proper donning and doffing, and exchange?
2. Under what circumstances is it best to do dry decontamination or wet decontamination?
3. Why is it critical to complete an exposure report for all exposures, injuries, and illnesses on all incidents?

Application

1. If course is not delivered in conjunction with Fire Control 3: Structural Fire Fighting corequisite, give students a gross decontamination kit. Have the students demonstrate gross decontamination.

Instructor Notes

1. The instructor may choose to demonstrate documenting exposure per AHJ policy.
2. This topic is interrelated with those pertaining to behavioral health and stress reduction. Some of the wellness behaviors will overlap.
3. Discuss best practices for personal decontamination/cross contamination (using a minimum of one (1) video recommendation from Instructor Resources).
4. NFPA 1550 Standard for Emergency Responder Health and Safety addresses exposure reports.
5. The instructor must refer to and share the NIOSH photo showing the limits of PPE in preventing exposure.

How to Read a Course Plan

A course plan identifies the details, logistics, resources, and training and education content for an individual course. Whenever possible, course content is directly tied to a national or state standard. SFT uses the course plan as the training and education standard for an individual course. Individuals at fire agencies, academies, and community colleges use course plans to obtain their institution's consent to offer course and provide credit for their completion. Instructors use course plans to develop syllabi and lesson plans for course delivery.

Course Details

The Course Details segment identifies the logistical information required for planning, scheduling, and delivering a course.

Required Resources

The Required Resources segment identifies the resources, equipment, facilities, and personnel required to deliver the course.

Unit

Each Unit represents a collection of aligned topics. Unit 1 is the same for all SFT courses. An instructor is not required to repeat Unit 1 when teaching multiple courses within a single instructional period or academy.

Topics

Each Topic documents a single Terminal Learning Objective and the instructional activities that support it.

Terminal Learning Objective

A Terminal Learning Objective (TLO) states the instructor's expectations of student performance at the end of a specific lesson or unit. Each TLO includes a task (what the student must be able to do), a condition (the setting and supplies needed), and a standard (how well or to whose specifications the task must be performed). TLOs target the performance required when students are evaluated, not what they will do as part of the course.

Enabling Learning Objectives

The Enabling Learning Objectives (ELO) specify a detailed sequence of student activities that make up the instructional content of a lesson plan. ELOs cover the cognitive, affective, and psychomotor skills students must master to complete the TLO.

Discussion Questions

The Discussion Questions are designed to guide students into a topic or to enhance their understanding of a topic. Instructors may add to or adjust the questions to suit their students.

Application

The Application segment documents experiences that enable students to apply lecture content through cognitive and psychomotor activities, skills exercises, and formative testing. Application experiences included in the course plan are required. Instructors may add additional application experiences to suit their student population if time permits.

Instructor Notes

The Instructor Notes segment documents suggestions and resources to enhance an instructor's ability to teach a specific topic.

CTS Guide Reference

The CTS Guide Reference segment documents the standard(s) from the corresponding Certification Training Standard Guide upon which each topic within the course is based. This segment is eliminated if the course is not based on a standard.

Skill Sheet

The Skill Sheet segment documents the skill sheet that tests the content contained within the topic. This segment is eliminated if the course does not have skill sheets.

Acknowledgments

State Fire Training gratefully acknowledges the following individuals and organizations for their diligent efforts and contributions that made the development and publication of this document possible.

Cadre Leadership

Caryn Petty

Cadre Coleader

Deputy State Fire Marshal III (Specialist), State Fire Training

Chris Fowler

Cadre Coleader

Division Chief, State Fire Training

Laura Garwood

Cadre Editor

Sacramento State University

Cadre Participants

Dr. Alana Brunacini, DBH, LPC

Doctor of Behavioral Health, Brunacini Professional Services

Joe Ekblad

Fire Captain, CAL FIRE SDU

Katharine Erhardt

Fire Captain, Alameda County Fire Department

Jake Hannan

Battalion Chief, CAL FIRE Training Centers

Mary Murphy

Medical Services Office Battalion Chief, North County Fire Protection District

Kyle O'Neill

Fire Captain, San Diego Fire-Rescue Department

Keola Park

Battalion Chief, Fresno Fire Department

Dan Riddle

Fire Captain, Santa Clara County Fire Department

Kristin Thompson

EMS Division Chief, Newport Beach Fire Department

Dr. Derek Urwin

Engineer, Los Angeles County Fire Department

Benjamin Vernon

Fire Captain/PM, San Diego Fire-Rescue Department

Partners

State Fire Training also extends special acknowledgement and appreciation to the Conference and Training Services Unit with the College of Continuing Education at California State University, Sacramento, for its ongoing meeting logistics and curriculum development support, innovative ideas, and forward-thinking services. This collaboration is made possible through an interagency agreement between CAL FIRE and Sacramento State.



Multilevel Supervisor

Course Plan

Course Details

Description: This course provides the behavioral-health skills and information needed for aspiring and incumbent fire service leaders to safely, effectively, and competently describe and discuss stressors impacting members and leaders; describe the prevalence of behavioral health issues and the impacts of policies and programs; identify and address barriers to behavioral health and resiliency; describe member engagement, environment, effecting change, and influencing behaviors; identify practices for resilience and describe promotion and implementation, describe types of required documentation, identify laws and legal considerations, and describe how to develop a behavioral health and wellness program.

This course also provides the cancer-prevention skills and information needed for aspiring and incumbent fire service leaders to safely, effectively, and competently describe exposure to carcinogenic chemicals and communicating risks; describe barriers to mitigating and minimizing toxic exposure; describe influencing and effecting change; demonstrate application of the NIOSH Hierarchy of Controls to minimize exposure and risk; identify laws, standards, policies and procedures; and describe developing a cancer-prevention program.

Designed For: Aspiring and incumbent fire service leaders

Prerequisites: Behavioral Health and Cancer Awareness 1A (FSTEP)
Peer-Based Suicide Awareness (FSTEP) or equivalent (as approved by Cal-JAC per AB 1116)

Standard: Attend and participate in all course sections

Hours (Total): 32.0 hours
(24.5 lecture / 7.5 application)

Maximum Class Size: 50

Instructor Level: Registered Instructor

Instructor/Student Ratio: 1:50

Restrictions: None

SFT Designation: FSTEP

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Required Resources

Instructor Resources

To teach this course, instructors may use:

- See online resources

Online Instructor Resources

The following instructor resources are available online at <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>
- 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: <https://www.iaff.org/health-safety/>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- UL Firefighter Safety: Health Research: <https://fsri.org/>

Behavioral Health:

- “Building a Comprehensive Behavioral Health Program” (IAFF): https://www.iaff.org/wp-content/uploads/2019/04/BHProgramChecklist_v3.pdf
- CAGE Substance-Abuse Screening Tool: https://www.hopkinsmedicine.org/-/media/johns-hopkins-health-plans/documents/all_plans/cage-substance-screening-tool.pdf
- CDC Alcohol Use Fact Sheet: <https://www.cdc.gov/alcohol/fact-sheets/states/excessive-alcohol-use-united-states.html#CA>
- Everyone Goes Home: <https://www.everyonegoeshome.com>
- Fire Service Behavioral Health Management Guide, 2017, the National Fallen Firefighters Foundation: <https://everyonegoeshome.com/wp-content/uploads/2017/12/behavioral-health-mgmt-guide-122017.pdf>
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- Gallup Employee Engagement Questionnaire: <http://theconsultingaccountant.com/wp-content/uploads/2021/02/Gallups-12-Questions-Critical-to-Assessing-Employee-Engagement-and-Review-Example-1.pdf>

- Patient Health Questionnaire (PHQ-9): https://med.stanford.edu/fastlab/research/imapp/msrs/jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf
- Professional Quality of Life Scale (PROQOL) “Compassion Satisfaction and Compassion Fatigue”: <https://www.proqol.org>
- “Stress and Coping Self-Test” (various sources online)
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com>

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>
- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- “Firefighters' and Instructors' Absorption of PAHs and Benzene during Training Exercises”: <https://www.sciencedirect.com/science/article/pii/S143846391930313X?via%3Dihub>
- “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>
- “Firefighters Battle Occupational Cancer”: <https://www.cbsnews.com/news/firefighters-battle-occupational-cancer/>
- “Gross Decon Effectiveness” (various sources online)
- 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/vcoslavendarribbonreport.pdf?sfvrsn=13f88b0d_8
- “Routes of Exposure,” University of Miami Health System
- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance: <https://firstrespondercenter.org/wp-content/uploads/2023/06/Cancer-Toolkit-v6.pdf>
- The NIOSH Hierarchy of Controls: <https://www.cdc.gov/niosh/learning/safetyculturehc/module-3/2.html>

Student Resources

To participate in this course, students need:

- A print or digital compilation of relevant official documents pertinent to Topics 2-7 and 3-1 in print or digital format, including but not limited to information on workers' compensation, retirement, and agency benefits as well as:
 - California Firefighter Peer Support and Crisis Referral Services Act
 - Presumptive workers' compensation
 - Firefighter Bill of Rights/Peace Officer Bill of Rights
 - Family Medical Leave Act
 - Labor Code
 - Health and Safety Code point-of-service-plan contracts
 - Licensures and certifications including but not limited to:
 - EMT, paramedic
 - Driver's license
 - HIPAA
 - Mandated reporting
 - Duty to disclose

To participate in this course, students may optionally be given:

- "Building a Comprehensive Behavioral Health Program" (IAFF): https://www.iaff.org/wp-content/uploads/2019/04/BHProgramChecklist_v3.pdf
- CAGE Substance-Abuse Screening Tool: https://www.hopkinsmedicine.org/-/media/johns-hopkins-health-plans/documents/all_plans/cage-substance-screening-tool.pdf
- CDC Alcohol Use Fact Sheet: <https://www.cdc.gov/alcohol/fact-sheets/states/excessive-alcohol-use-united-states.html#CA>
- 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
- Fire Service Behavioral Health Management Guide, 2017, the National Fallen Firefighters Foundation: <https://everyonegoeshome.com/wp-content/uploads/2017/12/behavioral-health-mgmt-guide-122017.pdf>
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- Firefighter Safety Through Advanced Research: <http://www.fstaresearch.org>
- "Firefighters Battle Occupational Cancer": <https://www.cbsnews.com/news/firefighters-battle-occupational-cancer/>

- 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>
- 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/vcoslavendarribbonreport.pdf?sfvrsn=13f88b0d_8
- IAFF Health and Safety: <https://www.iaff.org/health-safety/>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- Patient Health Questionnaire (PHQ-9): https://med.stanford.edu/fastlab/research/imapp/msrs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf
- Professional Quality of Life Scale (PROQOL) “Compassion Satisfaction and Compassion Fatigue”: <https://www.proqol.org>
- “Routes of Exposure,” University of Miami Health System
- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance: <https://firstrespondercenter.org/wp-content/uploads/2023/06/Cancer-Toolkit-v6.pdf>
- The NIOSH Hierarchy of Controls: <https://www.cdc.gov/niosh/learning/safetyculturehc/module-3/2.html>
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com>
- UL Firefighter Safety: Health Research: <https://fsri.org/>

Facilities, Equipment, and Personnel

Facilities

The following facilities are required to deliver this course:

- Standard learning environment or facility, which may include:
 - Writing board or paper easel chart
 - Markers, erasers
 - Amplification devices
 - Projector and screen
 - Laptop or tablet with presentation or other viewing software
 - Internet access with appropriate broadband capabilities
- Open area for practice decontamination
- Yoga or relaxation activity space

Equipment

The following equipment is required to deliver this course:

- 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)

Personnel (Optional)

The following personnel are optional for delivering this course:

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

Timetable

Segment	Lecture	Application	Unit Total
Unit 1: Introduction			
Topic 1-1: Orientation and Administration	0.75	0.0	
Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series	0.25	0.0	
Unit 1 Totals	1.0	0.0	1.0
Unit 2: Behavioral Health Awareness			
Topic 2-1: Describing and Discussing Stressors Impacting Members and Leaders	2.25	0.0	
Topic 2-2: Describing Behavioral Health Issue Prevalence and the Impacts of Policies and Programs	1.5	0.5	
Topic 2-3: Identifying and Addressing Barriers to Behavioral Health and Resiliency	1.0	0.0	
Topic 2-4: Describing Engagement, Environment, Effecting Change, and Influencing Behaviors	1.0	0.0	
Topic 2-5: Identifying Practices for Resilience and Describing Promotion and Implementation	1.0	0.5	
Topic 2-6: Describing Types of Required Documentation	1.0	0.5	
Topic 2-7: Identifying Laws and Legal Considerations	1.0	0.5	
Topic 2-8: Describing How to Develop a Behavioral Health Program	1.0	1.0	
Unit 2 Totals	9.75	3.0	12.75
Unit 3: Cancer Awareness			
Topic 3-1: Describing Exposure to Carcinogenic Chemicals and Communicating Risks	1.5	0.0	
Topic 3-2: Identifying and Addressing Barriers to Mitigating and Minimizing Toxic Exposure	1.5	0.0	
Topic 3-3: Describing Influencing and Effecting Change	1.0	0.0	
Topic 3-4: Demonstrating Application of NIOSH Hierarchy of Controls to Minimize Exposure and Risk	1.75	0.5	
Topic 3-5: Identifying Laws, Standards, Policies and Procedures	1.5	0.0	
Topic 3-6: Describing Developing a Cancer-Prevention Program	2.5	0.0	
Unit 3 Totals	9.75	0.5	10.25
Course Totals	20.5	3.5	24.0

Timetable Key

1. The Timetable documents the amount of time estimated to deliver the content included in the course plan.
2. Time is documented using the quarter system: 15 min. = .25 / 30 min. = .50 / 45 min. = .75 / 60 min. = 1.0.
3. The Course Totals do not reflect time for lunch (1 hour) or breaks (10 minutes per each 50 minutes of instruction or assessment). It is the instructor's responsibility to add this time based on the course delivery schedule.
4. Application (activities, skills exercises, and formative testing) time will vary depending on the number of students enrolled. The Application time documented is based on the maximum class size identified in the Course Details section.
5. Summative Assessments are determined and scheduled by the authority having jurisdiction. These are not the written or psychomotor State Fire Training certification exams. These are in-class assessments to evaluate student progress and calculate course grades.

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, skills exercises, resources, evaluation methods, and participation requirements in the course syllabus.

Enabling Learning Objectives

1. Identify facility requirements
 - Restroom locations
 - Food 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. Determined by instructor

Application

1. Determined by 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: Frontline Responder
 - BHCA 2A: Multilevel Supervisor
2. Identify any other requirements for the curriculum series

Discussion Questions

1. Determined by instructor

Application

1. Determined by instructor

Unit 2: Behavioral Health

Topic 2-1: Describing and Discussing 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 and discuss common stressors impacting members as well as stressors experienced at the leadership level so that stressors at both levels are described.

Enabling Learning Objective

1. Describe the physiological and emotional impacts of stress
 - Acute, chronic, and cumulative
 - Brain and nervous system response
 - Cognitive and behavioral functionality
2. Describe varied stressors members may experience
 - Responsibility for one's own safety and behavioral health
 - Relationships with peers, subordinates, command staff, family, and the public
 - Training
 - Responding to incidents
 - Death and serious-injury notifications
 - Promoting
 - Mandatory overtime and extended assignment(s)
 - Balancing work and home life
 - Personal growth
 - Grief, loss, and bereavement
 - Injuries and medical conditions
 - Preemployment/personal experiences of stress and trauma
3. Describe how stressors vary between members and leadership
 - Responsibility for and identification of others' safety and wellness in the workplace
 - Transition from peer to leader
 - Operational considerations
 - Performance evaluations (providing and receiving)
 - Operational after-action and critique
 - Progressive discipline
 - Promoting/career advancement
 - Balancing work and home life
4. Describe the unique stressors encountered at the organizational-leadership level
 - 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

5. Describe the reactions members may present when experiencing stress
 - Isolation or withdrawal
 - Anger or irritability
 - Sleep problems
 - Depression
 - Marital and family issues
 - Substance use/abuse
 - Addictions
 - Thoughts of suicide
 - Other forms of self-harm or risky behavior
6. Describe the difference between stressors within the leader's control and outside of their control
 - Within the leader's control:
 - Training hours
 - Clear behavioral, performance, and conduct expectations
 - Honest and respectful conversations
 - Modeling desired behavior
 - Outside of the leader's control
 - Emergency response
 - Shift assignment/deployment
 - Policies and procedures of the AHJ
 - Federal or state laws and regulations
 - Members' personal/home lives

Discussion Questions

1. What is a life stressor you have experienced that you were not anticipating?
2. What is a work stressor you have experienced that you were not anticipating?
3. Compare and contrast the stressors experienced by members and those in leadership roles.

Application

1. Determined by instructor

Instructor Notes

1. It is important for the instructor to keep the discussion focused on realistic examples of stress and stressors rather than allowing it to turn into a sharing of retraumatizing "war stories." Be mindful of the potential for secondary trauma exposure/vicarious trauma.
2. The instructor should maintain situational awareness of student affect.
3. The instructor should refer to the Healing Our Own, Firefighter Behavioral Health Alliance, and National Fallen Firefighter Foundation.
4. It is recommended that the instructor use an anonymous data/feedback collection app for increased student engagement.

Topic 2-2: Describing Behavioral Health Issue Prevalence and the Impacts of Policies and Programs

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 policies and programs so that stress, negative impacts, and the cost/benefit analysis are addressed.

Enabling Learning Objective

1. Describe the scope of behavioral health issues and topics in the fire service
 - Prevalence and data of mental-health diagnoses and suicide
 - Diagnoses
 - Suicide
 - Addictive behaviors
 - Substance use/abuse
 - Divorce
 - Presumptive posttraumatic legislation
 - Worker's compensation
 - Specific psychiatric diagnoses
 - Lawsuits
2. Describe the organizational impacts of stress at all levels of the organization
 - Performance issues
 - Attendance
 - Conduct
 - Failure to meet expectations or duty statement
 - Morale
 - Cynicism/skepticism
 - Attitude
 - Compassion fatigue/burnout
 - Organizational buy-in
 - Financial impacts
 - Lost work time and lack of leave time
 - Overtime and mandatory assignments
 - Financial literacy
 - Retention
 - Legal costs
 - Treatment (reactive)
 - Prevention programs (proactive)
 - Relationship and family challenges
 - High-risk behaviors
 - Self-harm
3. Describe the tools available at your organization that evaluate the impacts of stress
 - Nondiagnostic screens
 - Apps and websites
 - Self-assessments

- Existing agency resources
- Peer agency evaluation and collaboration
- Vetted organizational assessment
 - University or college programs
 - Public health department(s)
- 4. Describe examples of proactive programs versus reactionary approaches to behavioral health
- 5. Describe internal and external support resources and how to access them
 - 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

Discussion Questions

1. How does unmanaged or unrecognized stress impact your organization?
2. When should a supervisor refer a member to support services? When is it required?
3. What is the policy in your AHJ regarding confidentiality?

Application

1. Give the students a stress self-assessment tool. Have them perform a 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.
2. Instructor should refer to listed resources for nondiagnostic screening assessment recommendations. The instructor should further consider assessments (CAGE, compassion fatigue, work satisfaction, etc.) specific to the audience.

Topic 2-3: Identifying and Addressing 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 describe how a leader can work to address barriers so that all identified barriers have been discussed.

Enabling Learning Objectives

1. Describe the leader's responsibility to effect change, communicate, and protect member health
2. Identify cultural, historical, and traditional barriers to mitigation and minimization of stressors and stress impacts
3. Evaluate modifiable culture and behaviors that decrease engagement with behavioral health and wellness
4. Describe member barriers to behavioral health and resiliency
 - Stigma and lack of cultural acceptance
 - Fixed Mindset versus Growth Mindset
 - Lack of awareness (self and others)
 - Lack of education and training
 - Difficulty accessing resources
5. Describe operational and logistical barriers to behavioral health and resiliency
 - 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
 - Public perceptions
 - Risk management and human resources
 - Failure to include varied job classifications or allied/mutual aid agencies
 - Response-type activations (ie. "Terrible Ten")
6. Describe resources and methods to effect change
 - Education and training
 - Members
 - Leaders
 - Families
 - Policies, programs, and procedures
 - Policy enforcement and accountability
 - Funding
 - Grants, bonds, and scholarships
 - Communication plan

- 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/apps/technology
 - Instructors
 - Calm/quiet spaces
 - Therapy/service animals

7. Describe ways to address barriers within the leader's control

Discussion Questions

1. What stigmas have you experienced or observed regarding behavioral health in your workplace?
2. What barriers do you experience within your AHJ?
3. What modifiable barriers are currently within your sphere of influence and your span of control?
4. How can you influence the system if a barrier is outside your sphere of influence and your span of control?

Application

1. Determined by instructor

Instructor Notes

None

Topic 2-4: Describing Engagement, Environment, Effecting Change, and Influencing Behaviors

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 so that ways to protect member health are identified.

Enabling Learning Objectives

1. Identify ways a leader can influence behavior
 - 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 confidentiality (outside of mandated reporting/Duty to Disclose)
 - Maintaining recency and relevancy
 - Organizational program awareness
 - Information sharing with members
 - Familiarization with current legislation, research, and best practices
 - Maintaining currency in education
 - Documenting
 - Exposure reporting
 - Data collection and organizational feedback
2. Describe how a leader can promote an environment that engages members
 - Use assessment tools to measure member engagement
 - Regular check-ins
 - Gathering and using feedback
 - Supporting members with education and training
 - Promoting a culture of open discussion

Discussion Questions

1. What is your role as a leader in promoting, influencing, and implementing a culture of change?
2. How can you create and normalize a culture of consistent open discussion?

Application

1. Determined by instructor

Instructor Notes

1. The instructor should refer to the “Stress Continuum Model” or “The Gallup Q12 Index” as a member engagement assessment tool.

Topic 2-5: Identifying Practices for Resilience and Describing Promotion and Implementation

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to identify resilience practices and describe their promotion and implementation so that healthy practices and coping mechanisms that a leader can implement are identified and their implementation and promotion 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
 - Fatigue management/work-rest cycles
 - Regular self-assessments
 - Mindfulness and meditation practices
 - Recreation
 - Openness to new ideas and techniques
2. Describe the leader's role in modeling, fostering, and implementing wellness and resilience
 - Coping with stress
 - Defusing and debriefing
 - Personal life
 - Professional life
 - Financial literacy
 - Spirituality/faith/core values
 - Relationships outside of work

Discussion Questions

1. How would you implement practices that promote wellness and resilience?
2. How is connectedness at the workplace a part of resilience?
3. How do you create, maintain, and promote connectedness among members?

Application

1. Give the students a list of practices that promote wellness and resilience. Have them perform one chosen by the instructor or have them choose one from the list and perform it.

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, a relaxation app, or someone familiar with breathing exercises.

Topic 2-6: Describing Types of Required 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 for critical incidents so that the types of documentation and documentation needs are described.

Enabling Learning Objectives

1. Identify examples of incidents that may require documentation as an exposure or injury, such as:
 - Line of duty death
 - Suicide of a colleague
 - Serious line of duty injury
 - Disaster or mass casualty incident
 - Killing or wounding an innocent person
 - Significant incidents involving children
 - Prolonged incidents, especially with loss of life
 - Personally threatening situations (near misses and Maydays)
 - Events with excessive media
 - Any significantly powerful, overwhelming, or distressing event
 - Communicable disease exposure with serious health implications
 - Significant injury to firefighter(s) with long-term health implications or extended time off duty
 - Administrative betrayal
 - Moral injury
2. Identify types of documentation, such as:
 - NFIRS/RMS/NERIS
 - Personal exposure reporting
 - NFORS
 - PER online
 - Internal documentation
 - Workers' compensation
 - Minor injury report per AHJ
 - Peer-support contacts
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
 - Policies and procedures of the AHJ

Discussion Questions

1. What are the benefits of a member documenting their own exposures and injuries?

2. What are your AHJ's policies and procedures for documenting exposures and injuries?
Are behavioral health exposures included?
3. What are your AHJ's policies and procedures for filing claims and receiving treatment?

Application

1. Give students a simulated incident and a sample form. Have them document a behavioral health exposure or injury on the form.

Instructor Notes

1. The instructor will need sample forms such as those of the AHJ, California Department of Industrial Relations Workers' Compensation Claim Form (DWC-1), or National Fire Operations Reporting System (NFORS) – Fire Fighter Exposure Tracking.
2. Reporting methods for behavioral health issues or stressful incidents include PER Online, NFORS, and some RMS programs.
3. This is a dynamic and growing area, so the instructor will need to keep current on laws, policies, and best practices.

Topic 2-7: Identifying Laws and Legal Considerations

Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will obtain basic knowledge of 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 needs are anticipated and supported.

Enabling Learning Objective

1. Identify and describe applicable federal, state, and local behavioral health laws and regulations including but not limited to:
 - California Firefighter Peer Support and Crisis Referral Services Act
 - Presumptive workers' compensation
 - Firefighter Bill of Rights/Peace Officer Bill of Rights
 - Family Medical Leave Act
 - Labor Code
 - Health and Safety Code point-of-service-plan contracts
 - Licensures and certifications including but not limited to:
 - EMT, paramedic
 - Driver's license
 - HIPAA
 - Mandated reporting
 - Duty to disclose
2. Identify applicable industry behavioral-health standards, resources, and best practices for program development and implementation
 - NFPA 1550: Standard for Emergency Responder Health and Safety
 - NFPA 1580: Standard for Emergency Responder Occupational Health and Wellness
 - Referrals to vetted resources
 - Everyone Goes Home
 - IAFF Center of Excellence
3. Identify ways to monitor changes to laws, regulations, standards, and best practices to remain current, effective, and compliant
 - Periodic updates and newsletters
 - Conferences

Discussion Questions

1. Does your AHJ have a behavioral health and wellness program? Is it being used?
2. How compliant are your AHJ policies and procedures with the above laws and regulations?

Application

1. Give students California Firefighter Peer Support and Crisis Referral Services Act (AB 1116) and Labor Code § 3212.15 (SB 542). Break them into research groups with different topics and have them compare their findings with their AHJ's policies. Have students present their findings and comparisons to the other groups.

Instructor Notes

1. Before the course begins, the instructor should direct the students to bring their AHJ policies and procedures specific to behavioral health and wellness programs for use during the application.
2. Refer to the IAFF “Building a Comprehensive Behavioral Health Program” or equivalent for this unit.
3. The instructor must refer to any new or revised laws, regulations, standards, and best practices.
4. The instructor shall provide the students a compilation of relevant official documents in print or digital format. This should include the items in ELO #1 as well as information on workers’ compensation, retirement, and agency benefits.

Topic 2-8: 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 positive and negative organizational impacts of implementing a behavioral health and wellness program for each of the following:
 - Budgetary
 - Morale
 - Resource and member support:
 - Out-of-service time
 - Cooperative mutual aid resources
 - Recruitment and retention
 - Resistance to change
2. Identify the components of a behavioral health and wellness program, including but not limited to:
 - Program elements
 - Employee/member assistance
 - Behavioral health specialists
 - Peer support
 - Family services and outreach
 - Retiree services and outreach
 - Therapy, support, or service animals
 - Chaplains
 - Policies and procedures
 - Communication plan (internal and external)
 - Partnerships and vetted resources (internal and external)
 - Outpatient clinicians and talk therapists
 - Outpatient psychiatrists
 - Inpatient treatment centers
 - Trauma retreat centers
 - Twelve-step meetings or support groups
 - Allied organizations or mutual aid
 - Peer support
 - Chaplains
 - Therapy, support, or service animal programs
 - Labor unions
 - Wellness best practices
 - Resiliency, mindfulness, yoga, stress-management practices
 - Rest and sleep

- Diet and exercise
 - Therapy, support, and service animals
 - Regular health and wellness assessments
 - Counseling
 - Facility, equipment, and supply acquisition, maintenance, and sustainment
 - Stress-management or mindfulness activity supplies, equipment, and facilities
 - Continuing education and training
 - New hires and training academies
 - Existing membership, including ancillary members and contractors
 - Retirees
 - Families
 - Keeping current on information and research
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
 - Documentation
 - Exposures
 - Injuries
 - Data and trends
 - Communication throughout the organization
 - Ongoing budgetary allocation/fiscal commitment
 - 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
 - Policy and procedure development, implementation, and monitoring
 - Ongoing behavioral health and wellness program evaluation and improvement

Discussion Questions

1. What positive and negative impacts has your AHJ experienced since implementing a behavioral health and wellness program?
2. What data will you need to collect to assess and improve member engagement and program efficacy?
3. What are the pros and cons of receiving mutual aid assistance when your AHJ experiences an internal crisis event?

Application

1. Give students an example of an existing behavioral health and wellness program. Put them into small groups and have them compare the example to the program components discussed during this topic.

Instructor Notes

1. For the application, the instructor may choose to use the IAFF's "Building a Comprehensive Behavioral Health Program" checklist.
2. Reporting methods for behavioral health issues or stressful incidents include PER Online, NFORS, and some RMS programs.

Unit 3: Cancer Awareness

Topic 3-1: 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, describe the pathophysiology of exposure, and communicate the risks to assigned members so that sources and routes of exposure and states and categories of carcinogenic chemicals are addressed, and so that members understand exposure risks.

Enabling Learning Objectives

1. List sources of exposure, including but not limited to:
 - Fires and products of combustion
 - Hazardous materials
 - Environmental
 - Station
 - Radiation
 - 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)
 - Polyfluoroalkyl substances (PFAs)
4. List routes of exposure to carcinogenic chemicals
 - Absorption
 - Inhalation
 - Ingestion
 - Injection or penetration
5. List common sources of exposure found in various situations and environments
 - Fire suppression
 - Overhaul, mop-up, and post-incident activities
 - PPE
 - Equipment
 - Apparatus and private vehicle
 - Station
 - Home
6. Communicate information about exposure to members using educational resources

Discussion Questions

1. Where are you and those whom 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.

Application

1. Determined by instructor

Instructor Notes

1. The instructor should refer to the IARC Carcinogenic Classification/Groupings.
2. The instructor should reinforce that if the students are performing their duty, they cannot completely avoid all exposure.
3. 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.
4. The instructor shall provide the students with a compilation of relevant official documents related to laws and regulations via print or digital format.

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

Terminal Learning Objective

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

Enabling Learning Objectives

1. Describe the leader's responsibility to effect change, communicate, and protect member health and safety
2. Identify cultural, historical, and traditional barriers to mitigation and minimization of toxic exposure
3. Evaluate modifiable individual behaviors and group tactics that increase exposure
4. Describe member barriers to mitigation and minimization of toxic exposure
 - Unmodifiable barriers
 - Infectious agents
 - Genetic history
 - Hormones
 - Age
 - Modifiable barriers
 - Stigma and lack of cultural acceptance
 - Lack of awareness (self and others)
 - Lack of education and training
 - Difficulty accessing medical resources
 - Out-of-pocket medical expenses
5. Describe operational and logistical barriers to mitigation and minimization of toxic exposure
 - Financial and budgetary
 - Staffing issues
 - Policy gaps or lack of enforcement
 - Gaps in laws, regulations, and standards
 - Politics and governing bodies
 - Lack of programs and resources
 - Leadership attitudes and culture
 - Lack of education and training
 - Public perceptions
 - Risk management and human resources
 - Failure to include varied job classifications
 - Equipment, facilities, supplies, and apparatus
 - Training exposures:
 - Live-fire training

- Diesel exhaust
- 6. Describe resources and methods to effect change
 - Education and training
 - Members
 - Leaders
 - Families
 - Policies, programs, and procedures
 - Policy enforcement and accountability
 - Funding
 - Grants and bonds
 - Communication plan
 - Partnerships (internal and external)
 - Among job functions and allied agencies
 - Labor
 - Funding sources
 - Community partnerships
 - Industry partnerships
 - Research partners
 - Qualified instructors
 - Risk management
 - Leader's intent
 - Advocacy
 - Equipment, facilities, and supplies
 - Provision of medical screenings and physicals
 - Station design
 - Fitness equipment
 - Storage facilities
 - PPE
- 7. Describe ways to address barriers within the leader's control

Discussion Questions

1. Does your AHJ have a cancer-prevention program? Is it being used?
2. What barriers do you experience when implementing new policies within your AHJ?
3. What modifiable barriers are currently within your sphere of influence?
4. How can clearly communicating leader's intent lead to cultural change within your organization?
5. What is your AHJ's current relationship with risk management? How can that relationship impact your ability to implement change and care for members?

Application

1. Determined by instructor

Instructor Notes

None

Topic 3-3: Describing Influencing and Effecting 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
 - Open and honest communication
 - Self-care and lifestyle
 - Following procedures to minimize and mitigate exposure
 - Decision-making with due regard to the risks to others
 - Knowing where to find informational resources
 - Maintaining recency and relevancy
 - Organizational program awareness
 - Information sharing with members
 - Familiarization with current legislation, research, and best practices
 - Maintaining currency in training and education
 - Documenting toxic exposures
 - Exposure reporting
 - 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
2. Describe how a leader can promote an environment that engages members
 - Ensure compliance with AHJ policies and procedures
 - Promote ongoing education and training
 - Promote a culture of open discussion
 - 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?

Application

1. Determined by instructor

Instructor Notes

1. The instructor should emphasize the importance of reporting all exposures regarding early detection, diagnosis, and latency periods

Draft

Topic 3-4: Demonstrating Application of NIOSH Hierarchy of Controls to Minimize Exposure and Risk

Terminal Learning Objective

At the end of this topic, a student, given a leadership role and the NIOSH Hierarchy of Controls, will be able to demonstrate behaviors and best practices for minimizing contaminant exposure and risk by applying the NIOSH Hierarchy of Controls so that contaminant exposure and risk are minimized.

Enabling Learning Objectives

1. Explain the NIOSH Hierarchy of Controls
 - Elimination
 - Substitution
 - Engineering controls
 - Administrative controls
 - PPE
2. Demonstrate establishing exclusion (hot) zones, contamination reduction (warm) zones, and support (cold) zones on a fireground/scene
3. Demonstrate applying the NIOSH Hierarchy of Controls throughout the incident to mitigate and minimize exposure
4. Describe the leader's role in implementing/modeling and demonstrate the best practices for minimizing contaminant exposure and risk during fire suppression, overhaul, mop-up, and post-incident activities
 - Wearing full PPE with SCBA
 - At wildland and urban interface fires, wearing full PPE
 - Gross decontamination procedures in the warm zone prior to rehabilitation and/or demobilization
 - 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, when possible
 - Storage of contaminated gear in single-use isolation bags outside apparatus cab for transport
5. Describe the leader's role in implementing/modeling 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, eye protection, respiratory protection, wildland jacket and pants

- Wearing PPE
 - Ensure it is clean before you put it on
 - Best practices for hood exchange
 - Transfer and storage of PPE and equipment between job sites/station assignments/home
 - Gross decontamination/preliminary exposure reduction
 - Performed in the warm zone
 - Those being decontaminated, or providing decontamination, must wear PPE, SCBA, and remain on supplied air for the duration of the decontamination process
 - While handling contaminated PPE, use EMS gloves
 - Dry, wet, or combination method
 - Wipe and wash your hands, face, neck, armpits, torso, and groin
 - Isolate contaminated turnouts in single-use bags
 - Launder turnouts per AHJ
 - Air out turnouts at least twenty-five minutes outdoors in non-direct sunlight before washing
 - Commercial washer for helmet and liners, SCBA, boots, and gloves, per AHJ
 - Extractor washer for turnouts, per AHJ
 - Turnout dryer, per AHJ
 - While washing turnouts, need to wear EMS gloves and respirator and protective clothing, and have a negative pressure environment, as applicable
 - Documentation per AHJ
6. Describe the leader's role in implementing/modeling and demonstrate the best practices for handling contaminated equipment that minimize 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. Describe the leader's role in implementing/modeling and demonstrate the best practices that minimize contaminant exposure and risk in the workplace
- Avoid cross-contamination
 - Identify hot, warm, and cold zones in fire stations
 - Ensure living quarters remain designated 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
- Maintain warm zones in fire stations (areas of interface between hot and cold)
 - Shower within as soon as possible following incident release (cold and then hot water)
 - Infrared saunas as chemical decontamination units (CDUs), per AHJ
 - PPE storage in the warm zone
 - Wash and store all garments and undergarments worn beneath PPE separately at the station
- Manage activities that may occur in hot zones
 - Treat apparatus bay/floor as a hot zone
 - The following should not be located in the hot zone
 - Ice machines
 - Workout equipment, where possible
 - SCBA fill station
 - PPE storage should be situated to prevent exhaust carcinogen contamination
 - Off-duty storage
 - Response-ready storage
 - Use of diesel exhaust capture 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, when possible
 - Perform apparatus pretrips outside of the apparatus floor with the station doors and apparatus doors/windows closed
- 8. Describe the leader's role in implementing/modeling and demonstrate the best practices that minimize contaminant exposure and risk at home
 - Avoid cross-contamination, including with PPE
 - Don't wash work items at home
 - PPE
 - Uniforms
 - Personal items used during work hours
 - Garments or undergarments worn beneath PPE
 - Keep all work items in a nonpermeable sealed bag or container in vehicle and avoid direct sunlight and heat
 - Shower prior to leaving the station
- 9. Describe the leader's role in documenting all exposures, injuries, and illnesses within the AHJ reporting system

Discussion Questions

1. Why doesn't the Hierarchy of Controls preclude your duty to act in an emergency?
2. What system does your AHJ use for documenting exposures?
3. What are the best practices for cleaning and decontaminating PPE?
4. How would you ensure your crew is using skin wipes to reduce exposure?

Application

1. Give students the NIOSH Hierarchy of Controls and a simulated incident. Have them apply the Hierarchy of Controls in order to mitigate and minimize exposure. Within the same scenario, integrate a challenging member. Have students take turns role-playing as a leader who must encourage changed behavior in the member.

Instructor Notes

1. Throughout instruction, apply the Hierarchy of Controls to:
 - The decontamination process (on scene and postincident)
 - Rehabilitation
 - Other incident activities
 - Station and home
2. The instructor should refer to and share the NIOSH photo showing the limits of PPE in preventing exposure.
3. NFPA 1550 (2024) Standard for Emergency Responder Health and Safety addresses exposure reports.

Topic 3-5: Identifying Laws, Standards, 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 and describe applicable cancer-specific federal, state, or local laws and regulations
 - Occupational Safety and Health Act (OSHA) and California Occupational Safety and Health Act (Cal/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)
 - 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)
 - National Fire Protection Association:
 - NFPA 1021 and NFPA 1051, Definition of Duty, for details on leadership responsibilities.
 - NFPA 1851, 1852, 1971, and 1981 for standards on PPE; NFPA 1550 has information that is key to cancer mitigation and minimization.

2. Identify applicable industry standards, resources, and best practices for program development and implementation
 - 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 1550: Standard for Emergency Responder Health and Safety
 - 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 (SCBA) for Emergency Services
 - NFPA 1984: Standard on Respirators for Wildland Fire-Fighting and Wildlife Urban Interface Operations
3. Identify applicable policies and procedures of the AHJ
4. Identify ways to monitor changes to laws, regulations, standards, and best practices to remain current, effective, and compliant
 - Periodic updates and newsletters
 - Conferences

Discussion Questions

1. What are your AHJ's policies and procedures for minimizing and mitigating toxic exposure? How do they compare to laws and regulations? How do they compare to other AHJs' 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?

Application

1. Determined by instructor

Instructor Notes

1. Instructor shall be able to reference and summarize all listed resources and relate select references to the current fire service impacts on cancer or toxic exposure reduction.
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.
4. NFPA 1550 has critical information that is key to this topic.

Topic 3-6: Describing Developing 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 wellness and 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. Describe the prevalence of cancer in the fire service using epidemiological data
 - IAFF statistics
 - Research papers
2. Describe potential organizational exposure-reduction measures
 - The impossibility of reaching zero exposure to workplace carcinogens
3. Identify the positive and negative organizational impacts of implementing a cancer-prevention program for each of the following:
 - Budgetary and financial impacts/costs
 - Changes to member morale
 - Resource availability and deployment:
 - Potential for additional staffing
 - Out-of-service time
 - Increased reliance on mutual aid resources
 - Capital infrastructure
 - Recruitment and retention
 - Behavioral health
 - Resistance to change
 - Increased desire and support for cultural change among members
 - Longevity
4. Identify the components of a cancer-prevention program including but not limited to:
 - Program elements
 - NFPA 1582-compliant physicals
 - Employee testing/screening opportunities
 - Policies and procedures
 - Best practices
 - Communication plan (internal and external)
 - Partnerships and vetted resources (internal and external)
 - Risk management
 - Workers' compensation
 - Human resources
 - Labor unions
 - Member-affiliation foundations and benevolent funds
 - Exposure-reduction best practices including but not limited to:
 - Rest and sleep
 - Diet and exercise

- Regular health and wellness assessments
 - Training exposure considerations
 - Response-appropriate PPE use
 - Facility, apparatus, equipment, supply, and PPE design, acquisition, maintenance, and sustainment
 - Medical screening and health/wellness best practices
 - Specialized medicine practitioners
 - Behavioral health and wellness program
 - Testing/screening
 - Continuing education and training
 - New hires and training academies
 - Existing membership, including ancillary members and contractors
 - Retirees
 - Families
 - Keeping current on information and research
 - Family and community engagement
 - Survivorship
 - Member transition support
 - Liaison/agency support
 - Support organizations
5. Identify the administrative needs of a cancer-prevention program
- Program coordinator or manager
 - Staffing and medical direction
 - Established scope
 - Short- and long-term goals
 - Data collection to assess program effectiveness
 - Documentation compliance
 - Exposures
 - Diagnoses
 - Data and trends
 - Treatment resource identification
 - Communication throughout the organization
 - Ongoing budgetary allocation/fiscal commitment
 - 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 coordinators and staff
 - Policy and procedure development, implementation, monitoring, and enforcement
 - Ongoing program evaluation and improvement
5. Identify applicable industry standards and best practices

6. Identify changes to laws, regulations, standards and best practices to remain current, effective, and compliant in cancer mitigation
7. Develop, implement, monitor, advocate, and enforce policies and procedures that incorporate laws, regulations, standards, and best practices
8. Identify and implement strategies to improve effectiveness of and compliance with policies and procedures

Discussion Questions

1. What are costs associated with cancer diagnosis versus prevention?
2. What positive and negative impacts has your AHJ experienced since implementing a cancer-prevention program?
3. What are some low- or no-cost measures your program can include that will help prevent and mitigate exposure?
4. What does your AHJ do to decrease exposure and long-term diagnosis?
5. Are there existing policies or program components that are not being enforced or used?

Application

1. Determined by instructor

Instructor Notes

1. The instructor shall emphasize the importance of recognizing that every exposure impacts the member on the cellular level while addressing shift work, sleep, UV radiation, toxins, and other exposures.
2. 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.
3. This is a dynamic and growing area, so the instructor will need to keep current on laws and policies and best practices.

How to Read a Course Plan

A course plan identifies the details, logistics, resources, and training and education content for an individual course. Whenever possible, course content is directly tied to a national or state standard. SFT uses the course plan as the training and education standard for an individual course. Individuals at fire agencies, academies, and community colleges use course plans to obtain their institution's consent to offer course and provide credit for their completion. Instructors use course plans to develop syllabi and lesson plans for course delivery.

Course Details

The Course Details segment identifies the logistical information required for planning, scheduling, and delivering a course.

Required Resources

The Required Resources segment identifies the resources, equipment, facilities, and personnel required to deliver the course.

Unit

Each Unit represents a collection of aligned topics. Unit 1 is the same for all SFT courses. An instructor is not required to repeat Unit 1 when teaching multiple courses within a single instructional period or academy.

Topics

Each Topic documents a single Terminal Learning Objective and the instructional activities that support it.

Terminal Learning Objective

A Terminal Learning Objective (TLO) states the instructor's expectations of student performance at the end of a specific lesson or unit. Each TLO includes a task (what the student must be able to do), a condition (the setting and supplies needed), and a standard (how well or to whose specifications the task must be performed). TLOs target the performance required when students are evaluated, not what they will do as part of the course.

Enabling Learning Objectives

The Enabling Learning Objectives (ELO) specify a detailed sequence of student activities that make up the instructional content of a lesson plan. ELOs cover the cognitive, affective, and psychomotor skills students must master to complete the TLO.

Discussion Questions

The Discussion Questions are designed to guide students into a topic or to enhance their understanding of a topic. Instructors may add to or adjust the questions to suit their students.

Application

The Application segment documents experiences that enable students to apply lecture content through cognitive and psychomotor activities, skills exercises, and formative testing. Application experiences included in the course plan are required. Instructors may add additional application experiences to suit their student population if time permits.

Instructor Notes

The Instructor Notes segment documents suggestions and resources to enhance an instructor's ability to teach a specific topic.

CTS Guide Reference

The CTS Guide Reference segment documents the standard(s) from the corresponding Certification Training Standard Guide upon which each topic within the course is based. This segment is eliminated if the course is not based on a standard.

Skill Sheet

The Skill Sheet segment documents the skill sheet that tests the content contained within the topic. This segment is eliminated if the course does not have skill sheets.

Acknowledgments

State Fire Training gratefully acknowledges the following individuals and organizations for their diligent efforts and contributions that made the development and publication of this document possible.

Cadre Leadership

Caryn Petty

Cadre Leader

Deputy State Fire Marshal III (Specialist), State Fire Training

Chris Fowler

Cadre Leader

Division Chief, State Fire Training

Laura Garwood

Cadre Editor

Sacramento State University

Cadre Participants

Alana Brunacini, DBH, LPC

Doctor of Behavioral Health, Brunacini Professional Services

Joe Ekblad

Fire Captain, CAL FIRE SDU

Katharine Erhardt

Fire Captain, Alameda County Fire Department

Jake Hannan

Battalion Chief, CAL FIRE Training Centers

Mary Murphy

Medical Services Office Battalion Chief, North County Fire Protection District

Kyle O'Neill

Fire Captain, San Diego Fire-Rescue Department

Keola Park

Battalion Chief, Fresno Fire Department

Dan Riddle

Fire Captain, Santa Clara County Fire Department

Kristin Thompson

EMS Division Chief, Newport Beach Fire Department

Derek Urwin, PhD

Engineer, Los Angeles County Fire Department

Benjamin Vernon

Fire Captain/PM, San Diego Fire-Rescue Department

Partners

State Fire Training also extends special acknowledgement and appreciation to the Conference and Training Services Unit with the College of Continuing Education at California State University, Sacramento, for its ongoing meeting logistics and curriculum development support, innovative ideas, and forward-thinking services. This collaboration is made possible through an interagency agreement between CAL FIRE and Sacramento State.



Behavioral Health and Cancer Awareness (2025) Interim Procedures

Issued: **Month** 2024

Procedure Changes

- Edition:** 2025 edition of the State Fire Training Procedures Manual
- Effective Date:** January 1, 2026 (anticipated)
- Section Changes:** Modify and update the following sections:
- 6.9.1: BEHAVIORAL HEALTH AND CANCER AWARENESS INSTRUCTOR
- Justification:** Following approval by the State Board of Fire Services (SBFS), the new updated Behavioral Health and Cancer Awareness (2025) curriculum will go into effect on January 1, 2026. The curriculum provides directive for instructor qualifications.
- SFT Contact:** SFT Staff assigned to instructor registration.
- Note:** All new text appears in underline. All deleted text appears in ~~strikeout~~.

6.9.1: BEHAVIORAL HEALTH AND CANCER AWARENESS INSTRUCTOR

6.9.1.1: Eligible Courses

Table 6.9.1.1: Behavioral Health and Cancer Awareness Instructor Eligible Course

CFSTES Courses	FSTEP Courses
None	- Behavioral Health and Cancer Awareness 1A: Front-Line Responder - Behavioral Health and Cancer Awareness 2A: First-Level <u>Multilevel</u> Supervisor Behavioral Health and Cancer Awareness 3A: Organizational Leader

6.9.1.2: General Qualifications

- A. A Registered Instructor for a Fire Service Training and Education Program (FSTEP) Behavioral Health and Cancer Awareness course shall meet the qualifications required of all State Fire Training (SFT) Registered Instructors.
- See **6.2.1: Qualifications**.

6.9.1.3: Professional Experience

- A. A Registered Instructor for an FTSEP Behavioral Health and Cancer Awareness course shall meet the professional experience qualifications listed below.
- Performing in an “acting” capacity does not qualify.

Table 6.9.1.3: Behavioral Health and Cancer Awareness Instructor Professional Experience

FSTEP Course	Experience
- Behavioral Health and Cancer Awareness 1A: Front-Line Responder - Behavioral Health and Cancer Awareness 2A: First-Level <u>Multilevel</u> Supervisor Behavioral Health and Cancer Awareness 3A: Organizational Leader	- 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>Additionally, for BHCA 2A, a minimum of two (2) years’ full-time paid or four (4) years’ volunteer or part-time paid experience working as a Fire Officer in a recognized California fire agency</u> - A minimum of two (2) years’ experience in at least one of the following fire service behavioral health area(s): Peer Support, Peer Instructor, Policy

FSTEP Course	Experience
	Development, Agency health and wellness programs, and/or Agency injury/illness prevention programs • A minimum of two (2) years' experience in at least one of the following fire service cancer mitigation and exposure reduction area(s): Cancer mitigation and exposure reduction programs, Policy Development, Agency health and wellness programs, and/or Agency injury/illness prevention programs

6.9.1.4: Maintenance

- A. A Registered BHCA Instructor shall successfully complete a minimum of eight (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.