



Wellness Program Manual

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FIRST EDITION

Disclaimer

This wellness manual was created by the City of Surrey for the City of Surrey's exclusive use. It was developed in the context of existing programs, professional advice, best practice and contractual terms and conditions with its Fire Fighters employee group representatives.

All non City of Surrey Employee readers should seek their own independent professional advice if using the content of this manual as a reference for their own specific purposes.

Foreward

As a trauma consultant to the emergency services for the past 30 years, it has become evident to me that it takes a special personality to work in this field. While others are escaping dangerous situations or becoming frozen at the sight of a medical emergency, these professionals come alive and either put themselves in harm's way and/or expose themselves to horrific medical emergencies. These actions of bravery are their contributions to making a difference to humanity. In most cases, their resilient personality and exceptional training insulates them from the exhaustive physical and negative psychological aspect of this work. However, as resilient as they are, we have learned that there is a downside to this work: exposure to physical health hazards, cumulative stress fatigue, and shocking events called critical incidents.

In the past, there was a culture of silence: "If you have the right stuff, nothing would bother you." With this myth present in a fire hall, few would risk being transparent about the negative impact of their work. Slowly, since 1987, there has been a cultural shift. Though you do need to have the "right stuff" to work in this field, we have become aware of two things. First, the toxic environment at a scene can result in health issues. Secondly, there are certain work-related incidents (critical incidents) that break through the resilient protective wall of any firefighter.

The Surrey Fire Service has been a leader in the field when looking out for the welfare of their men and women. My involvement began with them in the early '90s, when I and other professionals were invited to share our learning about the psychological challenges associated with critical incidents. As a result, they wasted no time in setting up a proactive response – both peer support as well as an overall critical incident management system.

This wellness program is yet one more example of the proactive attitude the city, Surrey Fire Service management, and the union have taken for the front-line worker. They have, yet again, set the bar very high for the whole profession. I strongly recommend all fire personnel read through this manual and take full advantage of the services provided by this program.

Toby Snelgrove, Ph.D.

Trauma Consultant and Intervener

Message from the Fire Chief and Surrey Fire Fighters Association President

We are proud to introduce a new Wellness Program Manual – a one-stop guide to the wellness supports available to employees of the Surrey Fire Service. The intent is to provide you with the knowledge and tools you need to navigate the challenges in your job and life that affect your wellness. We encourage you to read this manual thoroughly and to act on the information.

The services and programs outlined in this manual deal with all aspects of wellness, including physical, mental, spiritual and social. We challenge you to take your wellness seriously. Don't wait until your well-being is in crisis before you seek help, and don't suffer in silence. There is help all around you.

As first responders, we deal with other people's problems every day. Utilize this skill to look after your colleagues. If someone is exhibiting signs that he or she is struggling, do the right thing and offer your help.

One of the primary goals of this manual is to ensure that all of our employees are aware of and have access to the help they need. We are committed to doing whatever is necessary to support our employees, and we value your contributions and dedication to the Surrey Fire Service.



Len Garis
Fire Chief



Mike McNamara
President, L1271

Acknowledgements

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Introduction

Your Wellness is Important

Surrey Fire Service has created an environment that is much like that of a family, in that we are watchful and supportive of each other's wellbeing, and we will intervene as necessary to support each other. As SFS employees, we're responsible for keeping our community safe, and each employee's wellness is critical to their being effective and engaged on the job.

Employees with unaddressed wellness issues can become distracted and their performance may suffer. In the worst-case scenario, if serious issues are ignored, they can continue to escalate and people can become a danger to themselves and others.

To help all of our employees be their best (both on the job and off), SFS provides a variety of wellness programs and services that are outlined in this manual.

Please familiarize yourself with these programs and services, which will help ensure your wellbeing in all areas of your life, while also helping you meet your obligation as a SFS employee to be physically and mentally able to perform your duties safely and professionally.

What is Wellness?

Wellness can be described as a healthy balance of the mind, body and spirit that results in an overall feeling of wellbeing.

Most of us take steps to improve our physical health, but how much attention do you pay to the other components that make up your overall wellness?

This manual addresses four key aspects of health – mental, physical, social and spiritual wellness – that are the building blocks to overall wellness. Building resilience in all of these areas will help ensure you are always fit for duty, both in mind and body.

A Culture of Wellness

This manual is a step towards creating a more inclusive and understanding culture within the Surrey Fire Service – one where all aspects of wellness are valued, and where all employees know they can seek help from their peers or superiors without being brushed off, belittled or gossiped about.

Our work can be stressful and traumatic, and the negative feelings we experience can sometimes lead to serious challenges to our health and wellness. It is critical that SFS employees feel they can talk about both the good and bad things that they are experiencing, and also be willing to step forward to help when they see someone else is struggling.

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Tip:

If you are reading this manual on a computer or device, any text in [this shade of blue](#) is a hyperlink.

How to Use this Manual

This manual is divided into chapters related to all aspects of health and wellness. Review the table of contents to select the area that interests you today.

Each chapter includes the following sections:

- Introduction
- Policies & Operational Guidelines
- Programs & Services
 - Type and description
 - User guide
- Resources & Contacts

The appendix includes full versions of selected policies and operational guidelines, and additional relevant information.

The term “employee” is used throughout this manual to refer to all those who work for SFS, union or excluded. Programs that are only available to union members are noted as such.

Mental Wellness

The Hidden Health Issue

Mental health issues come in many forms, and unlike physical issues, they're not always apparent to others – or even to ourselves. Stress, anxiety, post-traumatic stress disorder, substance abuse and depression are just a few examples of mental health issues that need the same amount of attention we give to our physical health.

Mental health issues can appear any time in either our work or personal lives, and can be just as debilitating as a physical health issue. However, we often tend to overlook or downplay mental distress in ourselves and others.

For example, you may laugh off the fact that Jill frequently shows up for work hung over, but what if it's the sign of an addiction? You may joke about Bob's "late nights" because he always has dark circles under his eyes, but what if a traumatic call last month is still keeping him up at night? When formerly outgoing Mike becomes quiet and withdrawn, do you leave him alone to work things out, or do you try to get him to talk to you?

Left unaddressed, mental health issues may escalate to the point that they can overwhelm your life. In the early stages they rob you of your happiness and wellbeing and can result in poor job performance and strained relationships. If ignored, in the most severe cases they can lead to extreme mental anguish that costs people their jobs, families, or their lives.

At Surrey Fire Service we've sadly had first-hand experience with the devastating effects of mental health issues. We've all struggled with the loss of colleagues whose lives were taken by suicide, accident or illness, and many of us have experienced mental distress after a traumatic response or serious workplace accident.

Help is available, for you and your colleagues

Everyone struggles from time to time, and it's important that we are here for each other. If you are going through something, there is no shame in needing help or in asking for help. Mental distress is an occupational hazard for safety-sensitive roles such as firefighters, fire investigators and emergency dispatchers, and a variety of support systems and services exist just for this purpose and are outlined in this chapter.

It's important that we don't turn a blind eye if a colleague is struggling. Watch for early signs that something is not right, and take action. It's equally critical to recognize that what might seem like harmless joking might feel like bullying to the person at the receiving end, causing mental anguish and stress.

Ensuring the wellbeing of fellow SFS employees is not just your business – it's your duty.

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Tip:

If you are reading this manual on a computer or device, any text in [this shade of blue](#) is a hyperlink.

All SFS employees are responsible for being aware of the following policies and operational guidelines.

Policies

Found on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > SFS Policies](#)

- Substance Abuse
- Human Rights Policy
- Respectful Workplace Policy

Operational Guidelines

Found on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#) or at www.surrey.ca/SFSWellness.

- 5.01.01 – Alcohol and Drugs
- 5.02.05.01 – Critical Incident Stress (CIS)
- 1.04.04 – Serious Injury Follow Up
- 5.02.05.02 – Mental Health Wellness Support
- 5.02.05.03 – Employee Assistance Programs
- 5.02.05.04 – Employee Support Team
- 5.01.26.01 – Suicide of a Surrey Fire Service Member

Confidential Counselling

Additional related information is provided in the [Critical Incident Stress](#) section.

Confidential counselling is available to employees and family members struggling with:

- Post-traumatic/critical incident stress
- Stress or anxiety caused by either workplace or personal issues
- Depression
- Substance abuse
- Family or relationship issues
- Anger management
- Financial difficulties
- Anything that is affecting your mental wellbeing

Employee Assistance Programs

Professional counselling is available to employees and their families through:

- **Member Family Assistance Program (MFAP)** – for union members only, co-funded by Surrey Fire Services and IAFF Local 1271. Provides up to \$600 per union member, spouse or family member per year, to a maximum of \$1,200 per family per year.
- **Employee Family Assistance Program (EFAP)** – 24/7 crisis support or referrals for all Surrey employees (union or non-union). For union members, these services compliment or top-up other programs such as MFAP and Critical Incident Stress. Provides up to five sessions per employee, spouse, or dependent family member per year.
- **City extended health benefits (Manulife)** – for union members only. The collective agreement provides \$1,250 per union member and each member of their family per year for counselling from a registered psychologist.

For cases requiring support beyond what is provided through these programs, help is available through the Employee Support Team. More info on next page.

These services are 100% confidential. Nothing you say will be divulged to your colleagues or superiors.

> USER GUIDE:

- **MFAP:** Contact your MFAP team peer member to receive a confidential referral form for counselling. A list of MFAP team members is posted at every hall and is available on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#). See the [Benefit Plans chapter](#) for more detailed information about accessing MFAP services.
- **EFAP:** For 24/7 crisis support and referrals, call 1-800-667-0993. EFAP info can also be found at www.fseap.bc.ca or www.surrey.ca/SFSWellness.

Manulife: To use the psychological benefit coverage outlined in the collective agreement, members must pay for the service first and then forward receipts for reimbursement from Manulife. For information about Manulife claims, contact 1-855-978-7739 or www.manulife.ca/planmember

No SFS employee in urgent need will be denied counselling or support. If you need help after your allowances have run out, contact your MFAP Team Peer Member, the Employee Support Team or your superior for help.

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WorkSafeBC

WorkSafeBC's Critical Incident Response (CIR) Program provides critical incident intervention to employees who have experienced a sudden and unexpected traumatic event. The service is free, confidential, and available up to three weeks after the date of the incident. The coverage includes one individual or group debriefing and up to five follow-up sessions. The sessions are confidential and not included in your employment record. After six sessions, a formal WorkSafeBC claim is opened.

WorkSafeBC's Crisis Support Line provides telephone crisis counselling to injured workers or family members.

> USER GUIDE:

- CIR Program: 1-888-922-3700, seven days a week between 9 a.m. and 11 p.m.
- Crisis Support Line: 1-800-624-2928, available 24/7

MFAP Team Peer Members

MFAP team peer members are available to offer support – confidentially and without judgment. These are fellow union members who have been trained to help other members through their troubles by lending an ear and helping them access the services available to them.

> USER GUIDE:

A list of MFAP team peer members is posted at every hall and is available on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).

Employee Support Team

The Employee Support Team provides support, case management, intervention assistance and other crisis support to any union member or MFAP team referrer with a case requiring support beyond what is provided by the MFAP, EFAP or extended health benefits, or available through the peer program.

The team provides another layer of support for union members who have exhausted their benefits and still require assistance. Additionally, in some cases, the team may hire a professional to evaluate the member and the prescribed treatment plan, and prescribe alternative treatment if necessary.

The team is composed of equal members of the Union Executive and exempt Executive Chief Officers, along with an advising mental health professional.

Any assistance provided by the Employee Support Team is 100% confidential.

> USER GUIDE:

Names and contact information are available on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).

For more information, see Operational Guideline 5.02.05.04 in Appendix A, on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#) or at www.surrey.ca/SFSWellness.

Fire Chaplain

A non-denominational chaplain is available to offer support and spiritual guidance for employees of all faiths. Learn more on the [Fire Chaplain page](#) in the Social & Spiritual Wellness chapter.

> USER GUIDE:

Contact the chaplain through your MFAP team peer members or the Employee Assistance Phone List on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).

BC Suicide Prevention Line

This is a free confidential telephone counselling service. Crisis line workers provide a non-judgmental ear, support and referrals to those considering suicide or who are concerned about someone who may be.

> USER GUIDE:

Call 24/7: 1-800-SUICIDE (784-2433)

310Mental Health Support Line

This free service, linked to provincial health services, provides emotional support, information and resources specific to mental health.

> USER GUIDE:

Call 24/7: 310-6789 (no area code needed)

Critical Incident Stress (CIS), Anxiety and Trauma Reactions

After a traumatic event, it is normal to experience emotional aftershocks – sometimes immediately, or sometimes hours, days, weeks or months later.

Stress can be defined as the introduction of strain or tension within an individual that results in changes to one's mental state and physiological response. During a stressful event, the brain sends the body rapid signals that lead us to fight, run away or freeze, often without conscious thought on our behalf. However, when a stressor is interpreted as unrelenting and even permanent, the mind may become consumed with thinking about it, even after it has been eliminated. This prolonged reaction is referred to as anxiety and in many ways, forms the basis for understanding the impact that a witnessed trauma can have on the mind.

Firefighters have additional risk factors when they experience a stressful event on-duty:

1. The traditional stress reactions of running away or freezing are not behavioural options while on the fire ground or at a medical emergency.
2. Emergency situations often have multiple stressful aspects that begin when the tones go off and may not end until the engine is restored and back in service.

As a result of this demand on the human mind, firefighters may continue to feel anxious even after the call has ended.

Managing Acute Stress Disorders

A traumatic event related to a critical incident is encoded in the brain in such a way that it is designed to never be forgotten. The memories of this call may lead to intrusive thoughts and stress reactions within the individual that may persist for days and up to one month. This is what is referred to as Acute Stress Disorder, and is more identifiable to firefighters as a “normal reaction to an abnormal situation.” Despite the power of this memory, there are safeguards in place to protect firefighters from developing this disorder.

Research has proven that Acute Stress Disorders can be largely eliminated in intensity and duration if individuals actively engage in Critical Incident Stress Management (CISM) and individual stress recovery practices. Through CISM, the impact of the memory has a chance to aerate in a contained setting and become broken down into digestible pieces by the individual. This process accelerates recovery, leading the individual to return to a pre-crisis level of functioning faster than if no CISM intervention was provided.

Post-Traumatic Stress Disorder

If acute stress reactions are ignored and become buried in multiple layers of additional traumatic stress, a more debilitating psychological disorder may emerge. Post-Traumatic Stress Disorder (PTSD) is an all-encompassing disorder that affects mind, body and mood for a duration of at least six months. With PTSD, severe disturbance of sleep and constant vivid recall of traumatic experience leads to dulled responses to others and the outside world. While this disorder is rare even among firefighters, it is important to note that firefighters are more likely to develop this disorder compared to the general population.

Successfully treating PTSD involves a coordinated response with a variety of professionals that may include: medical doctors, psychiatrists, psychologists and other mental health professionals. Through a combination of medication and coordinated treatment, research has proven that many people can successfully restore happiness and balance in their life after a PTSD diagnosis.

Should you have any concerns about your mental health, please consult a member of the MFAP team, EFAP, a mental health professional or your doctor.

Signs and Coping Skills

Everyone reacts to trauma in a different way. Symptoms may include:

- **Physical:** Nausea, upset stomach, sweating, heart rate/blood pressure increase, muscle soreness or fatigue, hyperventilation, chest pains, twitches, thirst, headaches, dizziness, fainting, chills, profuse sweating, or grinding of teeth.
- **Cognitive (how you think):** Impaired thinking/decision making, poor concentration or memory, difficulty with abstract thoughts, flashbacks, poor attention span, altered perceptions, blaming others, difficulty naming people or objects, nightmare images, or disturbed thinking.
- **Emotional:** Anxiety, guilt, fear, grief/depression, feeling lost or abandoned, feeling helpless, withdrawal, anger, feeling numb or shocked, feeling overwhelmed, denial, uncertainty, apprehensiveness, irritability or agitation.
- **Behavioural:** Withdrawal, change in activities or speech, emotional outbursts, suspiciousness, loss/increase in appetite, increased alcohol or drug use, intensified startle reflex, or inability to rest.

In cases when symptoms take longer to appear, additional signs may include: lowered sex drive, changes to menstrual cycle, lowered interest in loved ones, and marital conflict.

(Continued on next page)

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> USER GUIDE:

CIS coping skills:

DOs	DON'Ts
<ul style="list-style-type: none">• Talk about the incident.• Expect the incident to bother you – CIS reactions are normal.• Maintain a healthy diet and exercise.• Take time for leisure activities.• Get plenty of rest.• Learn as much as possible about CIS.• Spend time with and reach out to family, friends and co-workers for support.• Get extra help if necessary.• Structure your time and keep busy.• Give yourself permission to feel rotten.• Keep a journal – write your way through those sleepless hours.• Help co-workers going through the same thing by sharing your feelings and checking to see how they are doing.	<ul style="list-style-type: none">• Use alcohol or drugs to numb the pain.• Withdraw from family, friends and coworkers.• Automatically stay away from work or other obligations.• Use off-duty time for training immediately after the incident.• Look for easy answers to explain the reason for the incident.• Think you are “crazy.”• Expect to get over it quickly.• Make big life changes.• Fight any recurring thoughts, dreams or flashbacks – they will decrease over time and become less painful.• Keep quiet and bottle up your feelings.

How to support someone who has either responded to a trauma or directly experienced a trauma:

- Don't be afraid to ask how someone is doing. This allows them to tell you as much or as little as they need to. Reach out to them, as it will often be much harder for them to reach out to you.
- Encourage them to talk to you about how they are feeling about the incident.
- Tell them you are sorry they had to go through the experience, that it must have been hard for them, etc. However, unless you were involved in the same incident, don't say you know how they feel.
- It is OK to remind them that confusing feelings are a normal/common reaction.
- Encourage them to get counselling (see [Confidential Counselling](#).)
- Don't exclude them from social activities.
- Don't encourage them to hide their feelings or suggest they should be over it by now.
- Don't change the subject when they talk about the incident.
- Don't attempt to reassure them that everything is OK or try to fix it for them.
- Don't attempt to impose your explanation of why this has happened to them.
- **Be willing to say nothing. Just being there is often the best help.**

See [Resources & Contacts](#) for more information about CIS.

Individual Counselling

Sometimes a traumatic event is so difficult to deal with that professional assistance from a counsellor is necessary. Professional help is available from employee assistance programs as well as WorkSafeBC.

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See the [Confidential Counselling](#) section.

Crew-led Check-ins

A crew-led crew check-in is an informal discussion in which all crew members are invited to share their experience related to a specific traumatic event or about the psychological challenges of the job in general. They can be an effective way to support each other after a traumatic call.

A crew check-in must be conducted:

- Whenever any crew member feels it would benefit at least one member of the crew.
- Following any incident that has the potential to have an emotional effect on the crew members.
- Upon the request of any crew member.
- At least twice a year.

> USER GUIDE:

- Station Officers are responsible for ensuring at least two crew check-ins are conducted each year.
- The OIC will facilitate an informal crew talk following any unusual or emotionally significant incident.
- The OIC will use the Crew Check-in Checklist on [CityNet > Surrey Fire Services > Wellness > Crew Check-in Checklist](#) or at www.surrey.ca/SFSWellness to facilitate the discussion.
- Officers shall ensure crew check-ins are recorded in the FDM incident report of the Records Management System.

CISM Team-led Defusings and Debriefings

The Critical Incident Stress Management Team (CISM team) assists individuals and crews following a traumatic event, primarily through defusings and debriefings. Both are safe places where participants can say anything on their mind without fear of reprisal or judgment. Nothing said by participants is recorded.

Any crew member may request a defusing or debriefing by contacting the OIC, Battalion Chief, Dispatch Supervisor, exempt Chief or any CISM team member.

If possible, dispatch should alert the Battalion Chief or CISM team as soon as possible about any potentially significant incident. The BC or CISM team member should follow up with the crew involved, at a convenient time, to determine the seriousness of the incident and necessity for an intervention.

Additionally, the Incident Command Officer may initiate the process for serious incidents while still on the scene by contacting dispatch or the Battalion Chief.

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See OG 05.02.05.01 for more information on Critical Incident Stress management: Appendix B or www.surrey.ca/SFSWellness.

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Defusings

Defusings are confidential and voluntary group discussions in which participants have the opportunity to share reactions about an incident, vent emotions and learn about stress. They generally last 30-60 minutes but may go longer.

They are best conducted within 1-4 hours of the incident. If they cannot be conducted within 12 hours of the incident, a debriefing should be considered. A formal debriefing may also be required based on the reactions or wishes of the defusing participants.

A CISM-led defusing **must** be arranged for incidents in which there is a **moderate** likelihood that crew members will be negatively affected, such as incidents involving:

- Severely injured or burned victim
- Death of a patient under circumstances that could evoke an emotional response among responders
- Neglect or violence affecting any person
- Exposure to multiple critical incidents over a short term
- Close encounter that could have caused a crew member's death
- Serious injury or death of a civilian resulting from fire service operations
- At the request of an employee of the fire service
- Any other incident brought to the attention of a CISM team member

> USER GUIDE:

Two peer defusers should be used whenever possible, ideally in a ratio of one defuser to five personnel.

Triggering a defusing:

1. Contact the Battalion Chief and/or call the on-duty CIS team member from the phone list available on [CityNet > Surrey Fire Services > General > Employee Assistance Phone List](#).
2. Once a team of 2 CISM members is established, the Battalion Chief will make the decisions about taking the appropriate apparatus out of service to conduct the defusing.

Preparing/running a defusing:

- For detailed instructions, please see the Defusing Preparation document on [CityNet > Surrey Fire Services > Wellness > Defusing preparation](#) or at www.surrey.ca/SFSWellness.

Following a defusing:

- Following the defusing, the peer defusers must assess whether a debriefing should also be scheduled.
- Within one week of a defusing, the defusers should make contact with each participant to assess their mental wellbeing.

Debriefings

A debriefing is a proactive intervention involving a group meeting or discussion about a particularly distressing incident. They are designed to mitigate the impact of the incident and help people recover from the stress associated with the event.

They are facilitated by a specially-trained team with professional and peer-support personnel. Ideally they are conducted between 24 and 72 hours of the incident.

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A CISM-led debriefing **must** be scheduled for any incident in which there is a **high** likelihood that crew members will be negatively affected, such as incidents involving:

- Multiple deaths
- Death of, or severe injuries to a child
- Mutilation or dismemberment of a person
- Major disaster / mass casualties
- Personal relationship to a victim
- Serious injury, death or suicide of a SFS employee
- At the request of a SFS employee
- Any other high-stress incident brought to the attention of a CISM team member
- If the CISM peer defusers feel a debriefing should follow the peer-led defusing

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Requests for debriefings are reported to the Battalion Chief, who will:

- Confer with the OIC to ensure a debriefing is required.
- Ensure the crew is able to perform their duties until the debriefing can be arranged.
- Notify the Duty Chief that a level 3 debriefing will take place.
- Contact WorkSafeBC at 1-888-922-3700 to request a debriefing be held.
- Identify CISM members to assist with the debriefing (on-duty if possible).
- After consultation with WorkSafe and the CISM team member, arrange the time and location of the debriefing as well as movement of personnel and apparatus as necessary.

Reporting

Critical Incident Stress Personal Report Form:

Following a defusing, union members are encouraged to fill out a Critical Incident Stress Personal Report Form to record their personal thoughts. The form will be stored in a **sealed envelope** in your union file at the union office, and will only be used in the event of a future psychological disability claim.

It is important to record your perspective of the event while it is fresh in your mind, as details may be difficult to remember over time. Writing about the event can also be part of the healing process.

> USER GUIDE:

The form can be found in Appendix C, on [CityNet > Surrey Fire Services > Wellness > Defusing Handout](#) or at www.surrey.ca/SFSWellness. After completing the form, seal it in an CIS-marked envelope and send it to a Union office to be placed in your file.

Post-defusing Report:

Following a defusing, CISM team members fill out a Post-defusing Report. The form allows the Union to track traumatic incidents to ensure the wellbeing of those involved are monitored. All discussions and comments made during a defusing are confidential, and the forms do not record any identifying details or comments.

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> USER GUIDE:

The form can be found in the CISM Defusing/Debriefing Handouts on [CityNet > Surrey Fire Services > Wellness > Post defusing report](#) or at www.surrey.ca/SFSWellness. After completing the form, submit it to the MFAP team coordinator, to be filed in the Union office.

Incident reports:

CISM interventions must be reported on the online incident reports (see below).

The screenshot displays the 'City of Surrey Fire Service' incident reporting interface. The form includes fields for 'Provincial Incident #', 'Incident Number', 'Civic Address', 'Cross Street', 'Property Reference', 'Type of Incident', 'Dispatch Type', 'Begin Time', 'End Time', 'Smoke Alarm Present', and 'Smoke Alarm Operational'. A red circle highlights the 'CISM' section, which contains the following fields:

CISM	CIS Offered
CIS Defusing Conducted by	
CIS Debriefing Conducted	No

Follow-up for Serious Workplace Injuries

A serious workplace injury requiring hospitalization can have a lasting effect on an employee. Operational Guideline 1.04.04 (Serious Injury Follow Up) outlines recommended steps to be taken when an employee is seriously injured in a workplace accident. The intent is to ensure employees have all the assistance they require in order to make a complete recovery.

- Any employee who is hospitalized after a serious workplace accident will be referred to the Operational Health & Safety Manager and have the opportunity to consult with a mental health specialist at the employer's cost before returning to full duties. The consultation will be arranged by the injured employee and billed directly to the City of Surrey Fire Service.
- While this consultation is a recommended step in the return-to-work process, it is not mandatory prior and is not intended to cause undue hardship to the employee.
- The consultation will not form part of an employee's personnel record, other than to note it was offered as a result of a workplace accident.

> USER GUIDE:

Find OG 1.04.04 on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#) or at www.surrey.ca/SFSWellness. MFAP Peer Team Members can assist in setting up the consultation.

Self-Assessment Checklists

In our highly stressful work environment, it's important to monitor all aspects of our health, including our mental health. To ensure their continuing wellness, all crew members are required to complete a Mental Wellness Self-Assessment Checklist twice a year during the two mandatory [crew check-ins](#). Other SFS employees are also encouraged to complete the checklists.

The self-assessment is an opportunity to compare your results year-to-year and over time, and can be an important wake-up call that you need to re-focus on your wellness or seek professional help.

How it Works

1. Self-assessment checklists:
 - Each spring and fall, all Officers in charge of a shift are required to hand out a self-assessment checklist to each member. Checklist topics may differ and will be determined prior to each spring and fall roll-out by the Deputy Chief in charge of Human Resources.
 - Shifts sit down as a group and members fill them out independently. Officers inform members that the results are confidential and are not to be shared as part of this discussion.
2. Group discussion:
 - Once everyone has completed their assessment (usually 10-15 minutes), the Officer will lead a group discussion about:
 - The importance of maintaining mental wellness and knowing how to deal with stress.
 - Any recent traumatic calls or experiences for the crew or individual members.
 - The need to be proactive about seeking help for yourself, and stepping in to help colleagues who are struggling.
 - Everyone is encouraged to share their thoughts and feelings.
 - The officer will explain how to seek counselling if the test indicates they need it, and discuss other available Wellness Program resources to help reduce stress and improve overall health.
 - This discussion will be one of the two mandatory [crew check-ins](#) each year.
3. Members seek support if needed:
 - Based on their test results, members can choose to seek [confidential counselling](#), as outlined in the Mental Wellness section of the Wellness Program Manual. They will be encouraged to bring their checklist to guide the discussion with the counsellor.
 - Members may choose to pursue some of the other existing wellness services.

All crew members must complete this process each year. If members are not at work that week, the Officer will make arrangements for the assessment and follow-up conversation on another day.

> USER GUIDE:

- To complete the checklists independently, obtain copies through MFAP team peer members, on [CityNet > Surrey Fire Services > Wellness](#) or at www.surrey.ca/SFSWellness.
- Sample copies of checklists are available in Appendix D.

Substance Abuse

Alcohol, prescription or illicit drugs, and other substances may impair our ability to think and act appropriately and safely in the workplace and elsewhere, and prolonged untreated substance abuse can destroy lives, families and careers. For the safety of employees and the public, SFS employees are prohibited from reporting for duty while impaired in any way, and others on duty are obligated to report those who do.

Professional help is available for those struggling with addictions of any kind. Voluntary support is initially offered and up to four months of in-house treatment is available at a minimal cost to the individual.

Know the Signs

Signs that an employee has a substance abuse problem include:

- Increase in casual absences, especially Mondays and Fridays.
- Extended lunch breaks, long absences from a work station, consistently arrives late to work or leaves early.
- Falling productivity or missed deadlines.
- Attending work while hungover or not well.
- Difficulty with task focus or concentration.
- Stories of family problems.
- Changes in appearance, attitude, increased irritability.
- Increased accidents at or away from work.
- Errors in judgment.

SFS/Local 1271 Substance Abuse Program

This voluntary program assists union members who want help dealing with substance abuse. Available services include counselling, outpatient treatment, and inpatient treatment. The MFAP committee maintains a directory of available substance abuse programs and counsellors.

“Addiction took away everything that was important to me: my family, my home, and my career was certainly next to go. The saving grace without question was the wellness program. Management and Union partnered to give me the opportunity to go to treatment and learn a new way of life. This program saved my life, brought my family back together, and to this day nearly 18 years later, I am clean and sober.”

Fire Prevention Officer (retired)

“I used to drink during the day before a night shift. I figured I would quit drinking early enough in the afternoon to be ready for night shift. That’s when my Captain was put in the unenviable position of having to gather the crew together to speak to me about showing up with liquor on my breath.

This disease had me believing I didn’t have a problem with alcohol even though those around me were pointing out the problems it was causing me. After speaking with a Union rep I agreed to see a doctor. He allowed me to see that I am an alcoholic.

After receiving treatment, I returned to work and was later promoted to Captain. I got to retire a day before I turned 55 and have been enjoying my retirement with my wife and family. I believe I would not be where I am today if I hadn’t sobered up when I was given the opportunity to, and for that I am very grateful.”

Capt. (retired)

MENTAL WELLNESS

PROGRAMS & SERVICES

> USER GUIDE:

- For details, see the Substance Abuse Policy in Appendix E or on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > SFS Policies](#).
- Contact your MFAP team peer member to receive a confidential referral form (MFAP team peer members are posted at each hall or on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#)). You may also contact a Hall/Division Representative, or a Local 1271 Executive member for help.
- See [Benefits](#) chapter for more detailed information about accessing MFAP services.
- See the Canadian Centre on Substance Abuse document *Canada's Low-Risk Alcohol Drinking Guidelines* and other related information at www.ccsa.ca > Topics > Alcohol.

What to do if you suspect a co-worker has a mental health or substance abuse problem

- If you feel there is an immediate danger that the person might harm themselves or another person, you must take immediate action.
 - Call 911
 - Get connected to your local crisis Line through 310Mental Health Support Line: 310-6789 (no area code needed) – 24/7.
 - Call EFAP 24/7 crisis support at 1-800-667-0993.
 - Contact a member of the Employee Support Team.
 - Read more under [Suicide Prevention](#).
- If there is evidence of a chronic problem, you should consult with a member of the Employee Support Team, the MFAP coordinator or the Union President to express your concerns.

Employee Family Assistance Program

Both union and non-union employees, along with their families, may access treatment for substance abuse or counselling about living with someone dealing with addiction through the city's Employee Family Assistance Program.

> USER GUIDE:

For information or 24/7 crisis support, call 1-800-667-0993. Information is also available at www.fseap.bc.ca or www.surrey.ca/SFSWellness.

Suicide Prevention

Even one suicide is too many. It is the responsibility of all of SFS employees to help work towards zero suicides within the department.

Help Break Down the Stigma

To some, suicide may seem to contradict the very essence of what it takes to be a firefighter, such as courage, resilience, self-sacrifice and confidence. However, this kind of thinking helps to maintain the stigma around mental health that can stop a person from seeking help.

Common suicide misconceptions:

- Suicide is a sign of weakness.
- The family of the deceased should be ashamed or embarrassed.
- Committing suicide is “taking the easy way out.”
- The person should have asked for help.
- The person was/is looking for attention.

We can all do our part to make sure SFS is a place where no one feels shame in asking for help.

Signs of Immediate Risk for Suicide

Take action immediately if you see or experience these behaviours:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Other **behaviours that indicate a serious risk** (especially if the behaviour is new, has increased and/or seems related to a painful event, loss or change):

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, or behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Statements that indicate a need to take action:

- Feelings of helplessness: “I can’t do it.”
- Feelings of hopelessness: “I won’t get better.”
- Feelings of worthlessness: “I don’t deserve.” “The world will be better off without me.” “No one will miss me.”

There is nothing easy or weak about deciding to commit suicide.

A person’s cries for help often go unnoticed or are ignored, or the stigma kept them silent.

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Facts About Suicide

- Talking about suicide is one of the strongest clues a person offers before attempting it.
- Talking to others can make a major difference to a person thinking about killing him/herself. Most suicidal people are undecided about living or dying.
- Raising the topic of suicide to a suicidal person will **not** make things worse.
- Suicide risk is much higher after a person has already attempted suicide.
- You don't need to be a trained person to help prevent a suicide. Family, friends and colleagues can be extremely helpful because they may notice changes in behaviour. Peers can be very helpful because they "walk the same walk."

Four Phases that Can Lead to Suicide

Phase	Signs and Symptoms	Action Required
Warning Early warning signs are often more emotional than physical.	<ul style="list-style-type: none">• Feelings of vague anxiety• Depression• Boredom• Apathy• Emotional fatigue	<ul style="list-style-type: none">• Talking about feelings• Taking a vacation• Making a change from regular activities• Taking time for yourself
Mild Symptoms Warning signs have progressed and intensified. Physical signs may also begin to be evident.	<ul style="list-style-type: none">• Sleep disturbances• More frequent headaches/colds• Muscle aches• Intensified physical and emotional fatigue• Withdrawal from contact with others• Irritability• Intensified depression	<ul style="list-style-type: none">• More aggressive lifestyle changes may be needed• Short-term counselling
Entrenched Cumulative Stress This phase occurs when the above phases are ignored. Stress starts to create a deeper impact on career, family life and personal wellbeing.	<ul style="list-style-type: none">• Increased use of alcohol, smoking, non-prescription drugs• Depression• Physical and emotional fatigue• Loss of sex drive• Ulcers• Marital discord• Intense anxiety• Rigid thinking• Withdrawal• Restlessness and sleeplessness	<ul style="list-style-type: none">• The help of medical and psychological professionals is highly recommended

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Phase	Signs and Symptoms	Action Required
Severe/Debilitating Cumulative Stress Reaction This phase is often considered self-destructive and tends to occur after continued stress.	<ul style="list-style-type: none">• Careers end prematurely• Asthma and heart conditions• Severe depression• Lowered self-esteem/self-confidence• Inability to perform job/ manage personal life• Withdrawal• Uncontrolled anger, grief, rage• Suicidal or homicidal thinking• Muscle tremors• Extreme chronic fatigue• Over-reaction to minor events• Agitation• Carelessness, forgetfulness• Paranoia	<ul style="list-style-type: none">• Significant intervention from professionals is recommended

> USER GUIDE:

Helping Yourself

If you have been considering suicide as a way to end your pain, please reach out for help immediately. There are caring people available to help you get through whatever you are dealing with.

Start by telling someone right now that you've been considering suicide, such as family, friends, people you work closely with, your superiors or your MFAP team peer member. If you don't feel this is an option for you, there are many other places to get help confidentially.

Services where you can get help now:

- BC Suicide Prevention Line: 1-800-SUICIDE (784-2433) – 24/7
- Employee Family Assistance Program: 1-800-667-0093 – 24/7 crisis support or referrals
- WorkSafeBC Crisis Support Line (injured workers/their families in crisis): 1-800-624-2928 – 24/7
- 310Mental Health Support Line: 310-6789 (no area code needed) – 24/7
- www.crisiscentrechat.ca – online chat for adults in crisis, noon to 1 a.m. daily

Arrange for confidential counselling:

- See [Confidential Counselling](#) section in this chapter.

Helping Others

If you suspect a colleague is considering suicide, follow the steps that feel most comfortable to you:

- Talk to someone immediately about your concerns, such as your MFAP team peer member, your superior, the Employee Support Team or the EFAP.
 - MFAP team peer members are posted at each hall or on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).
 - Employee Support Team names and contact information are available on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).
 - Call EFAP 24/7 crisis support at 1-800-667-0993.

MENTAL WELLNESS

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- Reach out to the person:
 - Ask how he or she is doing and mention changes you have noticed in his/her behaviour.
 - Say you are concerned about his or her emotional wellbeing and care about him or her.
 - Listen without judging.
 - Ask if he or she is considering taking their own life. It is often very helpful to address this issue squarely – *it will not make things worse*.
 - Suggest he or she talk with someone in the MFAP, EFAP or another professional.
 - Offer to help to arrange an appointment and go with the person.
 - Continue to stay in contact with the person and pay attention to how he/she is doing.

Guidance for talking to a person considering suicide

- **Relax** – The person needs to see calm, not anxiety. Tell yourself that all you can do is your best.
- **Use open probing** – Find out what is troubling the person with open-ended questions such as: “What is troubling you?” “Tell me more about that.” “What would it take to make things different?”
- **Honest empathy** – Don’t pity them. Instead, try to see the world through their eyes and empathize.
- **Look for doubt** – If the person seems unsure about committing suicide, talk about it. The more they talk, the more they may hear their own ambivalence and begin to think in more rational ways.
- **Communicate acceptance** – Without agreeing with what they are doing, show them you appreciate they are letting you into their life and opening up to you. Empathetic listening is healing in itself.
- **Show interest** – Have them describe their story accurately. Be curious, caring and structured. Ask: “Tell me more.” and “How did this relate to that?” Summarize their story from time to time.
- **Probe negative feelings** – Ask about the worst or hardest part. Don’t shy away from bad feelings – it shows them you are in for the duration. Say that sometimes our minds create bad feelings to force us to change something or look at something in our life differently. What could that be in their life? This is an opportunity to help them see the glass as half full rather than half empty.
- **Clarify the intention to commit suicide** – If you are unsure they are having suicidal thoughts, ask them directly: “Have you ever considered taking your life?” *This does not make things worse*.
- **Know the resources** – find out in advance what resources are available and how to access them.
- **If there is a high risk of suicide, take action** – Ask for specifics about their plan. Remove lethal drugs, weapons or other suicide materials, and plan an intervention for their removal. Do not leave them alone – mobilize friends and family to stay with them until the crisis is averted.
- **Social and family connections** – Get permission to speak to their loved ones (family, close friends) about the danger. If you can’t get permission, negotiate something you can live with. Remember, it is better to be hated for erring on the side of caring than be pained by their loss.
- **End with an action plan** – Make the person promise they will take action and will call you if they feel vulnerable. Get details about how they plan to get help and offer to assist.
- **Get professional help** – If there is a high risk of suicide, get help from professionals. This may mean taking them to the ER or their doctor. Stay with them if they request it or are reluctant to go.
- **Push the point when necessary** – If necessary, help them use an excuse such as migraines to get them to a doctor. If necessary, tell the doctor the truth. If you feel you are betraying the person, explain why you are doing this. “Tough love” is sometimes needed in life or death matters.
- **Suicide call** – If you receive a suicide call, you likely have a relationship with the individual. Build on it. Thank them for calling you. Find out what state they are in. Determine their location and keep them on the line while using another phone to call for help. Keep them on the line until help arrives.
- **Defuse yourself** – Without breaking confidentiality, talk with someone about your experience.

Post-Suicide Protocol

The death of a coworker is shocking and upsetting. Following an employee's suicide, SFS strives to support all employees and immediate family, while respecting the sensitive nature of the circumstances.

Understanding the Grieving Process

People will experience a wide range of reactions to the suicide of another person, including:

- **Guilt:** Guilt is very common but is often not justified, as a person's decision to commit suicide is so deeply personal it can be beyond the reach of even the most loving and loyal friend. Those who tried to prevent the suicide should try to understand that even psychiatric hospitals with strict procedures are sometimes unable to stop a person who is truly committed to ending their life.
- **Anger:** It is common to feel angry with the person who committed suicide. This may be related to beliefs that suicide is unacceptable, or the impact the suicide has on the surviving family, friends and coworkers. Sometimes the anger is mixed with grief and can feel very confusing.
- **Sadness:** Intense sadness is a normal part of grieving, and may be mixed with guilt and anger.
- **Frustration with not knowing why:** Suicide often leaves many questions unanswered. Many surviving family and friends never fully understand why the suicide happened. This can complicate the grieving process. Sometimes we have to accept we can never answer the question of "why?"

The five stages of grief

- Denial, including feelings of shock, numbness or disbelief.
- Anger at the person who died, at others, at God, at the world, at ourselves.
- Bargaining, when we review what we could have done differently.
- Depression, a deeper sense of loss and sadness.
- Acceptance, once we understand the loss is real and cannot be reversed.

Not all people go through all stages, some experience several stages at once, and others remain in one stage for a lengthy time.

> USER GUIDE:

How to help a grieving co-worker

- Allow the person to express their feelings. Grieving people need to work through their feelings and often do by sharing their feelings with others.
- Be non-judgmental of another person's feelings if they differ from your own.
- **If the coworker expresses suicidal feelings, make sure they get help immediately, and even contact their family if necessary.** For people who have been considering suicide themselves, the suicide of another can convince them it is a real possibility for them.

How to help yourself

- Ask for support from your friends and family.
- Talk out your feelings with people who can be non-judgmental and supportive.
- Seek out your coworkers who have similar feelings.
- Seek support, including counselling, if you are having trouble coping after the initial shock wears off.
- If you are currently being treated for depression or other mental health challenges, contact your doctor or therapist if you are having trouble handling what is happening.

See the [Critical Incident Stress](#) section for more information on dealing with traumatic events.

Post-suicide Procedures

Following the suicide of an employee, SFS initiates the Critical Incident Stress Management procedures outlined in Operational Guideline 5.02.05.01 ([Appendix A](#)) and the [Critical Incident Stress](#) section.

Additional procedures are addressed in Operational Guideline 5.01.26.01 – Suicide of a Surrey Fire Service Member ([Appendix F](#)), which addresses:

- Release of information, including notification of next of kin and media enquiries.
- Determination of Line of Duty Death
- Support and services provided to fellow employees, including officer-led crew discussions.
- Confidentiality
- SFS Family Service only
- Permanent memorials

The procedures are intended to ensure that employees and the family receive the support they need, without sending the message that suicide is a way to be glorified after death. In keeping with this approach:

- Suicides of employees are not widely publicized.
- Those who commit suicide are not memorialized nor are the anniversaries of their death to be commemorated in an institutional manner.

Resources

General Mental Wellness / Resilience

Internal:

- Handout “Mental Wellness Self-Assessment Checklist” – [Appendix D](#)
- PowerPoint presentation “Staying healthy in the face of First Responder Trauma” (By Matt Johnson, Surrey Firefighter, 2016) – [CityNet > Surrey Fire Services > Wellness](#) or www.surrey.ca/SFSWellness.

External:

- Website www.mindcheck.ca – a user-friendly provincial government site with questionnaires and resources that can help people of any age identify if they have a mental health issue.
- Article “Breathing Room for the Firefighter’s Family” (By Anne Gagliano, *Fire Engineering*, 2014) – [CityNet > Surrey Fire Services > Wellness](#) or www.surrey.ca/SFSWellness.
- Article “Staying Emotionally Healthy in the Fire Service: What You and Your Family Should Know” (By Matt Johnson, RCC, 2015) – [CityNet > Surrey Fire Services > Wellness](#) or www.surrey.ca/SFSWellness.

Critical Incident Stress

Internal:

- Form “Critical Incident Stress Personal Report Form” – [Appendix C](#) or in the “CISM Defusing/Debriefing Handouts” below.
- Handout “CISM Defusing/Debriefing Handouts” – [CityNet > Surrey Fire Services > Wellness > Defusing Handout](#) or www.surrey.ca/SFSWellness.
 - Common signs and symptoms
 - Delayed Stress Response Syndrome
 - Factors that may affect the severity of a reaction
 - Dos and Don’ts for trauma survivors
 - Advice for family, friends of coworkers of trauma survivors
 - Critical Incident Stress Personal Report Form
 - Post-defusing Report
- Handout “Defusing Preparation instructions” – [CityNet > Surrey Fire Services > Wellness > Defusing preparation](#) or www.surrey.ca/SFSWellness.
- Handout “Crew Check-in Checklist” (for crew-led check-ins) – [CityNet > Surrey Fire Services > Wellness > Crew Check-in Checklist](#) or www.surrey.ca/SFSWellness.

External:

- Article “Suicides Affect Patients and EMS Providers” (By Wayne M. Zygowicz and Mike Grill, *Journal of Emergency Medical Services*, Mar. 31, 2011) – search www.jems.com.

Substance Abuse

External:

- Website for Canadian Centre for Substance Abuse: www.ccsa.ca.
- Article “Dealing with Employee Addictions” (By Kim Siddall, *Benefits Canada*, Feb 2013) – search at www.benefitscanada.com.

Suicide

Internal:

- Handout “Guided Crew Discussion Session Following the Suicide of a Member” (led by Captain) – [CityNet > Surrey Fire Services > Wellness > Suicide](#) or www.surrey.ca/SFSWellness.
- Handout “Firefighter Risk Factors for Stress and Suicide” (Family Services Employee Assistance Program (FSEAP), provider of Surrey’s EFAP) – [CityNet > Surrey Fire Services > Wellness > Suicide](#) or www.surrey.ca/SFSWellness.
- Handout “Caring for Yourself and Your Colleagues in the Fire Service” (FSEAP) – [CityNet > Surrey Fire Services > Wellness > Suicide](#) or www.surrey.ca/SFSWellness.

External:

- Manual “Police Suicide: Detection, Prevention and Intervention” (By Toby Snelgrove, 2005) – [CityNet > Surrey Fire Services > Wellness > Suicide](#) or www.surrey.ca/SFSWellness.
- Manual “A Guide for Early Responders Supporting Survivors Bereaved by Suicide” (Winnipeg Suicide Prevention Network with the Canadian Association for Suicide Prevention, 2014) – search www.suicideprevention.ca.

Contacts

- BC Suicide Prevention Line (24/7): 1-800-SUICIDE (784-2433); info www.crisislines.bc.ca
- 310Mental Health Support Line (24/7): 310-6789 (no area code needed); info www.crisislines.bc.ca
- Member Family Assistance Program team members: see list posted at halls or [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#)
- Employee Support Team contacts: [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#)
- Employee Family Assistance Program 24/7 crisis support or referrals: 1-800-667-0993, at www.fseap.bc.ca, or at www.surrey.ca/SFSWellness
- Manulife: 1-855-978-7739 or www.manulife.ca/planmember
- WorkSafeBC Critical Incident Response program: 1-888-922-3700
- WorkSafeBC Crisis Support Line (24/7, for injured workers / their families in crisis): 1-800-624-2928
- Online chat for adults in crisis (noon to 1 a.m. daily): www.crisiscentreachat.ca

Physical Wellness

Staying Healthy for Your Job and Your Life

Firefighting is a physical job, and the safety of the public, our colleagues and ourselves often relies on whether we stay in good physical health.

Physical wellness also has many benefits that extend beyond our jobs and into our private lives, including a longer lifespan, reduced chance of injury and diseases, having more energy and a general feeling of well-being.

Taking care of your physical health is not just about staying fit and maintaining a healthy body weight. Other important pieces of the puzzle include getting enough sleep, eating properly, medical testing, and keeping yourself and others safe on the job.

This chapter covers the key aspects of physical health of concern to firefighters, and the programs and services available to help you maintain and improve your health.

SFS Joint Labour Management Wellness Fitness Program

This initiative was designed to provide union members with a positive, individualized wellness fitness program.

The program covers the following topics:

- Medical evaluation
- Fitness
- Nutrition
- Behavioural health
- Routine personal decontamination

Key aspects of the program are covered in this chapter.

Program information can be found on: [CityNet > Surrey Fire Services > Wellness > SFS and IAFF Wellness Fitness Initiative](#) or at www.surrey.ca/SFSWellness.

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Tip:

If you are reading this manual on a computer or device, any text in [this shade of blue](#) is a hyperlink.

All SFS employees are responsible for being aware of the policies and operational guidelines related to maintaining your physical health.

Policies

Code of Conduct and Ethics Policies

The Code of Conduct and Ethics policies includes a list of safety policies intended to ensure employees take the necessary steps to protect themselves from the inherent hazards of the job so they remain healthy. Policies can be found on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > SFS Policies](#).

Employee Safety Handbook

All Surrey employees are governed by the City of Surrey Employee Safety Handbook, which is posted on [CityNet > Surrey Fire Services > Operations > OHS Safety Committee](#). SFS employees must follow all safety policies.

Operational Guidelines

A large percentage of SFS' operational guidelines are related to protecting the physical health and wellness of employees. The following OGs are referenced in this chapter:

- 1.05.04 WCB Worksite Safety Enforcement
- 1.01.15 Influenza Control
- 1.04.02-1.04.02.03.03 Rehabilitation (various)
- 1.06.06 Vehicle Response Safety
- 1.08.01 Pre-exposure Precautions for Communicable Disease
- 1.03.01 Personal Protective Clothing
- 2.07 Self Contained Breathing Apparatus
- 2.07.01 Working in Areas with Hazardous Atmospheres
- 2.02 Incident Command
- 2.02.12 Incident Safety Officer
- 5.01.01 Alcohol and Drugs
- 5.01.14 Physical Fitness

It is important that all SFS employees familiarize themselves with these and other OGs, which can be found on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#).

PHYSICAL WELLNESS

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Cancer

Cancer is a known occupational hazard for firefighters. Cancer is the biggest killer of Canadians: two out of five people will get cancer, and one out of four will die of cancer.

Being a firefighter increases your risk of getting cancer by **an extra 9%**, and your risk of dying of cancer by **an extra 14%**.

The biggest occupational cancer risks for firefighters are:

- Toxins in smoke, soot and tar from synthetic building materials – inhaled, swallowed, absorbed through skin.
- Diesel exhaust fumes – inhaled

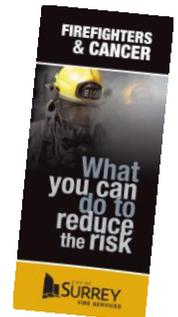
Firefighters also have a high incidence of these risk factors:

- Tobacco / smokeless tobacco use
- Obesity and poor diet
- Alcohol use
- Lack of exercise
- Poor sleep patterns

Cancer Prevention Resources

Surrey Fire Service provides cancer prevention information and resources to employees in the hopes of preventing further losses to this horrible disease.

- The brochure *Firefighters & Cancer: What You Can Do to Reduce the Risk* is posted on [CityNet > Surrey Fire Services > Wellness](#) and at www.surrey.ca/SFSWellness.
- Letters have been developed for firefighters to take to their doctors to request early medical screening based on their profession. Copies are in [Appendix G](#) or can be downloaded at: www.surrey.ca/Cancer_Screening
- Understand your cancer risk, know the exposures to carcinogens on the job and reduce your risk of occupational cancer with the new IAFF firefighter cancer awareness and prevention training course. Go to <http://my.iaff.org>.



> USER GUIDE:

What you can do – in your life

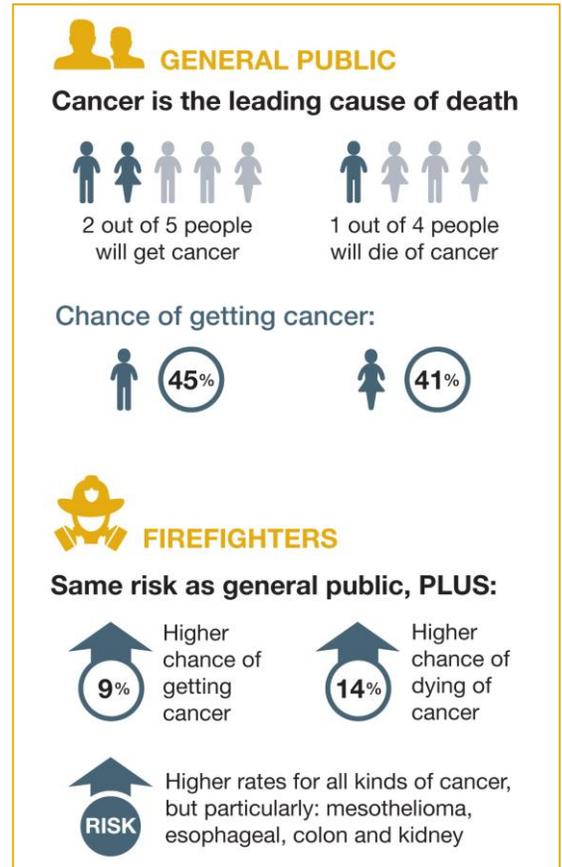
Lifestyle changes have the biggest effect on your risk.

Most important things you can do:

- Don't smoke.
- Exercise regularly.

What else you can do:

- Maintain a healthy weight.
- Eat healthy food – more fruits and vegetables, less refined sugars and junk food.
- Avoid heavy and binge drinking.
- Get enough sleep.
- Find healthy ways to reduce stress.



PHYSICAL WELLNESS

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Medical screening:

Cancer doesn't have to be a death sentence, if it's caught early enough.

- Start medical screening for cancer **10 years** earlier than the general population, or **10 years** earlier than the youngest case of cancer in your immediate family (whichever is younger).
- Establish an annual health maintenance program that includes baseline cancer screening and surveillance. See [Medical Evaluation](#) later in this chapter for more information.
- Ensure your family doctor is aware of the cancer risks to firefighters. Provide him or her with the doctor's letters referenced on the previous page.

Don't be embarrassed to advocate for your own health.

What you can do – at work

Don't take shortcuts – these safety procedures protect you, your colleagues and your family. Familiarize yourself with and follow these OGS:

- Personal Protective Clothing Equipment (PPE) Maintenance – download at: www.surrey.ca/PPE_Maintenance
- Exhaust Extraction System – download at: www.surrey.ca/Exhaust_Extraction

Most important things you can do:

- Use SCBA from initial attack to end of decon.
- Wear your PPE and SCBA properly in both active and post-fire environments.

Protect yourself:

- Always do a gross field decon if there is soot or particulates on your PPE.
- Immediately and at the fire scene, wash to remove as much soot as possible from head, neck, jaw, throat and hands.
- Change your clothes and wash them ASAP after a fire.
- Shower thoroughly after a fire.
- Clean your PPE, gloves, balaclava and helmet at the hall immediately after a fire.

Protect others:

- Do not take contaminated clothes or PPE home or store them in your vehicle.
- Decon the fire apparatus interior after fires.
- Always use the exhaust extraction system when returning to the fire hall.
- Keep PPE out of living quarters. Between shifts, store PPE in the gear room.

“At age 45 I took our health/wellness binder to my family doctor. We got started with the regular medical physical plus blood work etc. The results of all tests were normal. At age 46 there was only a slight change in the blood work.

But at almost age 48, there were significant changes in the blood work and I failed the FIT test (for colon cancer).

Being an athletic person who maintains a healthy body weight, never smoked, never did drugs, low to moderate alcohol consumption and feeling good – I had no physical symptoms of any kind.

My surgeon performed a colonoscopy and found a 17 mm polyp. The upper section had positive dysplasia. The surgeon's words: 'This is why we do this – a year or two later, we would probably be having a different conversation.'

As emergency responders we take so much time to pre-plan, benchmark and document our actions to protect us and to protect the City from liability. Take a little time to pre-plan on your physical and mental health. I urge all personnel to see their doctor and benchmark their health.”

SFS Firefighter, 20 years of service

PHYSICAL WELLNESS

PROGRAMS & SERVICES

Fitness

Regular physical activity has many benefits:

- Keeps your heart healthy and blood pressure low.
- Helps reduce the risk for many diseases, including cancer and dementia.
- Helps you control your weight.
- Helps reduce stress.
- Helps you look and feel better.
- Can lift your mood and improve sleep patterns.

For adults, **30 minutes of exercise most days a week** can help relieve stress, control your weight and reduce the risk for many diseases.

Simple changes for a more active lifestyle:

- Start slowly and work your way up to 30 minutes of activity a day or more. You can spread out the 30 minutes across your day – it doesn't have to happen all at once.
- Setting a routine will help you find the time. Make an appointment with yourself to be active.
- Use the equipment at the fire hall. Ask a peer fitness trainer if you are unsure of how to operate it.
- Work out with a partner or the crew. It will help keep you motivated and you can learn from others' knowledge of fitness and training.
- Choose activities you enjoy and are likely to stick with.
- Recreational activities (e.g. golf, tennis or softball) can be great exercise. *See next section.*
- Be creative. Look for ways to boost your daily activity around the fire hall or your home.
- Add moderate weight-lifting or resistance exercises to increase muscle tone and strength.

Suppression Division Fitness Requirements

Operational Guideline 5.01.14 (Physical Fitness) outlines fitness requirements for the Suppression Division, due to the physical nature of their work.

- Suppression Division employees are encouraged to monitor their fitness through yearly performance evaluations.
- When assigned to suppression activities, employees must complete a fitness evaluation administered by a department fitness coordinator.

On-duty fitness time

- Approximately one hour per shift shall be committed to physical fitness, with activities regulated by the Hall Captain and scheduled according to the self-management of the team's workload.
- It is the officer's responsibility to ensure that fitness activities are consistent with guidelines in OG 5.01.14 and performed in a manner that minimizes injuries and citizen complaints.
- Physical fitness programs should address these key areas: cardiovascular fitness, muscular strength, muscular endurance, body composition and flexibility.

> USER GUIDE:

- See OG 5.01.14 for additional requirements in [Appendix H](#) or [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#).
- View the Wellness Fitness Program manual on [CityNet > Surrey Fire Services > Wellness > SFS and IAFF Wellness Fitness Initiative](#) or at www.surrey.ca/SFSWellness.

PHYSICAL WELLNESS

PROGRAMS & SERVICES

Fitness Resources

Fire hall equipment

Fitness equipment is available at the fire halls for use by SFS employees.

Peer fitness trainers

Through the Joint Wellness Fitness Program, peer fitness trainers are available to work with all SFS union members to improve their overall health and well-being. Services offered:

- Fitness evaluations based on standards outlined in the initiative.
- A basic exercise plan for improving your current level of fitness.
- Suggestions for medical testing, nutrition, behavioural health and safe work practices.
- Information and advice on use of fire hall fitness equipment.

The fitness testing is not mandatory, but it is expected that all employees will meet with a personal fitness trainer to receive information about the program.

All information collected is confidential and will not be accessed by the employer or other employees.

> USER GUIDE:

To meet with a peer fitness trainer:

- Visit your doctor, if you have not done so in the last 12 months. You must be permitted to participate in an exercise program. *(This step is only necessary for the optional fitness testing.)* Contact the Peer Fitness Coordinator to request a time for your test. Contact info is on [CityNet > Fire Services > General > Wellness > SFS and IAFF Wellness Fitness Initiative](#).
- Complete a Par-Q questionnaire, on [CityNet > Surrey Fire Services > Wellness > SFS and IAFF Wellness Fitness Initiative](#) or www.surrey.ca/SFSWellness. Bring the form to your evaluation.
- Wear appropriate exercise attire.
- Testing takes approximately 45 minutes. You will be contacted to arrange a time for your test.

For details, contact a peer fitness trainer (contact info at: [CityNet > Fire Services > General > Wellness > SFS and IAFF Wellness Fitness Initiative](#)). Wellness Fitness Program information is also on [CityNet > Surrey Fire Services > General > Wellness > SFS and IAFF Wellness Fitness Initiative](#) or at www.surrey.ca/SFSWellness.

“The Wellness Program was instrumental in detecting some upward trends in my bloodwork. At 45, I took that magic step of getting my baseline blood workup done. Several issues came up: Fasting Blood Sugar (FBS), creatine, cholesterol and potassium were all above normal. Two years later, the blood work issues were not fixing themselves and in fact getting slightly worse. I saw the trend and decided to cut out my ‘pop and chocolate bar’ routine and start using Diet Coke as mix.

Seven months later I decided to make the conscious effort to combat the upward trend. In my research of how to lower FBS, regular exercise and lots of fibre in the diet were crucial.

I bought an Employee Wellness Pass and hit the gym 5-6 times a week, with 30 minutes of cardio and some full-body weight exercises. I also started watching what, when and how much I was eating.

Well good news, after four months of exercising regularly and modifying my diet it paid off, and as of January 2016 ALL my upward trending blood results are now in the acceptable limits, most importantly my FBS.”

SFS Firefighter

PHYSICAL WELLNESS

PROGRAMS & SERVICES

Employee Wellness Pass

All City of Surrey employees may obtain an Employee Wellness Pass that allows unlimited access to all City of Surrey pools, rinks, fitness facilities and drop-in fitness classes and programs. The pass is offered at a reasonable price and is pro-rated to the date of purchase.

> USER GUIDE:

Employee Wellness Passes can be purchased at any City of Surrey Recreation facility, including Newton Wave Pool, North Surrey Indoor Pool, Fleetwood Community Centre, South Surrey Indoor Pool, Guildford Recreation Centre, and Surrey Sport & Leisure Complex. They are also available at Surrey City Hall.

To obtain a pass, you must show picture identification (employee ID card), a recent pay stub (within 3 months) and present a debit or credit card for payment at the front counter of any of the facilities.

For more information, go to [CityNet > Human Resources > Benefits > Wellness > Employee Wellness Memberships > Employee Wellness Pass Information](#).

Medical Evaluation

Medical evaluation is a key component of the Joint Wellness Fitness Program. Firefighters are recommended to have an annual exam in order to establish a baseline, record results and track medical information over time.

Why should firefighters have annual medical exams?

- To make sure they are physically and mentally able to perform essential job duties without harming themselves and others.
- To monitor the effects of job-related exposures – chemical, biological and physical.
- To detect changes in health that may be related to harmful working conditions.
- To detect any workplace disease patterns that might indicate underlying work-related problems.
- To obtain occupational hazard information and a picture of their current health.
- To detect and prevent diseases and to stay healthy.

The Wellness Fitness Manual includes a complete list of tests specific to fire department personnel.

Due to the nature of our work, this exam should be more detailed than most people's annual check-up.

The annual exam should include:

- Hands-on full physical exam
- Laboratory analyses – blood, metabolic syndrome, heavy metal and special exposure screening, and urinalysis
- Vision test
- Hearing test
- Pulmonary tests
- Resting ECG
- Aerobic/cardiopulmonary testing
- Mammogram
- Pap smear
- Prostate Specific Antigen (PSA)
- Colonoscopy
- Skin Exam
- Immunizations and infectious disease screening

> USER GUIDE:

- For test details, the Medical Evaluation pages from the Wellness Fitness Manual are in [Appendix I](#), on [CityNet > Surrey Fire Services > Wellness > SFS and IAFF Wellness Fitness Initiative](#) or at www.surrey.ca/SFSWellness.
- See [Appendix J](#) for a multi-year checklist covering the range of recommended tests, including a full physical exam, blood analysis, urinalysis, pulmonary, cancer, heavy metal, and special exposures.

Medical Screening Letter for Doctors

The WFI manual contains three letters, including one from the BC Professional Fire Fighters Association and one from oncologist Dr. Kenneth R. Kunz, for firefighters to take to their doctors to request early medical screening based on their profession.

> USER GUIDE:

The letters are in [Appendix G](#) or can be downloaded at: www.surrey.ca/Cancer_Screening

Medical Financial Assistance

SFS recognizes that employee injuries and illnesses, whether work-related or not, may keep an employee from performing his or her duties for extended periods of time. The use of private health care facilities can help expedite an employee's return to good health if there is a lengthy wait time for the procedure through public health care. It has been well documented that the earlier injuries are repaired, the shorter the recovery period and the greater the likelihood of a full recovery.

SFS provides employees facing long waits for medical assistance with an opportunity to explore expedited diagnosis and treatment. Employees choosing this option are taking responsibility for their health and sharing in the cost of doing so. This policy creates a mutual gain for employer and employee, which will result in a more efficient workplace with healthier employees and enhanced public service.

Through this policy, SFS may enter into a 50/50 cost-sharing model with an employee for a private medical procedure if there is a tangible benefit for the City and the procedure is appropriate for the employee's situation. All options are considered to determine if there are more efficient medical options available.

The program is optional for both the employee and department, and the department is not required to offer a funding option at all.

How it Works:

To be eligible, employees must demonstrate a benefit to the employer, such as being able to return to work more quickly.

To determine if funding is appropriate, the Occupational Health and Safety Manager will discuss the following questions with the Fire Administration, Human Resources and Finance:

- Does the employee require the treatment to remain in the workplace?
- Is it a recognized and appropriate treatment plan?
- What is the medical prognosis for a prompt return to work after receiving the treatment?
- If the employee is required to miss work and is not replaced, will there be a significant negative impact to the department's operations?
- Has the employee requested similar funding in the past?
- Is the employee able to cover his or her 50% of the treatment costs? **Loans will not be provided.**

Other elements of the program:

- Medical treatment of an experimental or cosmetic nature are not funded.
- All related transportation and accommodation expenses are the responsibility of the employee.
- The employer's participation must be supported by a business case that the arrangement provides the employer with an overall cost savings.
- The employee's employment history will be considered, including tenure, sick time balances, ability to cooperate with the rehabilitation plan, etc.

> USER GUIDE:

- Contact the Deputy Chief of Human Resources for information.
- Employees requesting this assistance should be prepared to answer questions related to the above.

Nutrition

If you exercise regularly but can't lose weight, your diet could be to blame. Proper nutrition is not only essential to maintaining a healthy weight, but for maintaining overall physical health and vitality.

Proper nutrition not only provides your body with needed vitamins, minerals and nutrients, but it also reduces your risk of obesity, Type 2 diabetes, heart disease, certain types of cancer, and osteoporosis. There are two main aspects to eating properly:

Heart-related problems are the biggest killer of firefighters. Proper nutrition plays an important role in heart health.

Choose the right foods

Canada's Food Guide recommends we eat a variety of foods from the four food groups: vegetables and fruit, grains, milk and alternatives, meat and alternatives. Some tips for good nutrition:

- Eat at least one dark green and one orange vegetable per day.
- Eat vegetables and fruit rather than drinking juice.
- Choose whole grains, e.g. barley, brown or wild rice, oats, quinoa.
- Reduce the fat, sugar and salt in what you cook and buy to eat.
- Check labels for high sodium, fat and sugar content and other additives.
- Swap out meat in some meals with alternatives such as beans, lentils and tofu.
- Eat at least two servings of fish each week.
- Satisfy thirst with water, not juice, coffee or carbonated drinks.

You don't have to deny yourself everything you love to eat. Some treats now and then are OK as long as you eat healthy foods most of the time.

Eat the right amount

Mealtime shouldn't be a competition to see how much you can eat. Large meals strain the digestive system and associated organs, and contribute to weight gain.

- If you feel uncomfortably full at the end of a meal, you've eaten too much.
- Eat slowly, chew more thoroughly and eat enough to be satisfied, but not stuffed.

Nutrition Resources

Peer Fitness Trainers

The peer fitness trainers available through the Joint Wellness Fitness Program provide nutritional advice along with other guidance. [Read about peer fitness trainers](#) in the Fitness section earlier in this chapter.

Professional Dietician

Visits to a dietician are covered by the Employee Family Assistance Program.

> USER GUIDE:

- For info on accessing Employee Family Assistance Program services, call 1-800-667-0993 or check www.fseap.bc.ca or www.surrey.ca/SFSWellness.
- Check out Canada's Food Guide at www.healthcanada.gc.ca/foodguide.

Recreation

Recreational activities can be a great way to stay in shape, while also being fun and social.

Walking, gardening, golf, tennis or yoga are a few examples of leisure activities that can contribute to your overall wellness. Casual league sports such as softball, lacrosse, soccer or hockey provide regularly scheduled exercise and can help motivate you to stay fit.

In-House Opportunities

Events and leagues

SFS employees and the Union organize a variety of recreational events and sports leagues throughout the year for the enjoyment of employees in their off-duty time. They include:

- Fishing derbies
- Golf tournaments
- League sports including hockey, lacrosse, soccer and softball

Information on various recreational activities organized by Local 1271 members can be found on the Surrey Fire Fighters website under the member's section.

World Police & Fire Games

Over the years, a number of SFS employees have competed in the World Police & Fire Games, held every two years (next in 2017, 2019, 2021). For information about the games, visit www.cpaf.org/5/index.htm.

> **USER GUIDE:**

Watch for posters and notices on bulletin boards and around the halls for information about upcoming opportunities.

Sleep

Proper rest is essential for physical health and the safe performance of duties, yet many firefighters have problems getting enough sleep.

It is a given that all firefighters will experience sleep deprivation at some point in their career. It is important to manage the severity of the sleep deprivation by planning ahead and taking the time to rest when it is needed.

Sleep deprivation can result in:

- Poor decision-making,
- Serious safety hazards related to driving and use of equipment, and
- Increased risk of heart conditions, diabetes, depression and anxiety.

A sleep disorder study of 7,000 United States firefighters in 2014 showed that:

- 37% screened positive for sleep disorders – 80% of whom were previously undiagnosed.
- Those with a sleep disorder were about twice as likely to have a vehicle crash, to nod off while driving, and to have cardiovascular disease or diabetes.
- Those with a sleep disorder were three times more likely to suffer from depression and anxiety.

Checklist for Better Sleep

- Don't make your schedule so full that there is no time to rest.
- Take advantage of opportunities for a good sleep – put away the to-do list.
- Think of sleep as being part of your job preparedness, like other things you do to stay fit for duty.
- Take naps, especially before driving late at night. Any sleep is better than no sleep.
- Turn off stimulation when sleeping, e.g. night lights, televisions, ticking clocks.
- Stay away from electronics before bed.
- Sleep on a good quality mattress.
- Watch for sleep apnea, especially if you are overweight. Get tested if suspected.
- Try out monitoring systems (e.g. phone apps) that can evaluate your sleep quality.
- Avoid alcohol before bed, as it disrupts sleep and can increase snoring.

> USER GUIDE:

- If something troubling you is causing ongoing sleep problems, consider free confidential counselling available through the Member Family Assistance Plan and Employee Family Assistance Plan. See the [Confidential Counselling](#) section of the Mental Wellness chapter for information.
- Employees with sleeping disorders may also be referred to a specialist through the Member Family Assistance Plan or Employee Family Assistance Plan.
- To access MFAP, contact your MFAP team peer member to receive a confidential referral form for counselling. A list of MFAP team members is posted at every hall and is available on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#)
- To access EFAP, call 1-800-667-0993 or check www.fseap.bc.ca or www.surrey.ca/SFSWellness for information.

Workplace Safety

General

SFS operates with the highest level of safety for all employees, in order to reduce and prevent injuries, accidents and property damage. Operational Guideline 1.05.04 outlines the department's responsibility for informing employees of the mandate of WorkSafeBC to enforce regulations for safe work practices. This includes ensuring employees are aware of known or foreseeable health and safety hazards at work, and providing training in safe work practices.

For their part, employees are expected to know safe working procedures – as outlined in the employer's Operational Guidelines, Policies, and Employee Safety Handbook – and to perform their duties in a safe manner at all times. They are also expected to report and assist in correcting unsafe conditions and activities, and to work collectively towards the prevention of accidents.

Officers serve a key leadership role influencing the behaviour of their crews. Subordinates are not empowered to compromise safety procedures, and supervisors are required to follow up on any compromises to safety.

We observe these principles:

- We may risk our lives within a structured plan to save “saveable” lives.
- We will not risk our lives to save property.
- We will not risk our lives to save lives that are already lost.

Vehicle operation:

Drivers of apparatus shall obey all traffic and vehicle rules and regulations as defined by SFS policy and the *Motor Vehicle Act*. While driving non-emergency, the driver shall operate the vehicle in a courteous and safe manner. A true professional does not place people at risk in order to save a few seconds of travel time.

Fitness for duty:

- Employees shall not report for duty or be permitted to report for duty if their ability is impaired by the use of any intoxicating substances.
- Employees shall not consume any intoxicating beverage or drug while on duty.
- Employees shall report to work rested, nourished and fit for duty.

> **USER GUIDE:**

Additional information: Collective Agreement article 6.16, Occupational Health and Safety Program, Operational Guidelines: 1.05.04 (WCB Worksite Safety Enforcement), 5.01.01 (Alcohol & Drugs, [Appendix K](#)), 5.06.06 (Alcohol Consumption) and 1.06.03 (Vehicle Response Safety, [Appendix L](#)). Find OGs on: [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#).

Preventing Injuries on the Fire Ground

Incident Command

A strong Incident Commander will enable personnel to operate efficiently during an incident in a safe and coordinated manner. All supervisors will be trained in the Incident Command System and are expected to keep their ICS skills sharp so they become so well developed, it is done subconsciously.

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> USER GUIDE:

Information on the Incident Command System may be found in Operational Guideline 2.02, on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#)

Situational Awareness

Situational awareness is understanding the current environment and being able to accurately anticipate future problems to enable desirable outcomes or effective action. An analysis of 955 near-miss reports highlights that 91% of those reports identified situational awareness as a contributing factor.

All firefighters should be aware of the dangers present in the culture of firefighting (including the challenges of responding to unknown circumstances or assumed routine incidents) and should make themselves familiar with the terms High Reliability Context, Hyper-Masculine Orientation, Hero Orientation and Veteran-Centric Milieu.

> USER GUIDE:

For more information, search for “Reframing Situational Awareness within the Fire Service Culture” (by Dr. Martha Dow, Len Garis and Larry Thomas, University of the Fraser Valley, Sept 2013) at <http://cjr.ufv.ca>.

Firefighter Injury Trends

A study of 1,283 firefighter injury claims in B.C. between 2009 and 2014 revealed patterns that can be utilized to prevent injuries on the fire ground. Officers directing the work of others during responses should consider the following when assigning tasks:

- Overexertion caused almost 37% of all injuries, followed by falls (18%) and exposure (16% injuries).
- Firefighters ages 40-44 had the highest rate of injury (25% of all reported injuries).
- Firefighters ages 35-44 had a higher incidence of falls than younger firefighters.
- Firefighters ages 40-44 had a higher incidence of being struck by objects and smoke inhalation.
- Half of injuries took place in December, January, April and July.
- Injuries were more likely to occur in the late evening and early morning.

> USER GUIDE:

For more information, search for “Firefighter Injuries in British Columbia: An Examination of Frequency, Severity, Locational and Temporal Aspects” (by Alex Tyakoff, Len Garis and Larry Thomas, University of the Fraser Valley, 2015) at <http://cjr.ufv.ca>.

Occupational Health and Safety Committee / Program

The department has an active Occupational Health and Safety Committee that consists of three elected members from the union/department membership and two appointed representatives from the department administration. The committee engages in various health and safety initiatives and also oversees the Occupational Health and Safety Program. The committee is mandated by WorkSafeBC, and the terms and mandate are documented in WSBC regulations.

The program includes the distribution of posters to each station every two months on different preventative health and safety initiatives targeted at firefighters and SFS employees.

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> USER GUIDE:

- Find the Committee and terms of reference information on [CityNet > Surrey Fire Services > Operations > OHS Safety Committee](#).
- View the City of Surrey Employee Safety Handbook on [CityNet > Surrey Fire Services > Operations > Document > OHS Safety Committee > Employee Safety Handbook](#).
- The WorkSafeBC Occupational Health and Safety Regulation can be found at www2.worksafebc.com > Publications > OHS Regulation.

Communicable Diseases

Influenza Control Program

The intent of this program, covered by OG 1.01.15, is to reduce the transmission of influenza (flu) to/from first responders to/from vulnerable patients, co-workers, families and others.

Every flu season is different, and influenza can affect people differently. Even healthy people can get very sick from the flu and require hospitalization. Health professionals recommend people over the age of six months get vaccinated every year. The seasonal flu vaccine protects against the top three influenza viruses that research indicates will be the most common during the upcoming flu season.

SFS provides flu shots every year and encourages all employees to get vaccinated.

Requirement:

All first responders who may reasonably be expected to provide direct patient care, and all fire service personnel who may be required to enter a patient care facility, must wear a surgical/procedure mask during flu season when in direct patient contact (within two metres) or entering any patient care facility **unless they have received a flu vaccination for the current flu season**. Flu season is typically from the end of November until the end of March, unless otherwise determined by the Provincial Health Officer.

> USER GUIDE:

- All personnel covered by the policy will be provided the opportunity to receive a flu vaccine.
- Personnel who elect to receive a flu shot must sign a consent form that will be kept in a confidential file maintained by the Deputy Chief responsible for Human Resources, or designate.
- Those who do not get vaccinated are responsible for maintaining their mask in good condition.
- The masks are intended only for flu exposure and do not protect against other airborne exposures.

See OG 1.01.15 on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#).

Pre-Exposure Precautions for Communicable Diseases

OG 1.08.01 outlines standard pre-exposure precautions to be taken by all personnel who have direct contact with patients. Procedures address the following:

- Blood and body fluids (wet incidents)
- Decontamination of equipment
- Exposed responders / washing of exposed skin
- Infectious patient information
- Immunizations
- Needles
- PPE – three levels based on patient condition, symptoms and environment
- Precautions – gloves, disposable PPE
- Respiratory resuscitation

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> USER GUIDE:

See OG 1.08.01 in [Appendix M](#) and on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#).

SFS Infectious Disease Exposure Manual

In the event an employee is exposed to a potential infectious disease, they must take proactive measures to reduce their risk of exposure and contracting the disease.

The SFS Infectious Disease Exposure Manual explains the steps and processes required to protect your health, including:

- Documentation of patient information and identification.
- Following the patient to the hospital for risk exposure assessment by a doctor.
- Notifying the Duty Chief as soon as possible.
- Completing the proper injury/exposure report form and submitting it electronically as soon as possible.
- Completing the teleclaim report.

> USER GUIDE:

- See SFS Infectious Disease Exposure Manual on [CityNet > Surrey Fire Services > Operations > Infectious Disease Exposure info](#).
- See the BC Centre for Disease Control’s “Communicable Disease Control – Blood and Fluid Exposure Management” on [CityNet > Surrey Fire Services > Operations > Infectious Disease Exposure info](#) or at www.surrey.ca/SFSWellness.

Decontamination

- Personal decontamination should be practiced after EVERY encounter with hazardous products including smoke, soot, ash, body fluids, or chemical contaminants.
- Good decontamination procedures will protect you, your crew and your family from secondary contamination, which can cause breathing disorders and cancer.

> USER GUIDE:

At the fire ground:

- Leave the hazard area.
- Do a gross field decon if there is soot or particulates on your PPE.
- Rinse from head to toe with a low-pressure hose line and wash exposed skin with soap and water
- Limit exposures to that which is necessary.
- Change out of contaminated station clothing as soon as possible.

At a MESA call:

- Clean up the response scene.
- Remove PPE and dispose of safely.
- Wash hands with soap and water if possible and use hand sanitizer.

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At the station:

- Remove any contaminated clothing; launder at station (do not take home or store in vehicle).
- Immediately after return, take a personal hygiene shower (fire) / thoroughly wash hands (MESA).
- Put on a clean uniform.
- Thoroughly clean gear, PPE and vehicle interior.
- Complete an injury report if required.
- Keep PPE out of living quarters. Between shifts, store PPE in the gear room.

Hearing Testing and Protection

Each February, SFS brings in a WorkSafeBC-accredited company to test the hearing of all staff over a three-week period. The results are saved by WorkSafeBC. SFS also provides hearing protection in all noisy workplaces and reminds employees to use it.

Incident Safety Officer

An Incident Commander must either assume the responsibilities of an Incident Safety Officer (ICS) or appoint one to be responsible for personal safety at a scene. Operational Guideline 2.02.12 outlines the procedures related to the ICS, including:

- Assessment of safety risks
- Rapid Intervention Team
- Reporting
- Post-incident Safety Reports

> USER GUIDE:

See OG 2.02.12 on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#).

Protective Equipment – PPE & SCBA

The department provides Personal Protective Equipment (PPE) and Self Contained Breathing Apparatus (SCBA) to employees for their protection.

OG 1.03.01 (Personal Protective Clothing) outlines the requirements for the use, maintenance and storage of PPE by all personnel involved in emergency incidents or training exercises.

OGs 2.07 (Self Contained Breathing Apparatus) and 2.07.01 (Working in Areas with Hazardous Atmospheres) outline the requirements for the use, care and maintenance of SCBA equipment by personnel required to wear the equipment.

> USER GUIDE:

- All PPE must be worn by personnel according to the guidelines in OG 1.03.01.
- All PPE must be issued and approved by the department. Alterations are prohibited.
- All PPE must be inspected annual and repaired as required.

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- SCBA must be used at all times where a firefighter or investigator could encounter hazardous atmospheres, including oxygen deficiency, elevated temperatures, smoke or toxic atmosphere. The decision to use SCBA is made by the Officer in Charge, not the individual firefighters.
- SCBA must be worn and maintained according to the SFS Respiratory Protection Program.
- Employees must take reasonable care to protect their health and safety while carrying out their duties.

Refer to OGs 1.03.01, 2.07 and 2.07.01 on [CityNet > Departments > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#).

OG 1.03.01 (PPE) can be found in [Appendix N](#) and 2.07.01 (Hazardous Atmospheres) in [Appendix O](#).

Rehabilitation

Crew members will be provided with rehabilitation services at the fire scene when incident duration, weather extremes and/or working conditions will lead to fatigue, ineffectiveness and unsafe work practices. The Incident Commander will establish a Rehabilitation Division with an Officer in charge of shelter, food and/or fluids, and staffed by personnel from other services (e.g. EHS, RCMP, Social Services or Salvation Army).

Officers should be cognizant of their crew member capacities and rehab requirements during incidents.

A number of Operational Guidelines outline the required rehabilitation procedures, including:

- 1.04.02 Provision of Food and Fluids at Emergency Incidents
- 1.04.02.01 Bottled Water for Rehab
- 1.04.02.02 Level 1 Rehabilitation (1st and 2nd alarm incidents)
- 1.04.02.03 Level 2 Incident Rehabilitation (3rd alarm or greater)
- 1.04.02.03.01 Clothing/Rehab Vehicle
- 1.04.02.03.02 BCAS Heat Stress/Rehydration Procedure
- 1.04.02.03.03 Sanitation Facilities for Rehab

> USER GUIDE:

View rehabilitation OGs on [CityNet > Departments > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#).

Resources

General Information

Internal:

- Surrey Fire Service Professional Standards Manual – [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > SFS Policies](#).
- Wellness Fitness Program information – [CityNet > Surrey Fire Services > Wellness > SFS and IAFF Wellness Fitness Initiative](#) or at www.surrey.ca/SFSWellness.
- City of Surrey Employee Safety Handbook – [CityNet > Operations > OHS Safety Committee > Employee Safety Handbook](#).

External:

- Study “Firefighter Injuries in British Columbia: An Examination of Frequency, Severity, Locational and Temporal Aspects” (by Alex Tyakoff, Len Garis and Larry Thomas, University of the Fraser Valley, 2015) – search at <http://cjr.ufv.ca>.
- Webpage “Fit to Survive – The Fire Fighter’s Guide to Health and Nutrition” (IAFF Fire Service Joint Labour Management Wellness-Fitness Initiative) – www.iaff.org/hs/fts

Cancer

Internal:

- Medical Evaluation pages from Wellness Fitness Manual – [Appendix I](#)
- Medical screening letter: Developed by an oncologist for firefighters to take to their doctors to request early medical screening based on their profession. [Appendix G](#) or download – www.surrey.ca/Cancer_Screening
- Brochure *Firefighters & Cancer: What You Can Do to Reduce the Risk* – [CityNet > Surrey Fire Services > Wellness](#)

External:

- Study “Firefighters and Cancer: Understanding Risk Factors within an Environment of Change” (by Martha Dow, Kenneth Kunz, Len Garis and Larry Thomas, University of the Fraser Valley, 2015) – search at <http://cjr.ufv.ca>.

Nutrition

External:

- Canada’s Food Guide – www.healthcanada.gc.ca/foodguide
- Webpage “Fit to Survive – The Fire Fighter’s Guide to Health and Nutrition” – menu planner, eating on the run info (IAFF Fire Service Joint Labour Management Wellness-Fitness Initiative) www.iaff.org/hs/fts

Sleep

External:

- Article “Firefighter sleep: 7 ways to improve your crews’ sleep and safety” (by Linda Willing, *FireRescue1*, Dec. 1, 2014) – Search at www.firerescue1.com
- Article “The trouble with sleep: A hidden hazard to firefighters’ health” (American Addiction Centres blog, Dec. 30, 2014) – <http://americanaddictioncenters.org/blog/trouble-sleep/>
- Webpage “Sleep Deprivation” – including study, quiz and videos (International Association of Fire Chiefs) www.iafc.org/sleep

Contacts

- Peer fitness trainer contact information – [CityNet > Surrey Fire Services > Wellness > SFS and IAFF Wellness Fitness Initiative](#).
- SFS Occupational Health & Safety Committee contacts – [CityNet > Surrey Fire Services > Operations > OHS Safety Committee](#)
- City Occupational Health & Safety Program:
 - Manager, Occupational Health & Safety: 604-591-4658
 - Occupational Health & Safety Specialist: 604-591-4329
- Employee Family Assistance Program – 1-800-667-0993 or www.fseap.bc.ca

Social & Spiritual Wellness

Nurturing Your Spirit

The importance of social and spiritual wellness should not be overlooked when considering our overall health and wellness.

Social wellness is about making connections to other people around you. Camaraderie between colleagues, close relationships with family and friends, and helping others through volunteer work all contribute to a person's social wellness.

Spiritual wellness is about exploring the meaning and purpose of life. In many cases, spiritual and social wellness will overlap.

Activities that promote social and spiritual wellness nurture the spirit and lead to a greater sense of belonging and happiness.

This chapter provides information about opportunities for social and spiritual wellness, including community involvement (volunteering), a Fire Chaplain and a Faith Group.

It's important to note that many recreational activities (e.g. team sports) can also be socially rewarding – see the [Recreation page in the Physical Health section](#) for more information.

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Tip:

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Community Involvement

It has been well established that participating in community or charity events plays an important role in overall personal wellness. For firefighters, the volunteer work we perform not only helps to fill a genuine need, but also builds greater fellowship among employees.

As the late Retired Fire Chief Al Cleaver used to say: “Get out and volunteer. It is good for the soul.”

SFS has a rich history of being closely intertwined in the community we serve. The Surrey Fire Fighters Association strongly encourages its members to volunteer and organizes a variety of charitable events and programs through its charitable society, which has a special focus on Surrey’s children, youth and families.

Employees may also find rewarding volunteer opportunities outside the department that align with their interests.

Surrey Fire Fighters’ Charitable Society

Founded in 1994, the Surrey Fire Fighters’ Charitable Society is 100% run by volunteers (mostly Surrey firefighters) and supports over 50 community-based programs in Surrey. Every dollar raised goes back to the community.

Fundraising activities include an annual boot drive, the Mayor’s Charity Ball, payroll deductions, sports tournaments (golf, hockey and soccer), the Ignite a Dream beer and wine tasting event, donations, a thrift store and other events.

Funds raised are used to:

- Provide relief from poverty.
- Assist members of the community affected by traumatic wounds, injuries or episodes.
- Support medical and health care research.
- Provide bursaries for community service.
- Sponsor programs that promote staying in school.
- Deliver programs that offer positive life experiences and enhance self-esteem.

> USER GUIDE:

- Learn more about the Surrey Fire Fighters’ Charitable Society at <https://surreyfirefighters.com/charitablesociety>.
- Learn about City of Surrey volunteer opportunities at www.surrey.ca/volunteer.

IAFF Local 1271 Fire Chaplain

Local 1271 provides a chaplain to assist firefighters and their families in times of crisis and to support them with their spiritual needs. All SFS chaplains are certified chaplains with the Association of Professional Chaplains.

The following outlines the general guidelines for the chaplain role.

- The chaplain is responsible for providing non-denominational religious, spiritual and emotional support to union employees and their families.
- While chaplains are not generally licensed counsellors, they are prepared to help people with various life challenges related to work, family, substance abuse and grief. For matters requiring professional support, chaplains will refer individuals for long-term professional counselling and therapy.
- All communications with a chaplain or chaplain assistant are strictly confidential and known as “privileged communications.” These communications cannot be disclosed with anyone else without the written permission of the person receiving counselling.
- With the agreement of the Fire Chief and Union President, the chaplain may represent the Fire Service at public events, department functions, and funeral or memorial services.
- Chaplains may also advise the Chief and Union President on matters of morality and integrity within the SFS.

> USER GUIDE:

- Contact the chaplain through your MFAP team peer members or the Employee Assistance Phone List on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).

Faith Group

An informal, non-denominational, non-political group that meets monthly and is open to all members. They discuss and examine practical life issues from a spiritual perspective and support one another through prayer in an effort to increase self-esteem and strengthen marriages, relationships and faith.

> USER GUIDE:

- Contact faith group members through the Employee Assistance phone list on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).

Resources

- Website: Surrey Fire Fighters' Charitable Society – <https://surreyfirefighters.com/charitablesociety>
- Website: City of Surrey volunteer opportunities – www.surrey.ca/volunteer

Contacts

- Chaplain – Contact through your MFAP team peer members or the Employee Assistance Phone List on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).
- Faith Group – Contact through the Employee Assistance Phone List on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).

Benefit Plans

Coverage for You and Your Family

Employees and their families have a number of options for professional counselling and extended health services.

- IAFF Local 1271 members and their families may access a variety of confidential counselling services and crisis support through the Member Family Assistance Program (MFAP).
- As City of Surrey employees, SFS employees and their families may also access professional counselling services along with 24/7 crisis support through the Employee Family Assistance Program (EFAP).
- All City of Surrey employees receive extended health, dental, insurance and other benefits through Manulife.
- Basic medical coverage is provided by Health Insurance BC (Medical Services Plan).

This chapter provides an overview of the benefit plans available to SFS employees, along with access information.

No SFS employee in urgent need will be denied counselling or support. If you need help after your allowances have run out, contact your MFAP Team Peer Member, the Employee Support Team or your superior for help.

Employee Support Team

Case management, intervention and other crisis support beyond the scope of these plans is available to union members through the Employee Support Team.

See the [Employee Support Team section](#) in the Mental Wellness chapter for additional information. A list of names and contact information is available on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).

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Tip:

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SFS employees are responsible for being aware of the following policies or operational guidelines.

Operational Guidelines

Found on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > Operational Guidelines](#).

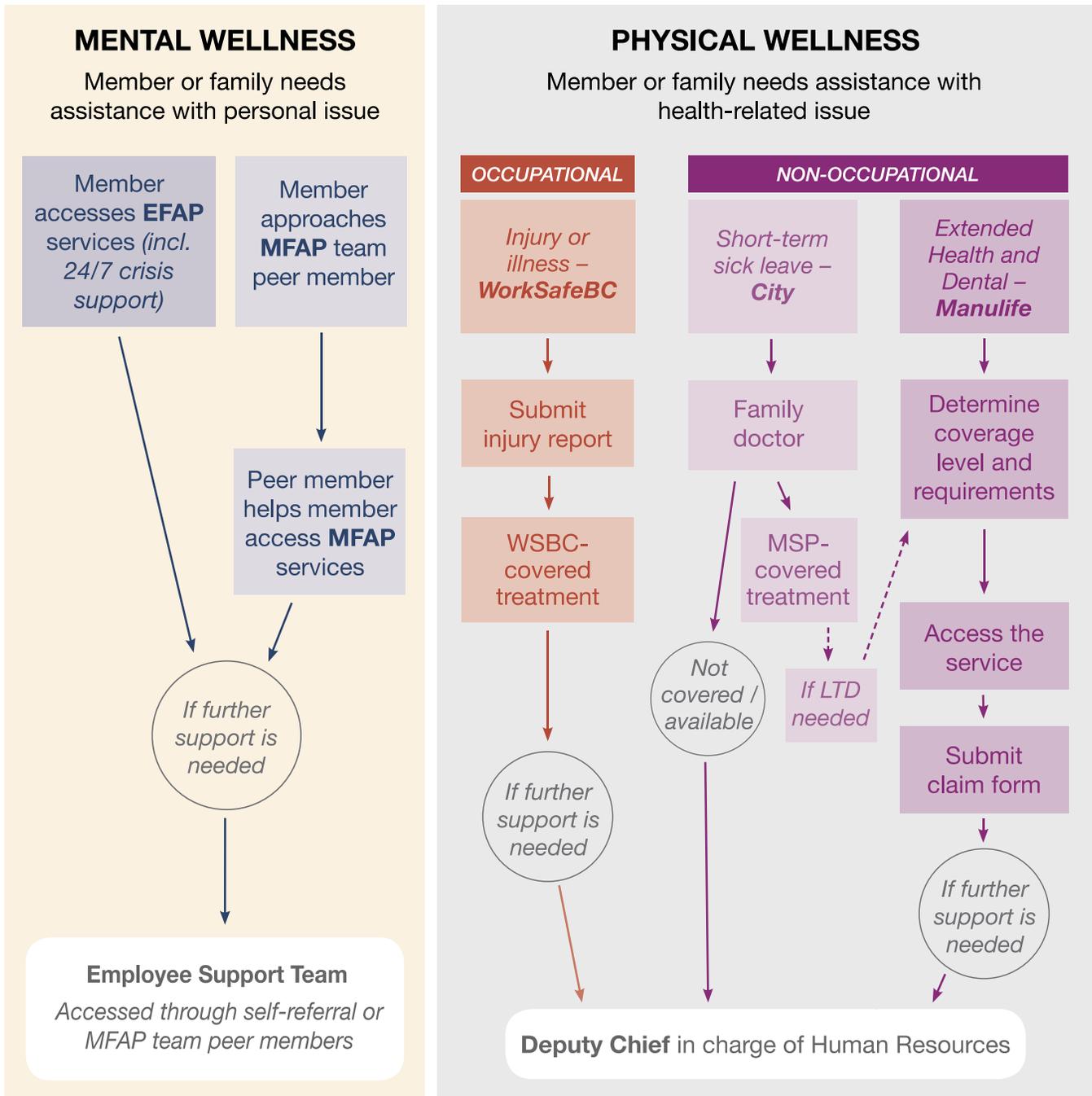
- 5.02.05.03 – Employee Assistance Programs

BENEFIT PLANS

PROGRAMS & SERVICES

Benefits Access Flowchart

Information about the services below is provided in this chapter.



MFAP = Member Family Assistance Program
EFAP = Employee Family Assistance Program

Manulife = City benefits provider
LTD = Long-term disability

BENEFIT PLANS

PROGRAMS & SERVICES

Member Family Assistance Plan

The Member Family Assistance Plan (MFAP) is available to all members of IAFF Local 1271. MFAP provides union members with confidential support to deal with personal issues in a proactive way before they become disruptive to them, their families, and their workplace.

MFAP services are 100% confidential. Nothing you say to your counsellor will be divulged to your colleagues or superiors.

The program is co-funded by the City and Local 1271, and is an additional service beyond the Employee Family Assistance Program available to all City of Surrey employees. MFAP services address most issues that can lead to emotional distress, including:

- Family or relationship issues
- Depression
- Substance abuse
- Trauma / critical incident stress
- Stress or anxiety caused by either workplace or personal issues
- Anger management
- Financial difficulties

MFAP provides for up to \$600 per union member, spouse or family member per year, to a maximum of \$1,200 per family per year.

How it Works:

1. Union member approaches an MFAP team peer member about counselling or personal issues.
2. MFAP peer member listens without trying to fix the problem, and asks if the member has a counsellor in mind or will need a recommendation.
3. Peer team member gives the member an MFAP forms package pre-printed with a client number. From this point on, the client number will remain confidential with the peer team member. All correspondence in regards to this member will be identified only by the client number.
4. All correspondence and billing for this client should be handled by the referring peer team member.
5. The MFAP team coordinator can be contacted for any questions or problems that might arise.

> USER GUIDE:

- Contact your MFAP team peer member to access MFAP counselling. A list is posted at every hall and on [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#)
- For more information, see the Collective Agreement, article 6.17

BENEFIT PLANS

PROGRAMS & SERVICES

Employee Family Assistance Plan

The Employee & Family Assistance Program (EFAP) provides all City of Surrey employees and their families with confidential support for personal issues as well as 24/7 crisis intervention.

This program is cost-shared between the City of Surrey and the Unions, and is intended to **complement** existing programs such as MFAP and Critical Incident Stress programs. It is delivered by the Family Service Employee Assistance Program, the largest non-profit provider of EFAP services in Canada.

EFAP services are completely confidential. Personal information about the client or situation will never be shared with the employer, the IAFF or its representatives.

EFAP provides up to five sessions per employee, spouse or dependent family member per year.

EFAP Services:

- **24-hour immediate telephone support** by Master's-level counsellors who can provide immediate crisis counseling and referrals.
- **Professional confidential assistance** for a wide range of issues, including:
 - Couple and marital relationships
 - Issues related to work, career or family
 - Stress and anxiety
 - Depression
 - Concerns about child care or aging relatives
 - Financial and legal concerns
 - Misuse of alcohol and drugs
 - Bereavement
 - Trauma/critical incidents
- **Personal counselling sessions** – in person or by phone, as preferred by the client – including assessment, short-term counselling support and follow-up.
- **Prompt referrals** when longer-term treatment is required.
- **Integrated work/life services** delivered by phone or online, including:
 - Career counselling
 - Child/eldercare consultation
 - Financial coaching and credit counselling,
 - Health coaching
 - Legal consultation
 - Life coaching
 - Nutritional counselling
 - Resource kits (family stages)
 - Smoking cessation support
- **Online resource library** at www.fseap.bc.ca that offers articles, newsletters, e-books, learning modules and web links, allowing clients to study in private at their own pace. Each topic includes an overview, resources and strategies for personal change and development. The following and other topics are covered: Eldercare, healthy weight, job and career resources, mental health (depression, anxiety etc.), mid-life, nutrition and healthy diet, parenting and family, relationships and smoking cessation.

> USER GUIDE:

- For referrals to counselling or 24/7 crisis support through EFAP, call 1-800-667-0993.
- EFAP info can also be found at www.fseap.bc.ca or www.surrey.ca/SFSWellness.

BENEFIT PLANS

PROGRAMS & SERVICES

City Benefits Plan

IAFF full-time employees receive the following benefits through Manulife.

- **Extended health:**
 - \$25 deductible for year per family (not applicable to hospital or vision).
 - \$1 million lifetime limit per person.
 - 100% reimbursement of eligible expenses for glasses, contact lenses, eye corrective surgery, eye exams and emergency travel insurance. Other expenses: 80% for first \$1,250 per calendar year, 100% thereafter.
 - Eyes:
 - Exams: \$100 per calendar year, by an ophthalmologist or licensed optometrist
 - Glasses/contact lenses: \$500 for any 24-month period
 - Laser eye surgery: \$2,000 per eye per person
 - Medications:
 - Prescriptions: After deductible is paid, the plan will reimburse you for medically necessary drugs that require a prescription from a licensed physician or dentist and are dispensed by a licensed pharmacist.
 - Oral contraceptives: After deductible is paid, the plan will reimburse you up to a maximum of \$200 per family per calendar year if prescribed for contraceptive purposes, otherwise no maximum applies.
 - Paramedical practitioners: After deductible is paid, the plan will reimburse you for a maximum per year of \$1,500 for reasonable and customary charges for the following **licensed** practitioners: acupuncturist, naturopath, chiropractor, speech therapist, physiotherapist, massage therapist (must be ordered by doctor), podiatrist and chiropodist.
 - Hearing aids: After deductible is paid, the plan will reimburse you for eligible expenses, up to \$1,500 per adult over five calendar years (including repairs), and up to \$1,500 per child per calendar year.
 - Wigs: After deductible is paid, the plan will reimburse you for eligible expenses, up to \$500 per lifetime. Does not require a doctor's order.
 - Breast prostheses: After deductible is paid, the plan will reimburse you for eligible expenses, up to \$200 per person per calendar year.
 - Emergency travel insurance: Provides out-of-country emergency medical travel insurance. Brochures and wallet cards can be downloaded from www.manulife.ca/planmember or [CityNet > Surrey Fire Services > Administration > Benefits](#).
- **Dental:**
 - Level I & II: 100% reimbursement of eligible expenses. Includes cleanings, checkups, fillings, extractions, root canal therapy, root canal fillings, and space maintainers for missing primary teeth. Surgery and related anaesthesia, inlays and onlays covered under Level II.
 - Level III & IV: 85% reimbursement of eligible expenses. Includes crowns and crown repairs, repairs of bridges or dentures, rebase or relines of existing dentures, construction and insertion of bridges or standard dentures.
 - Level V: 75% reimbursement of eligible expenses with a lifetime maximum of \$7,500 per person. Includes comprehensive orthodontic treatment, using a removable or fixed appliance, or combination of both. It is recommended that you obtain a predetermination from Manulife for any major procedural expense.

BENEFIT PLANS

PROGRAMS & SERVICES

- **Basic life insurance:** In the event of your death, your beneficiaries will receive three times your annual base salary.
- **Long-term disability insurance (LTD):** See www.manulife.ca/planmember for details.
- **Optional life insurance:** Employees may purchase up to \$300,000 ea. for themselves and/or spouse.
- **Optional accidental death and dismemberment (AD&D) insurance:** Employees may purchase up to \$300,000 for themselves only or family.

Additional coverage:

- **Psychological treatment:** IAFF Local 1271 members are eligible for counselling from a registered psychologist or psychiatrist, 80% reimbursement for up to \$1,250 per union member and each family member per year.
- **Short-term disability:** The City Sick Leave Plan (your short-term disability plan) is available when you are too sick to work. Each month, 1.5 days are accrued in your sick bank, which can be used for pay replacement while off on day-to-day illnesses. If your sick bank is depleted before a LTD claim becomes effective, Service Canada provides employment insurance benefits for approved sick leave, up to 15 weeks (documentation may be required).

Coverage Start and End Dates:

- Coverage by Health Insurance BC (Medical Services Plan) begins the first day of the month following the month you are hired, and ends at the end of the month in which your employment ends.
- All benefits provided through Manulife (including optional) begin three months after the date of your hire, or the next day on which you are actively working.
- Extended health and dental end the date your employment ends.
- Life, optional life and optional AD&D insurance end the date your employment ends or upon reaching age 60 (age 70 for support staff), whichever is sooner.
- Long-term disability ends the date your employment ends or upon reaching age 60 (age 65 for support staff), whichever is sooner.
- If you terminate your employment and are under age 70, you may transfer your extended health, dental, basic life, optional life, and optional spousal life to a private plan with Manulife Financial.

Making a Claim:

- You must complete a health claim form and submit it to Manulife along with original receipts. Extended health and dental claim forms are available through www.manulife.ca/planmember or [CityNet > Surrey Fire Services > Administration > Benefits](#).
- Go to www.manulife.ca/planmember to set up direct deposit to your bank account for reimbursements, and to claim your dental and some paramedical expenses online.

> USER GUIDE:

- View the brochure in [Appendix P](#) or on: [CityNet > Surrey Fire Services > Administration > Benefits](#)
- For info, to make a claim or check claim status: 1-855-978-7739 or www.manulife.ca/planmember.

Resources

- Surrey Benefits Plan brochure – [Appendix P](#) or [CityNet > Surrey Fire Services > Administration > Benefits](#)
- Manulife information and claim forms – www.manulife.ca/planmember
- Member Family Assistance Program information – [CityNet > Surrey Fire Services > Wellness](#)
- Employee Family Assistance Program information – www.fseap.bc.ca or www.surrey.ca/SFSWellness.
- Health Insurance BC (Medical Services Plan website – www.gov.bc.ca/msp

Contacts

- Member Family Assistance Program team members – see list posted at halls or [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#).
- Employee Support Team contacts – [CityNet > Surrey Fire Services > Wellness > Employee Assistance Phone List](#)
- Employee Family Assistance Program 24/7 crisis support or counselling referrals – 1-800-667-0993
- Manulife – 1-855-978-7739 or www.manulife.ca/planmember
- Health Insurance BC (Medical Services Plan) – 604-683-7151

Education

Wellness Education for Employees

SFS provides employees with education about programs and services with the intent of improving their wellness.

This chapter includes information about the Attendance Management Program along with programs designed to improve officer and recruit awareness of the department's Critical Incident Stress and mental health services.

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Tip:

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POLICIES & OPERATIONAL GUIDELINES

SFS employees are responsible for being aware of the following policies or operational guidelines.

Policies

Found on [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > SFS Policies](#).

- Surrey Fire Service Attendance Management Program

Attendance Management Program

The Attendance Management Program (AMP) is a joint union/management program that helps union members proactively deal with persistent health issues that affect their attendance at work. When members experience high levels of absenteeism, the program gives them the opportunity to deal with any health issues themselves or through resources available from the employer. The SFS and Local 1271 were pioneers in implementing an AMP, as both parties realized the value of working together to assist employees with health issues. There have been numerous success stories since the AMP started in the early 2000s.

The program is a win-win for all the parties involved, helping to address underlying health issues while promoting high standards of attendance. High levels of absenteeism disrupt SFS operations and increase costs through replacement wages, benefits and training. The AMP is based on the principle that members are responsible for attending work on time, for each scheduled workday. The department strives to administer the program in a fair and consistent manner, with consideration to both the department and the wellness needs of members.

While administrating the AMP, SFS will offer additional assistance to members if the root cause of their absenteeism is determined to be a health and wellness issue, such as awaiting a medical procedure, substance abuse, a chronic health matter or the need for counselling.

The program was developed with input from IAFF Local 1271, City of Surrey Human Resources and Surrey Fire Service through a labour/management process.

The program is not meant to be punitive, but is instead designed to help members with high absenteeism reduce their absences to acceptable levels. In some cases, the program will trigger a member to address an underlying wellness issue that is affecting their life in a negative way.

How it Works

Each January, the absenteeism of all members is reviewed and a list compiled of those who exceed acceptable levels within their division. The list is discussed with a Local 1271 representative, then finalized.

- First step: Members placed on the list with Local 1271 knowledge are sent Absenteeism Awareness Notices informing them that they are on the AMP list because their absenteeism exceeds the acceptable threshold. In most instances, members are able to return to more normal levels of absenteeism and no further contact is required. Members are encouraged to contact a member of the union executive or the employer if they require assistance in dealing with a health issue.
- Second and third steps: If high levels of absenteeism continue, members attend counselling meetings with an exempt Chief to discuss what can be done to improve the member's attendance. The member is again offered support to deal with the underlying cause.
- Fourth step: If the problem continues, members meet with the Human Resources manager and exempt Chief, who give them a final warning and again offer help to address the cause of the absenteeism. A union representative will also attend the meeting.
- Fifth step: Members meet with the HR Manager, exempt Chief and their union representative, and their continued employment status will be determined.

New members: SFS may meet with new members with high levels of absenteeism at any time and offer to assist them, with the intent of preventing them from entering the program.

> USER GUIDE:

For more information, the Surrey Fire Service Attendance Management Program document can be found on CityNet at [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > SFS Policies](#).

Officer Awareness of Critical Incident Stress

New Officer Training

New Officers receive a Critical Incident Stress (CIS) overview during their in-house training. The overview stresses that their role has changed from firefighter to Officer, and they are now responsible for a crew, not just themselves.

New Officers are in the best position to establish a “new normal” in the department, making SFS a place where all employees know it’s OK to seek help and understand how to do so. As we learn more about CIS and the long-term effects, we will look to our Officers to assist in changing the culture to be more tolerant and proactive, and one that is more likely to utilize crew talks, defusings, and debriefings.

New officers also receive several hours of training through the Justice Institute of B.C. course Frontline Leadership, which covers:

- Role of the Company Officer in safety, health and wellness
- Types of Interventions
- The value of CISM (CIS Management)
- Health
- Stress
- Critical Incident Stress
- Critical Incident Stress Management

Critical Incident Stress Management Training for Officers

Training specifically on CISM is now in development for both new and existing Officers, covering:

- Awareness of CIS issues
- Recognition of symptoms
- Confidentiality
- Responsibilities of an Officer
- Requesting a defusing
- Conducting crew talks

This section will be updated once the course is developed.

> USER GUIDE:

- For additional information, speak to the Chief in charge of training.
- Read more about the department’s [Critical Incident Stress program and services](#) in the Mental Wellness chapter.
- Document “Staying Emotionally Healthy in the Fire Service – What You and Your Family Should Know” can be found on [CityNet > Surrey Fire Services > Wellness](#) or at www.surrey.ca/SFSWellness.

Recruit and Partner Awareness Program

New recruits are provided with education about [Critical Incident Stress](#) (CIS) management and the [Member Family Assistance Program](#) (MFAP) with the intent to promote their mental wellness throughout their careers.

Recruits and their partners are also provided with CISM/MFAP training, in the belief that incorporating family members into this discussion early will enhance the long-term mental wellness of employees on and off the job.

The education provided to new recruits and their partners:

- Ensures they understand and know how to access the MFAP and its services.
- Raises awareness about the traumatic and stressful aspects of the job and encourages employees and their families to seek help when they need it.
- Encourages new employees to do an annual inventory with their partners about their physical and mental states, and to consider the long-term effects of the workplace traumas and stress.
- Provides employees and their families with resources to help the manage the stress that comes with life in the fire service.

> USER GUIDE:

- New recruits are encouraged to become thoroughly familiar with the contents of this manual to ensure their long-term health and wellness.
- Document “Staying Emotionally Healthy in the Fire Service – What You and Your Family Should Know” can be found on [CityNet > Surrey Fire Services > Wellness](#) or at www.surrey.ca/SFSWellness

Resources

- Surrey Fire Service Attendance Management Program document [CityNet > Surrey Fire Services > Administration > Policies, Directives & Guidelines > SFS Policies](#)
- See the Resources & Contact sections of the earlier chapters.

Contacts

- Recruit and officer training: Chief in charge of training
- Attendance Management Program: Chief in charge of Human Resources

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APPENDICES

Appendix A

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Employee Support Team	O.G. # 5.02.05.04	Page 1 of 1
	Eff. August, 2, 2016	Init. of FC

PURPOSE: To provide additional support for members requiring a greater level of psychological or psychiatric care than the standard policies provide.

SCOPE: All Fire Department Personnel

POLICY: The Surrey Fire Service recognizes the current limits for counselling and psychological or psychiatric care may be insufficient to treat all injuries or conditions. An Employee Support Team has been established to review situations where the Employer may provide additional support.

PROCEDURE: The Employee Support Team (EST) will consist of an equal number of Exempt and Union members and one Mental Health Professional.

Any MFAP contact or EFAP provider that receives a request for access to more services than the policy is intended to cover, may forward a request to the EST for consideration of additional sessions.

The EST will review all requests and make a timely decision. The Mental Health Professional will review the file to ensure the member is receiving the appropriate care and/or treatment and may recommend alternative care. This is a case management model. The EST will determine what the additional support will entail, including the number of sessions approved and the amount of coverage the Employer will pay per session.

<hr/> Signature of Fire Chief	This O.G. Replaces: New Issued on: August 2, 2016
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Appendix B

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Critical Incident Stress (CIS)	O.G. #5.02.05.01	Page 1 of 7
	Eff. August 2, 2016	Init. of FC

PURPOSE: To provide a means for addressing the mental and physical health effects of Surrey Fire Service personnel exposed to potentially traumatic incidents.

SCOPE: All Surrey Fire Service Members.

POLICY: All members shall be provided the opportunity to participate in a process that reduces the effects of Critical Incident Stress arising from witnessed and/or physically threatening incidents that are considered by the employee as stressful and/or traumatic.

Any member may seek professional assistance to deal with the emotional and physical stress of attending an incident by calling Worksafe directly at 1-888-922-3700. The initial phone call and 6 visits to a psychologist are provided in a confidential manner.

OVERVIEW:

Psychological stress reactions related to physical and witnessed trauma is complex. In an effort to mitigate the lasting impact of psychological stress the Surrey Fire Service has identified four levels of Critical Incident Stress Management (CISM). When successfully implemented, these interventions have proven to accelerate a healthy recovery process and therefore enhance the future well-being of fire fighters dealing with stress-related injuries which is the result of witnessed and/or physical trauma.

Based on industry research and best practices, there are two categories of group-based interventions that fall under the umbrella of Critical Incident Stress Management. These interventions are called defusings and debriefings and shall be initiated when an incident has the potential to adversely affect the current and future emotional health and well-being of fire service personnel.

A defusing can be an informal crew discussion or it can be led by a peer fire fighter with specialized training (CISM team member) in facilitating a defusing discussion. A defusing is a confidential and voluntary group intervention in which participants are given an opportunity to share reactions to an incident, vent emotions and learn about the stress recovery process. These discussions generally last from 30 to 60 minutes, but may go longer if warranted by the OIC and/or MFAP team member.

A debriefing is a more formalized group discussion that is designed to address a particularly distressing critical incident. Based on the core principles of crisis intervention, a Critical Incident Stress Debriefing (CISD) is a 7-stage process that is designed to mitigate the impact of a critical incident and accelerate recovery to a pre-crisis level. The CISD process is facilitated by a specially trained team consisting of a mental health professional and peer support personnel from our CISM team. Ideally, debriefings are conducted between 24 and 72 hours after the incident has occurred and can be viewed as a more comprehensive group-based intervention. **It should be noted that all CISM measures are not considered therapy and should a member require further assistance on individual mental health challenges, resources can be found in Operational Guideline, Employee Assistance #5.02.05.03.**

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SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Critical Incident Stress (CIS)	O.G. #5.02.05.01	Page 2 of 7
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In the event of any member struggling with suicidal thoughts or ideations, they are to call 9-1-1 or swiftly visit a hospital emergency room. Should a disclosure of this nature be made to a co-worker or any city employee, it is the obligation of that co-worker to share this information with the duty chief in the timeliest manner possible.

An effective and readily available resource in the fire service is the support of each other. The friendship, comradery and time spent among crews have the potential to lessen life stressors and significantly reduce the lasting impact of difficult calls. In an effort to maximize this resource, we encourage all crews to engage in regular crew-led discussions on mental health and well-being. The complex nature of trauma means that no two people will interpret a traumatic event in the same way and therefore, it is the responsibility of each of us to look after ourselves and each other. Research has proven that talking amongst team members can often assist each of us in facilitating an on-going psychological healing process that makes work-related trauma more manageable in the short and long-term.

Procedure:

CRITICAL INCIDENT STRESS MANAGEMENT LEVELS

Level 1: Psychological Health Maintenance: Officer led Crew Check-In discussions

A proactive step in limiting the effects of witnessed trauma on the job is sharing this experience with people for which you share a common bond. Crew Check-In discussions are a proactive way to facilitate understanding, foster a team-based environment and potentially reduce cumulative effects of stress and fatigue that often accompany witnessed trauma.

At the direction of the CISM team, at least two times per year, every crew is required to participate in an Officer led Crew Check-In. An Officer led Crew Check-In is a semi-formal discussion involving all crew members in which each member is given the chance to complete a mental wellness self assessment questionnaire, share information involving the psychological challenges of any incident they have attended in the recent past (within six months). If a crew member is focused on discussing an incident beyond six months, it is acceptable to do so; however this crew member should consider the help of a mental health professional or at the very least, be directed to a member on the CISM team for guidance.

The Officer shall ensure the Officer led Crew Check In discussions are recorded in FDM.

Level 2: Crew-Led Check-In after an incident

A Crew-Led Check-In is an internal crew discussion for which the support of crewmates can assist one or more members in digesting the effects of a traumatic incident. This discussion should take place following any incident for which a death or serious injury has occurred, but is perceived by crew members as not being exceptionally disturbing. Crew-Led Check-Ins should be seen as an early intervention tool to critical incident stress, but not take the place of Peer-Led Defusings or a formalized Debriefing.

A Crew Led Check-In must be conducted following any incident that the OIC or a crew member feels would be of benefit for themselves or at least one crew member following any incident.

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If any member is adversely affected by an incident, they are encouraged to discuss this impact with their officer to determine if a crew-based intervention is required and/or identify mental health resources offered to members. If the member is not comfortable with approaching their OIC the member is encouraged to approach any Member on the CISM team. Every effort should be made by each crew member to keep this discussion confidential and should only be breached to a CISM peer if a crew member is in need of further assistance.

Procedure for a Crew-Led Check-In:

- The OIC will facilitate an informal “crew discussion” following any unusual or emotionally significant incident
- The OIC will initiate this crew discussion based on his/her observations or feedback from at least one crew member
- The OIC will utilize a “Crew Check-In Checklist” document (located on CityNet, specific details listed further down) to facilitate the discussion
- The Crew Check-In must be added to the incident record in FDM by checking off the appropriate boxes
- Crew Check-In should only be applied to a crew within a single station. If multiple stations are involved, the defusing must be led by a CISM peer
- Information on how to conduct a Crew Check-In can be found on CityNet at Surrey Fire Services > Wellness.

Level 3: A CISM Peer-Led Defusing

A CISM Peer-Led Defusing must be arranged with a Critical Incident Stress Management (CISM) team member for incidents in which there is a moderate likelihood members will be negatively affected by an incident attended. A CISM Peer-Led Defusing is a more formalized discussion that involves the crew and at least one member of the Critical Incident Stress Management team. This type of defusing is to be conducted as soon as possible (1 to 4 hours) following a critical incident. If it cannot be conducted within 12 hours after an incident, a debriefing should be considered in collaboration with the battalion chief. Where appropriate, a formal debriefing may also be required following the completion of the defusing and an assessment of the reactions or wishes of the participants should be considered.

Recommended Criteria for a Peer-Led Defusing:

- Severely injured or burned victim(s)
- Death of a patient under circumstances that have the potential to evoke an emotional response to responders
- Neglect or violence affecting any person
- Members exposed to multiple critical incidents over a short period of time
- Close encounter that could have caused a member’s death
- Serious injury or death of a civilian resulting from fire service operations
- At the request of a member of the fire service
- Any other incident in which there is a moderate likelihood members will be negatively affected

It is important to recognize that the crew can request a defusing even when the incident attended does not include one of the criteria listed above.

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Procedure for a CISM Peer-Led Defusing:

- This should follow an incident in which any member feels the CISM peer defusers should be involved.
- A peer led defusing should occur within 12 hours of an incident or consideration should be given to schedule a debriefing led by a mental health professional as soon as possible.
- Two peer defusers should be used whenever possible, ideally in a ratio of one defuser to five personnel.
- Following the defusing, the peer defusers must make an assessment to decide whether a debriefing should also be scheduled.
- Within one week of the defusing, the peer defusers should make contact with each participant to assess their mental well-being.

Level 4: A Critical Incident Stress Debriefing (CISD)

A debriefing must be scheduled for any incident in which there is a high likelihood that members will be negatively affected by an incident. A critical incident sufficient enough to warrant a debriefing is one that most fire service personnel would consider to be severe and out of the ordinary of everyday fire service experience. A CISD is to be scheduled for any incident in which fire service personnel feel should be managed by a mental health professional and/or outside peer.

Examples that warrant a CISD may include, but are not limited to the following:

- Multiple deaths
- Death of, or severe injuries to a child
- Mutilation or dismemberment of a person
- Major disaster/mass casualties
- Close personal relationship to a victim by a Surrey Fire Service member
- Serious injury, death or suicide of a Surrey Fire Service member
- At the request of a member
- Any other high stress incident brought to the attention of a CISM CISD team member
- If after conducting a defusing, the CISM defuser feels a debriefing should follow

Procedure for Initiating a Critical Incident Stress Debriefing:

- Any of the examples listed above require a CISD within 24-72 hours
- A CISM team member assigned to lead a defusing may wish to elevate the intervention to a debriefing once the details of the incident are assessed
- A CISM team member will assist with the debriefing and serve as a resource to the mental health professional and the members involved.

INITIATING AN INTERVENTION (DEFUSING OR DEBRIEFING)

The request for any level of intervention can be made by any fire service personnel by contacting the OIC, Battalion Chief, Dispatch Supervisor, exempt Chief or any CISM team member. If possible, dispatch should alert the Duty Chief, Battalion Chief or any CISM team member to a potentially significant incident as soon as they are able. The Battalion Chief or CISM team member should follow up with the crew involved to determine the seriousness of the incident and the necessity for scheduling an appropriate level of intervention.

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Additionally, the Incident Command Officer may initiate the process for serious incidents while still on scene by contacting dispatch or the Battalion Chief, without interference to the emergency scene.

The Battalion Chief will:

1. Confer with the incident OIC to ensure that a peer led defusing is sufficient for the incident of concern and may initiate Level 3 debriefing if required.
2. Ensure the crew is able to continue performing their duties until the defusing can be arranged.
3. Identify on duty CISM team members to conduct the defusing. Off duty CISM team members may be required if on duty personnel are not available.
4. After consultation with the CISM team member, make arrangements for time and location of defusing as well as movement of personnel and apparatus to accommodate the defusing.
5. If a CISM team led peer defusing cannot be coordinated within 12 hours, contact the Duty chief to request a debriefing.

The CISM Team Member should:

1. Collect information about the incident and report to the Battalion Chief with recommendations for the level of CISM response required, as well as resources necessary to defuse the incident.
2. Select a convenient location remote from the scene and in an area that shall comfortably accommodate all personnel
3. Contact the assisting CISM team member before proceeding to the defusing site and pre-plan the defusing.
4. Prepare all printed materials required. All information can be found on CityNet at Surrey Fire Services > Wellness.
5. Advise the crews involved, dispatch and the Battalion Chief that they will be out of service until the defusing is complete.
6. Contact the MFAP coordinator and the Duty Chief to advise that a defusing took place.
7. Maintain confidentiality.
8. Ensure the OIC or Dispatch Supervisor has entered the CIS defusing in the FDM incident record.

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Critical Incident Stress (CIS)	O.G. #5.02.05.01	Page 6 of 7
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Level 4 – Critical Incident Stress Debriefing

The Battalion Chief will:

1. Confer with the incident OIC to ensure that a debriefing is required for the incident.
2. Ensure that the crew is able to continue performing their duties. If one or more members cannot continue the Duty Chief shall be notified.
3. Notify the Duty Chief that a CISD process will be taking place.
4. Contact WorkSafe at 1-888-922-3700 to make a request to hold a debriefing.
5. Identify on-duty CISM team members to assist with the debriefing. Off duty CISM team members may be required if on duty personnel are not available.
6. After consultation with the WorkSafe representative and the CISM team member, make arrangements for time and location of the debriefing as well as movement of personnel and apparatus to accommodate the debriefing process.
7. Provide MH professional with an introduction letter (Mental Health Professional Debriefing letter) and copy of this policy.

The Mental Health Professional will:

1. Consult with the Battalion Chief to gather details about the incident and the number of crew members involved as well as time and location of the debriefing.
2. Make contact with the CISM team member assigned to assist with the debriefing to make necessary preparations for the debriefing.
3. Conduct the debriefing following the established CISM debriefing model.
4. Remain available following the debriefing for questions and consultation.
5. Provide contact information for future follow up by any member involved.

The CISM Team Member will:

1. Consult with the Battalion Chief to gather details about the incident and the number of crew members involved as well as time and location of the debriefing.
2. Liaise with the mental health professional assigned to assist with the debriefing to make necessary preparations for the debriefing and provide support and information.
3. Assist with the debriefing by means of observing, providing information and educational materials, and follow up with each member involved.
4. Provide contact information for future follow up by any member involved.
5. Contact the MFAP coordinator and Duty Chief to advise that a debriefing took place.
6. Maintain confidentiality.
7. Ensure the OIC has entered the CIS defusing in the FDM incident record.

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SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Critical Incident Stress (CIS)	O.G. #5.02.05.01	Page 7 of 7
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PROGRAM GOVERNANCE

Employee Support Team (EST)

- The Employee Support Team's mandate is to assist members dealing with occupational and non-occupational related stressors
- The EST will work with the CISM team to plan efforts to reduce the effects of CIS on all fire service members
- The EST shall arrange and approve funding for the initial training for CISM team members. The committee will make recommendations to the fire service to allocate a reasonable budget for on-going training with the purpose of keeping CISM team members current with the latest methods and techniques involving CISM. On-duty members shall be released from the roster if staffing levels permit. Off duty members shall attend on a voluntary basis.

Critical Incident Stress Management Team (CISM Team)

- Trained defusers will be referred to as members of the Critical Incident Stress Management Team.
- The task of the CISM team is to provide an organized approach to the management of critical incident stress responses.
- CISM team members will lead defusing and assist with debriefings.
- CISM team members will develop awareness & training material annually to support the program.
- Regular CISM team meetings shall be held to establish selection criteria, initial training, continuing education and team direction.

TERMS OF REFERENCE

- The Employee Support Team (EST) shall consist of equal members appointed by the Surrey Fire Fighters' Association, and management and a mental health professional for oversight.
- The EST shall meet in January and September each year or when called as needed by any EST member.
- The EST shall determine the membership requirements for the CISM team.
- The EST shall utilize the WorkSafe Mental Health Professionals to facilitate debriefings as required.

See also: **OG #1.04.02.02**
 OG #5.02.05.02

_____ Signature of Fire Chief	This O.G. Replaces 5.02.05.01 Issued on: May 11, 2012
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APPENDICES

Appendix D

Burnout Rating Scale

Think over the past 3 months and score the following questions according to how often you have experienced these symptoms.

0 = Never 1 = Very rarely 2 = Rarely 3 = Sometimes 4 = Often 5 = Very often

Adding up your total score will give you some indications whether you are likely to burn out or not.

Question:	Rating:
1. Do you feel fatigued in a way that rest or sleep does not relieve?	
2. Do you feel more cynical, pessimistic or disillusioned about things you used to feel positive about?	
3. Do you feel a sadness or emptiness inside?	
4. Do you have physical symptoms of stress, eg insomnia, stomach pains, headaches, migraines?	
5. Is your memory unreliable?	
6. Are you irritable or emotional with a short fuse?	
7. Have you been more susceptible to illness lately, eg colds, 'flu, food allergies, hay fever?	
8. Do you feel like isolating yourself from colleagues, friends or family?	
9. Is it hard to enjoy yourself, have fun, relax and experience joy in your life?	
10. Do you feel that you are accomplishing less in your work?	

Scoring:

My score: _____ Date: _____

0 - 15 You are doing well.

16 - 25 Some attention needed, you may be a candidate.

26 - 35 You are on the road to burnout. Make changes now.

36 - 50 You need to take action immediately - your health and well-being are threatened.

Other indicators of being over stressed or approaching burnout for me are:

Source: Katrina Shields, Social Change Training



Trauma Screening Questionnaire (TSQ)

Your own reactions now to the traumatic event

Please consider the following reactions which sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the traumatic event which happened to you. Please indicate (Yes/No) whether or not you have experienced any of the following at least twice in the past week.

	No	Yes
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Being jumpy or being startled at something unexpected		

If you have answered yes to 6 or more questions you are encouraged to consider whether you think that some counseling support may be of benefit in helping you to lower your on-going reactions to the traumatic event.

Source: Brewin, C. R., Rose, S., Andrews, B., Green, J., Tata, P., McEvedy, C., Turner, S. & Foa, E. B. (2002) Brief screening instrument for post-traumatic stress disorder. *British Journal of Psychiatry*, 181, 158-162.

Adapted by Restorative Community Concepts, www.restorativecommunityconcepts.com.

APPENDICES

Self-Care Assessment Worksheet

The lists below provide a variety of activities that support self-care and wellbeing. Read through the list and place a check mark (✓) beside those activities you already do, and place an arrow (→) beside those activities you would like to add to your life.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignoring others? Look for ways to expand your self-care actions, making yourself a priority.

Physical Self-Care

- _____ Eat regularly (e.g. breakfast, lunch, dinner)
- _____ Eat healthily
- _____ Exercise
- _____ Get regular medical attention for prevention
- _____ Get medical care when needed
- _____ Take time off when sick
- _____ Get massages, acupuncture, chiropractic or physiotherapy treatments
- _____ Dance, swim, walk, run, play sports, sing or do some other physical activity that is fun
- _____ Take time for intimacy
- _____ Get enough sleep
- _____ Take vacations
- _____ Take day trips or mini-vacations
- _____ Make time away from phones
- _____ Other:

Psychological Self-Care

- _____ Make time for self-reflection
- _____ Have your own personal psychotherapy/counselling
- _____ Write in a journal
- _____ Read literature that is unrelated to work
- _____ Do something at which you are not expert or in charge
- _____ Decrease stress in your life
- _____ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- _____ Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, concert, sports event, auction, theater performance
- _____ Practice receiving from others
- _____ Be curious
- _____ Say no to extra responsibilities

Assessment Worksheet *Cont*: Self Care

Emotional Self-Care

- _____ Spend time with others whose company you enjoy
- _____ Stay in contact with important people in our life
- _____ Give yourself affirmation, praise yourself
- _____ Love yourself
- _____ Reread favorite books, re-view favorite movies
- _____ Identify comforting activities, objects, people, relationships, places and seek them out
- _____ Allow yourself to cry
- _____ Find things that make you laugh
- _____ Express your outrage in social action, letters, donations
- _____ Play with children
- _____ Other:

Spiritual Self-Care

- _____ Make time for reflection
- _____ Spend time with nature
- _____ Find a spiritual connection or community
- _____ Be open to inspiration
- _____ Focus on gratefulness, optimism and hope
- _____ Be aware of nonmaterial aspects of your life
- _____ Try at times not to be in charge or the expert
- _____ Be open to not knowing/mindfulness
- _____ Identify what is meaningful to you and notice its place in your life
- _____ Meditate, use progressive relation, mindfulness
- _____ Pray
- _____ Use art for expression: sing, paint, draw
- _____ Spend time with children
- _____ Have experiences of awe
- _____ Contribute to causes in which you believe; help others
- _____ Read inspirational literature (listen to inspirational talks, music, etc.)
- _____ Other:

APPENDICES

Assessment Worksheet *Cont*: Self Care

Workplace or Professional Self-Care

- _____ Take a proper break during the workday (e.g., lunch) away from your desk or common area
- _____ Take time to chat with co-workers
- _____ Make quite time to complete tasks
- _____ Identify projects or tasks that are exciting and rewarding
- _____ Set limits with clients, committees, and co-workers
- _____ Balance your workload so no one day or part of a day is “too much”
- _____ Arrange your workspace so it is comfortable and comforting
- _____ Get regular supervision or support for your role
- _____ Negotiate for your needs (flex time, work-flow)
- _____ Have peer support
- _____ Develop an area of professional interest outside your normal role
- _____ Other:

Balance

- _____ Strive for balance within your work-life and workday
- _____ Strive for balance among work, family, relationships, play and rest

Making a Commitment to Yourself

Write down three to five self care activities from the lists that you could add to your professional and personal life.

Professional:

- 1.
- 2.
- 3.
- 4.
- 5.

Personal:

- 1.
- 2.
- 3.
- 4.
- 5.

Place an **asterisk** beside every strategy you could implement in the **next month**.

Circle one in each category that you will try to do during the **next week**.

Appendix E



SUBSTANCE ABUSE - POLICY

The purpose of this policy is to provide support for Employees seeking to overcome their addiction/substance abuse. It is understood that the combined efforts of the Employer, the Union, and the Employee may be necessary to provide the best chance of a successful rehabilitation.

The Substance Abuse Programme is a voluntary programme. It is intended to assist members that desire help in dealing with substance abuse.

The MFAP committee chair shall be utilised as a resource for determining referral to an agency. The MFAP committee will create and maintain a directory of programmes and counsellors, experienced in the area of substance abuse. All of the guidelines currently in place for the MFAP will prevail in the Substance Abuse Programme, with the following exceptions:

- Funding for the substance abuse in-house addiction treatment program will be shared between the Employer, Union and the Employee.
- The Employer will fund 50% of an employee's first 60 days of in-house treatment and 33% of the second 60 days of in-house treatment.

A member may seek a voluntary referral from the MFAP by contacting a MFAP committee member, a Hall/Division Representative, or a Local 1271 Executive member.

Voluntary enrolment in Local 1271's Substance Abuse Programme will not form part of an employee's record.

Date

Fire Chief

APPENDICES

Appendix F

SURREY FIRE SERVICE OPERATIONAL GUIDELINES

Suicide of a Surrey Fire Service Member	O.G. #5.01.26.01	Page 1 of 3
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PURPOSE: To provide appropriate support to members of the Surrey Fire Service following the event of a suicide of a Surrey Fire Service Member.

SCOPE: All Fire Department Personnel

POLICY: Following the suicide of a member, the Surrey Fire Service will endeavour to provide support to all its members while respecting the sensitive nature of the circumstances and providing support to the immediate family members of the deceased.

PROCEDURE:

The release of information surrounding a suicide must be treated in a confidential manner until all relevant details are known and the next of kin have been notified.

In the event a member becomes aware a SFS member has committed suicide they shall notify the Battalion Chief or Duty Chief, who will follow the notification protocols.

Notification protocols

1. The Battalion Chief will notify the Duty Chief and Local 1271 President or Secretary immediately.
2. The Duty Chief will determine if the next of kin is aware. If not the following shall take place:
 - Notify both the Fire Chief and the Local 1271 Union President or Secretary.
 - Obtain the *LODD and Serious Injury Notification* form #203 and make the initial contact with personnel identified (Family Liaison) as requested by the member. **DO NOT CONTACT THE FAMILY AT THIS POINT.**
 - Provide the necessary information to this Family Liaison and make arrangements with a Chief Officer and Local 1271 President or Secretary to make prompt contact with the next of kin if they are not already aware.
3. Notification of next of kin shall be made through personal contact, if possible, by an official representative of the Surrey Fire Service, a member of Local 1271 Union Executive, the appropriate policing agency, and the Family Liaison indicated on the *LODD and Serious Injury Notification* form 86. Prompt and judicious notification of the next of kin is of the utmost importance. The Fire Chief is responsible for this notification and in his absence the Deputy or Duty Chief will assume this role. The official notification serves to assure the next of kin of the validity of the information, to provide a knowledgeable source of information concerning the death and to offer immediate assistance to the family as needed.

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SURREY FIRE SERVICE OPERATIONAL GUIDELINES

Suicide of a Surrey Fire Service Member	O.G. #5.01.26.01	Page 2 of 3
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4. In the event that it is not possible to make personal contact with the next of kin, notification may be made by telephone. The Family Liaison, the Union's representative, and Chief's representative must be present when making contact in this manner.
5. The Family Liaison, Chief Officer, and Union Representative should familiarize themselves with the circumstances of the death and the personal data concerning the member before making the notification. If time permits, dress uniform should be worn.
6. If the next of kin is already aware of the suicide, a formal visit by an official representative of the Surrey Fire Service, a member of Local 1271 Union Executive and the Family Liaison should be arranged as soon as possible to help them understand the departments concern for the family and to offer support.
7. The Family Liaison should be prepared to assist the next of kin with the emotional trauma. The MFAP team may be able to assist with this and should be contacted. The Family Liaison should be prepared to stay with the next of kin until a family member, friend or clergy arrives, or as long as requested.

Notification of the next of kin must be made before any details are released publicly. Once notification has been made to the family, an official announcement may then be made to Surrey Fire Service members. The emphasis will be on notifying the membership without condemning or glorifying the suicidal event or member who committed suicide.

Media enquiries should be directed to the chief's office. Funeral services or memorials shall be conducted without media attendance.

LINE OF DUTY DEATH (LODD): The death of any member of the Surrey Fire Service while suffering from, or undergoing medical treatment for job related stresses may be treated as a LODD at the request of the family. **See Commemorative Services below.**

Identification and assessment

The chief's office will notify members that all crews shall participate in a crew check-in discussion. Captains will facilitate a discussion regarding grief and suicide following the overview provided by the chief's office. This is important as some members will have close ties with the deceased and may require additional support. The crew discussion will identify services available to members and remind members of our duty to help each other through difficult times. All members must recognise the limits of their individual roles and competencies and actively facilitate links to further levels of care where necessary. Members will be encouraged to independently contact an employee assistance program or other relevant support service as needed. Additional support may be located on the Employee Assistance phone list on CityNet. This process will help to identify other members who may be at increased risk of suicide and assist them to access appropriate support.

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SURREY FIRE SERVICE OPERATIONAL GUIDELINES

Suicide of a Surrey Fire Service Member	O.G. #5.01.26.01	Page 3 of 3
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Confidentiality

The Employer has a duty of care to do everything reasonable to prevent a member's harm. The right of confidentiality is important and must be preserved whenever possible however it is not absolute and should be balanced against duty of care. The Employer has a legal and professional responsibility to disclose information where not reporting might cause harm to a member. When a member is assessed as being at risk of suicide or self-harm, their safety is the paramount priority. This may involve breaching confidentiality and disclosing information to a third party. Confidential information will only be disclosed to those in a position to help and will be restricted to information necessary to elicit help.

Permanent memorials to the deceased (for example, tree plantings, plaques) will not be facilitated by the Employer and will be discouraged in the community, to prevent suicide being promoted as a way of attracting positive attention.

Commemorative Services

The glorification of suicide needs to be avoided due to the increased risk of additional suicides. Services should be low key and limited to intimate family events attended by close friends from the department. An invitation to other agencies and/or fire departments is not advisable.

_____ Signature of Fire Chief	This O.G. Replaces: New Issued on: August 2, 2016
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Appendix G



FIRE CHIEFS' ASSOCIATION OF BC

871 Oakview Street
 Coquitlam, BC V3J 4T6
 Phone: 604-492-3080
 Email: admin@fcabc.ca

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Dear Doctor,

The purpose of this letter is to provide information on *cancer screening and surveillance* for firefighters and emergency responders that may wish to establish a health maintenance program under your care. WorkSafeBC has recognized the growing body of scientific literature linking firefighting to a variety of job-related cancers and has passed the *Cancer Presumption Relief Act* of 2005. This legislation currently provides for ten different cancers as being connected with the occupation of firefighting: leukemia, lymphoma, brain, lung, esophageal, colorectal, kidney, bladder, ureter, and testicular cancer. However, numerous reports indicate that these are not the only line-of-duty cancers that firefighters are at risk for¹. Despite the correct use of personal protective gear, firefighters sustain intense and repeated exposures to highly variable mixtures of concentrated carcinogens. After inhalation, absorption through the skin, or inadvertent ingestion, these substances are widely distributed throughout the body. As a consequence, the tumours associated with firefighting are not limited to any specific organ system. Moreover, studies have indicated that the relative risk for these cancers can vary anywhere from 1.3 for prostate cancer, through 5.2 for cancer of the cervix in female firefighters², to as high as 36 times the risk for kidney cancer in firefighters with 40 or more years of service³. New statistics generated from the World Trade Center disaster show that these cancers are often of an aggressive variety and present at an age earlier than expected⁴.

For persons at standard risk for cancer, it is generally recommended that screening strategies such as colonoscopy and mammography begin at age fifty. However, because of the carcinogenicity associated with firefighting, some experts have recommended that firefighters assume cancer screening programs in the same manner as someone with a first degree relative with the disease. Firefighters have been encouraged to begin cancer screening programs at age forty, or ten years before an affected first degree relative. An initial screening program might involve a comprehensive physical examination, laboratory tests including complete blood count, serum chemistries, urinalysis and a bowel investigation such as endoscopy, CT colonography or fecal blood analysis. The screening of female firefighters could additionally include mammography, bimanual examination and Pap test. Certainly any symptoms in a firefighter such as cough, unexplained weight loss, irritative voiding symptoms or blood in the stools should be taken seriously and followed through to either resolution or definitive diagnosis.

I hope that this information will be helpful in guiding your decisions regarding requests by firefighters to establish cancer screening and surveillance programs. Firefighters as a group are highly motivated individuals and it is a pleasure to assist them in strategies that will decrease the burden of cancer in our society.

 Kenneth R. Kunz, M.D., Ph.D.
 Medical Oncology / Cancer Pharmacology
 Victoria, B.C., CANADA V9V 1A4
kenn@netidea.com telephone (250) 995-1701

December 9, 2014

 Date

¹ *Occup Environ Med* 2006; **73**: 189-202

² *Occup Environ Med* 2006; **73**: 883-887

³ *Arch Environ Occup Health* 2006; **61**: 223-31

⁴ *Lancet* 2011; **378**: 998-905

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APPENDICES



BRITISH COLUMBIA PROFESSIONAL FIRE FIGHTERS' ASSOCIATION

Affiliated with the International Association of Fire Fighters, A.F.L. – C.I.O.

Canadian Labour Congress

#463 – 4800 Kingsway, Burnaby, B.C. V5H 4J2

604 436-2053 Fax 604 436-3057

Website: www.bcpffa.org



March 7, 2013

All British Columbia Physicians

Dear Sir/Madam:

RE: FIRE FIGHTER CANCERS

This letter is to assist you as the attending physician of a fire fighter in British Columbia, to possess knowledge of the particular aspects of the occupational connection associated with fire fighting and certain cancers.

The British Columbia Government adopted the Worker's Compensation Amendment Act 2005 and amended in 2008 and again in 2011, dealing with occupational cancers and fire fighters in British Columbia. In this act, the government recognized the researched scientific evidence and the connection between the occupation of fire fighting and certain cancers. These cancers that are recognized in this act are:

- Primary leukemia
- Primary non-Hodgkins lymphoma
- Primary bladder
- Primary brain
- Primary colorectal
- Primary kidney
- Primary ureter
- Primary testicular
- Primary Lung
- Primary Esophageal

These cancers are listed in the Workers Compensation Act, Fire Fighters' Occupational Disease Regulation along with the corresponding minimum cumulative periods for each cancer. These cancers are now " Presumed" to be linked to the occupation of fire fighting and so have a special legal and scientific standing in British Columbia recognized in the legislation mentioned.

This legal recognition of the connection of fire fighting and certain cancers also has effect in the aspect of medical coverage. Tests dealing with fire fighters that help identify these cancers are part of the areas of special consideration.

Worksafe BC (WCB) is the organization that is responsible for the administration of these recognized presumptive cancers.

If you require any further help with this topic please go to our website of www.bcpffa.org or contact our office at 604 436-2053.

Yours Sincerely,

BRITISH COLUMBIA PROFESSIONAL FIRE FIGHTERS' ASSOCIATION

Michael Hurley
President

Larry Hollier
Secretary-Treasurer

Appendix H

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Physical Fitness	O.G. #5.01.14	Page 1 of 2
	Eff. February 22, 1999	Init. of FC

PURPOSE: To ensure that department members have the physical strength, agility, endurance and mental alertness required for the proper performance of their duties.

To reduce the frequency and severity of illness or injuries members of the department that may incur.

To extend the health and longevity of active and retired members.

SCOPE: Suppression Division
Other Sections (Optional)

POLICY: All members of the Surrey Fire Department shall endeavour to attain a high level of health and physical fitness.

PROCEDURE:

The department recognizes that the state of being physically fit is more important than the precise program one follows to attain fitness; therefore, a considerable amount of individual discretion will be allowed in selecting and managing fitness activities. Members of the suppression branch will be required to monitor their fitness levels through yearly performance evaluations. Each member assigned to suppression activities shall complete a fitness evaluation administered by a Fire Department fitness co-ordinator.

To encourage regular participation in physical fitness activities, approximately 1 hour per shift should be committed to physical fitness. Activities performed during this period will be regulated by the Hall Captain and scheduled according to the self-management of the team's workload. It will be the officer's responsibility to ensure that fitness activities are consistent with guidelines presented in this OG and that they are performed in a manner that minimizes both injuries and citizen complaints.

The major areas normally considered when measuring physical fitness levels include: cardiovascular fitness, muscular strength, muscular endurance, body composition and flexibility. Physical fitness programs should include activities to improve performance in each of these major areas. In addition to the physical fitness program, you may engage in recreational sports. Recreation sports are defined as non-contact sports such as badminton and weight lifting.

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SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Physical Fitness	O.G. #5.01.14	Page 2 of 2
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The Physical Fitness Program is an in-service activity for Suppression Division personnel; therefore, the following requirements will be in effect.

1. Mandatory daily participation by all members of Suppression Division.
2. Standard uniforms and protective clothing must be worn when responding to incidents from physical fitness activities.
3. All members shall wear standard Fire Department issue when participating in fitness activities.
4. Jogging must be confined to the Fire Hall property.
5. Members shall not engage in highly competitive sports while on duty with or in the presence of the general public unless sanctioned by the Fire Chief as a Community event.
6. To protect the Fire Department's "public image" activities must project a high fitness, non-recreational appearance.
7. Exercise activities must be preceded with warm up and stretching activities for toning and to minimize the possibility of injury.
8. Exercise activities as groups are highly encouraged from a supervision and team building perspective.
9. Exercise activities should be conducted at the same time daily to develop a routine for health and fitness (i.e. following truck check).
10. Overexertion is to be avoided as it leads to exhaustion or possibly musculoskeletal injuries.

<hr/> Signature of Fire Chief	This O.G. Replaces: New Issued on: February 22, 1999
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Appendix I

Excerpt from Wellness Fitness Program manual

Medical Evaluation

Medical Evaluation is a key component of the Wellness Fitness Initiative and of this Wellness Manual.

The objective of the information provided is as a resource for you to discuss with your personal health care provider, the potential risks of your job and the effects it may have on your health. The medical evaluation information details the tests that should be considered for a fire fighter's yearly medical examination. The checklist included can be taken to your doctor at the time of your yearly medical check up, to record the tests conducted and track this information over your career.

The medical evaluation outlined in this section is different from what most people may regard as a "check-up". The information collected in this exam is specific to fire department uniform personnel.

Why should firefighters have annual medical exams?

- To make sure that the firefighter is physically and mentally able to perform essential job duties without harming themselves or others.
- To monitor the effects of job related exposures – chemical, biological and physical.
- To detect changes in health that may be related to harmful working conditions.
- To detect any workplace disease patterns that might indicate underlying work related problems.
- To provide the firefighter with occupational hazard information and a picture of their current health.
- To provide early detection, disease prevention and health promotion of the firefighter.

There are two letters included; one from the BCPFFA which explains the cancers that are presumptive cancers for firefighters in British Columbia, and another from Dr. Hartley Stern which indicates the need for colonoscopies for firefighters beginning at age 40. Please discuss these with your doctor as well, to determine which tests should be prescribed for you.

What Is Involved In The Annual Medical Evaluation?

- Hands-On Full Physical Exam
- Laboratory Analyses
 - Blood Analysis
 - Metabolic Syndrome
 - Heavy Metal and Special Exposure Screening
 - Urinalysis
- Vision Test
- Hearing Test
- Pulmonary Tests
- Resting EKG
- Aerobic/Cardiopulmonary Testing
- Mammogram
- Pap Smear
- Prostate Specific Antigen (PSA)
- Fecal Occult Blood Testing
- Colonoscopy
- Skin Exam
- Immunizations and Infectious Disease Screening

Hands-On Full Physical

- Blood Pressure
High blood pressure is a risk factor for stroke and coronary artery disease.
- Temperature
- Pulse
- Respiratory rate and quality
- Head, Eyes, Ears, Nose and Throat Exam (HEENT Exam)
Examples of conditions that can be revealed:
 - deviated septal cartilage in the nose that can impair breathing
 - evidence of significant inhalation exposure in the nose
 - early signs of cancer in the throat
- Neck Exam
Examples of conditions that can be revealed:
 - early signs of significant vascular disease
 - early signs of stroke
 - thyroid problems
- Basic Cardiovascular Exam (palpation and stethoscope)
Examples of conditions that can be revealed:
 - irregular heart rhythm
 - vessel or valve problems (narrow arteries, murmurs)
- Pulmonary Exam
Examples of conditions that can be revealed:
 - asthma

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- reactive airways disease
- bronchospasms caused by exposure to irritating chemicals
- **Gastrointestinal Exam**
Examples of conditions that can be revealed by examining the abdomen:
 - hernias, especially inguinal hernias
 - narrowing of the aorta, renal arteries or iliac arteries
 - evidence of liver, colon or gall bladder disease
- **Genitourinary Exam**
Examples of conditions that can be revealed:
 - testicular cancer (represents 1% of all cancers in men)
 - breast cancer
- **Rectal Exam**
Examples of conditions that can be revealed:
 - colorectal cancer in both men and women
 - prostate cancer in men
- **Neurological Exam**
The general mental status exam focuses on orientation, memory, intellectual performance and judgment. Evaluation of the cranial nerves in uniformed personnel includes special emphasis on the senses – smell, vision, hearing, tasted and touch. Evaluation of the peripheral nerves focuses on motor skills, sensory perception and reflexes.
- **Musculoskeletal Exam**
This exam focuses on all joints and assesses their mobility and function. This exam is particularly important as it is one method of defining post-injury limitations.
- **Body Composition Exam**
Body Fat Percentage
Body Fat Distribution: waist-to-hip ratio and/or body mass index

Laboratory Analyses

Blood Analysis

- **White Blood Cell Count**
Examples of conditions that can be revealed:
 - infection
 - inflammatory disorder
 - collagen vascular disease
 - immunosuppression

Note: The WCB differential gives a more specific indication of the disease process that has resulted in an abnormal WBC count.
- **Red Blood Cell Count (Hematocrit)**
Examples of conditions that can be revealed:
 - various anemias
 - malignancies

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- Platelet Count
Examples of conditions that can be revealed:
 - malignancies and pre-malignant conditions
 - drug reaction
 - immune disorder such as idiopathic thrombocytopenic purpura
 - splenectomy
- Liver Enzymes and Function Tests
(AST, ALT, LDH, Alk Phos, Bilirubin, Albumin)
Examples of conditions that can be revealed:
 - hepatitis
 - acute myocardial infarction
 - acute heart inflammation (myocarditis)
 - trauma to skeletal muscle
 - alcoholism
 - malignancy
 - lung disease
 - obstructive jaundice
 - Paget's disease
 - Sarcoidosis
 - Gilbert's disease
 - liver disease
 - malabsorption
 - malnutrition
 - pregnancy
 - kidney disease
- Triglycerides
Examples of conditions that can be revealed:
 - diabetes
 - acute alcoholism
 - gout
 - chronic renal failure
- Glucose
Examples of conditions that can be revealed:
 - diabetes
 - acute pancreatitis
- Blood Urea Nitrogen (BUN)
Examples of conditions that can be revealed:
 - renal disease
 - dehydration
 - liver disease
- Creatinine
Examples of conditions that can be revealed:
 - renal disease
 - dehydration
- Glomerular Filtration Rate (GFR)
This is the best index of overall kidney function and is a more sensitive, and early, indicator of kidney dysfunction than creatinine alone.

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- Sodium
Examples of conditions that can be revealed:
 - kidney disease
 - dehydration
 - liver cirrhosis

- Potassium
Examples of conditions that can be revealed:
 - kidney failure
 - dehydration
 - muscle necrosis

- CO₂
Examples of conditions that can be revealed:
 - acidosis
 - alkalosis

- Total Protein
Examples of conditions that can be revealed:
 - chronic infection
 - liver disease
 - dehydration
 - malabsorption

- Calcium
Examples of conditions that can be revealed:
 - malignancy
 - tuberculosis
 - sarcoidosis
 - renal failure
 - acute pancreatitis

- Lipid Tests
Examples of conditions that can be revealed:
 - coronary artery disease
 - kidney disease
 - liver disease
 - malabsorption
 - malnutrition
 - anemia

Note: The Total Cholesterol/HDL Ratio gauges risk of cardiovascular disease.

Metabolic Syndrome

Metabolic Syndrome is also referred to as syndrome X, insulin resistance syndrome, and pre-diabetes. Diagnosing the metabolic syndrome identifies individuals who are at increased risk for cardiovascular disease, including coronary heart disease, stroke, and peripheral artery diseases and/or type 2 diabetes.

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The metabolic syndrome is identified by the presence of three or more of the following components:

- abdominal obesity defined as a waist circumference > 40 inches in men or > 35 inches in women;
- triglycerides >150 mg/dL;
- HDL cholesterol < 40 mg/dL for men or < 50 mg/dL for women;
- blood pressure >130/85 mmHg;
- fasting glucose > 110 mg/dL.

Heavy Metal and Special Exposure Screening

Baseline testing for heavy metals and special exposures may be assessed on the initial physical and retested when an exposure occurs.

Urinalysis

Dip Stick Urinalysis:

- pH Test
Examples of conditions that can be revealed:
 - infection
 - chemical exposure
- Glucose Test
Examples of conditions that can be revealed:
 - diabetes
 - renal tubule disease
- Ketones Test
Examples of conditions that can be revealed:
 - uncontrolled diabetes
 - alcoholism
 - starvation
- Protein Test -
Examples of conditions that can be revealed:
 - renal disease such as nephritic syndrome and pyelonephritis
- Blood Test (of urine)
Examples of conditions that can be revealed:
 - hemolytic anemias
 - infections
 - kidney stones
 - tumors
 - dehydration
 - muscle breakdown
 - renal disease due to tuberculosis, trauma or glomerulonephritis
- Bilirubin Test
Examples of conditions that can be revealed:
 - liver disease
 - gallbladder obstruction

Microscopic Urinalysis:

This includes evaluation for white blood cells (WBC), red blood cells (RBC), WBC casts, RBC casts, and crystals. This testing helps to differentiate various kidney and urinary tract diseases or trauma.

Vision Tests

Examples of conditions that can be revealed:

- near sightedness
- far sightedness
- peripheral vision problems
- color blindness
- cataracts
- macular degeneration
- glaucoma
- diabetic retinopathy

Hearing Tests

Pulmonary Tests

- Spirometry
Examples of conditions that can be revealed:
 - obstructive lung disease
 - mixed pattern disease
 - restrictive lung disease

If one of the above three conditions is suspected from the spirogram, the following tests are used for further evaluation –

1. Peak Expiratory Flow Rate
Examples of conditions that can be revealed:
 - obstructive lung diseases like asthma or COPDPEFR can be used as a simple measurement to monitor asthmatic response to therapy.
 2. DLCO
This test measures diffusing capacity of carbon monoxide.
Examples of conditions that can be revealed:
 - interstitial restrictive lung diseases like asbestosis and sarcoidosis
 - chronic CO intoxication
 - obstructive lung disease emphysema
 3. Long Volumes
Examples of conditions that can be revealed:
 - interstitial restrictive lung disease
 - emphysema
- Chest X-Ray
Recommended every 5 years.

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Examples of conditions that can be revealed:

- tuberculosis
- lung cancer
- other occupational lung disease

Resting Ekg

A 12 lead EKG is used to assess the individual's heart at rest. It can be useful to diagnose disturbances in rhythm, presence of conduction defects (e.g., heart blocks), or indications of ischemic heart disease.

Aerobic/Cardiopulmonary Testing

The use of heart rate rather than EKG monitoring can be used in health/fitness assessments. The testing can be done on a treadmill or stairmill using proper testing protocols. Diagnostic information and a calculated VO2 max is obtained from these submaximal tests. Maximal cardiopulmonary testing with EKG can be performed when appropriate, but only in a medical facility with proper monitoring by a physician and available resuscitation equipment.

Cancer Screening

- Skin Exam

Skin cancer is the most common cancer. Incidence of malignant melanoma is increasing 4% per year. Skin cancer must be diagnosed and excised in a timely manner for improved responses and cures to be possible.

- Breast Exam

Breast cancer is the most common type of cancer in women and second leading cause of cancer death in women, after lung cancer. An annual clinical breast exam is required with ongoing self examinations.

- Mammogram

Recommended annually on all female uniformed personnel beginning at age 40 unless other indications suggest they should begin sooner. Women personnel with a family history of breast cancer or other personal risks should discuss further screening options with their doctor, such as genetic screening or breast MRI.

- Pap Smear

Recommended annually on all female uniformed personnel. The incidence of invasive cervical cancer has been estimated to have decreased 70% by screening.

- Testicular Exam

Testicular cancer represents 1% of all cancers in men.

- Prostate Specific Antigen (PSA)

Recommended annually on higher risk men starting at age 40 and all other male personnel at age 50. Prostate cancer is the second most common type of cancer in men.

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- **Fecal Occult Blood Testing**

Used to test for colorectal cancer, the leading cause of death from cancer. Testing is to be done annually in conjunction with the digital rectal exam.

- **Colonoscopy**

Recommended that all uniformed personnel begin getting screened with colonoscopy to detect colon cancer at the age of 40 and doing a colonoscopy every 5 years.

- **Bladder Cancer Test**

As the body absorbs cancer-causing chemicals, they are transferred to the blood, filtered out by the kidneys, and expelled from the body in urine. Because fire fighters are regularly exposed to smoke and chemical fumes, they may be at an increased risk for transitional cell carcinoma (TCC), a cancer of the bladder. Urine should be evaluated for hematuria, NMP22 or for telomerase. The presence of any of these may indicate referral for upper tract imaging, cystoscopy and urine cytology.

Immunizations and Infectious Disease Screening

Up-to-date vaccinations are recommended for the following:

- Tetanus/Diphtheria
- Measles, Mumps, Rubella (MMR)
- Polio
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV) – the vaccine is recommended for all women uniformed personnel up to 26 years old, if previous vaccination is not documented.
- Varicella – the vaccine is recommended for personnel that have never had chickenpox.
- Influenza

Screening tests are recommended for the following:

- Hepatitis C – Many people with Hepatitis C are asymptomatic and have no history or acute hepatitis
- HIV
- Tuberculosis (TB)

APPENDICES

Appendix J

SURREY FIRE SERVICES MEDICAL TESTING CHECKLIST

NAME: _____

FULL PHYSICAL EXAM

TEST TYPE	TEST DATE (YEARLY) AND RESULTS				
	Date	Date	Date	Date	Date
Blood Pressure					
Temperature					
Pulse					
Respiratory Rate & Quality					
Head, Eyes, Ears, Nose & Throat Exam					
Basic Cardiovascular Exam (palpation and stethoscope)					
Pulmonary Exam					
Gastrointestinal Exam					
Genitourinary Exam					
Rectal Exam					
Neurological Exam					
Musculoskeletal Exam					
Body Composition Exam (girth and BMI)					

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BLOOD ANALYSIS

TEST TYPE	TEST DATE (YEARLY) AND RESULTS				
	Date	Date	Date	Date	Date
White Blood Cell Count					
Red Blood Cell Count					
Platelet Count					
Liver Enzymes and Function Tests: (AST,ALT, LDH, Alk Phos, Bilirubin, Albumin)					
Triglycerides					
Glucose					
Blood Urea Nitrogen					
Creatinine					
Glomerular Filtration Rate					
Sodium					
Potassium					
CO2					
Total Protein					
Calcium					
Lipid Tests					

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URINALYSIS

TEST TYPE	TEST DATE (YEARLY) AND RESULTS				
	Date	Date	Date	Date	Date
DIP STICK URINALYSIS					
pH Test					
Glucose Test					
Ketones Test					
Protein Test					
Blood Test (of urine)					
Bilirubin Test					
MICROSCOPIC ANALYSIS					
WBC					
RBC					
WBC Casts					
RBC Casts					
Crystals					

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PULMONARY TESTS

TEST TYPE	TEST DATE (YEARLY) AND RESULTS				
	Date	Date	Date	Date	Date
Spirometry					
SPIROMETRY RESULTS MAY REVEAL THE NEED FOR:					
Peak Expiratory Flow Rate					
DLCO					
Lung Volumes					
Chest X-Ray (Recommended every 5 years)					

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CANCER SCREENING

TEST TYPE	TEST DATE (YEARLY) AND RESULTS				
	Date	Date	Date	Date	Date
Skin Exam					
Breast Exam					
Mammogram					
PAP Smear					
Testicular Exam					
Prostate Specific Antigen (PSA)					
Fecal Occult Blood Testing					
Colonoscopy (Recommended every 5 years starting at age 40)					
Bladder Cancer Test					

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OTHER TESTS

TEST TYPE	TEST DATE (YEARLY) AND RESULTS				
	Date	Date	Date	Date	Date
Resting EKG					
Stress Test / EKG					
Vision Tests					
METABOLIC SYNDROME – 3 OR MORE OF THE FOLLOWING:					
Abdominal Obesity (> 40" in men, > 35" in women)					
Tryglycerides (> 150 mg/dL)					
HDL Cholesterol (< 40 mg/dL for men, < 50 mg/dL for women)					
Blood Pressure (> 130/85 mmHg)					
Fasting Glucose (> 110 mg/dL)					

HEAVY METAL AND SPECIAL EXPOSURES

TEST TYPE	TEST DATE (YEARLY) AND RESULTS				
	Date	Date	Date	Date	Date
Baseline					
Retested Due to an Exposure					

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VACCINATIONS

TEST TYPE	TEST DATE (YEARLY) AND RESULTS				
	Date	Date	Date	Date	Date
Tetanus/Diphtheria					
Measles, Mumps, Rubella					
Polio					
Hepatitis A					
Hepatitis B					
Human Papillomavirus					
Varicella					
Influenza					

INFECTIOUS DISEASE SCREENING

TEST TYPE	TEST DATE (YEARLY) AND RESULTS				
	Date	Date	Date	Date	Date
Hepatitis C					
H.I.V.					
Tuberculosis					

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Appendix K

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Alcohol and Drugs	O.G.#5.01.01 CV	Page 1 of 1
	Eff. March 13, 2000	Init. of FC

PURPOSE: The use of alcohol, prescription drugs, drug combinations or illicit drugs may impair judgement and effect decision making, which could jeopardize the safety of the public and department personnel.

SCOPE: All fire department members.

POLICY:

No Fire Department member shall report for duty (career) or respond to a page (volunteer) while impaired by alcohol or drugs. A member who is impaired shall be considered “unfit for duty”.

It is the duty of a fire department member who is “unfit for duty” to report to the B/Chief by phone. If this will not be done by the member, it is the duty of any other member to make this report to the B/Chief .

Care must be taken to ensure the safe transport of an impaired Department member to their home. Under no circumstances will members allow an impaired member to drive home or to operate machinery.

No Fire Department personnel shall consume alcohol or drugs while on duty (career) or while on an active response list (volunteer).

A history of impairment may indicate a deeper health problem. Involvement of the Members Assistance Program is a proactive measure toward recovery.

Failure for a member to comply with prescribed treatments for their illness may result in disciplinary action.

Reference: Criminal Code of Canada
B.C. Motor Vehicle Act
B.C. Liquor Control Act
Members Assistance Program

_____ Signature of Fire Chief	This O.G. Replaces OG. 5.01.01 Issued: August 14, 1995
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Appendix L

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Vehicle Response Safety	O.G. #1.06.03	Page 1 of 3
	Eff. Feb 14, 2014	Init. of FC

PURPOSE: To ensure the safe and efficient response of personnel and apparatus during emergency and non-emergency operations.

SCOPE: All fire department personnel responding to emergency and non-emergency operations.

POLICY: The driver of any fire department vehicle bears responsibility for adherence to this guideline and conformance with the B.C. Motor Vehicle Act.

Officers are responsible for their crew and should ensure vehicles are driven in a safe manner during routine and emergency operations.

Each incident will be assessed on its own merits and in conjunction with the operator's driving history. Where there is a clear violation of policy or undue care and attention resulting in an incident, appropriate disciplinary measures will be taken to correct performance.

PROCEDURE:

- 1. Driver Training:** Only personnel who have the necessary licenses and endorsements for the apparatus being operated, as required by the B.C. Motor Vehicle Act, and who have successfully completed the fire department Driver Training Program, are permitted to drive department vehicles, except when under supervision of a trainer for the purpose of driver training.
- 2. Secure Positions:** The driver of any fire department vehicle shall not move the vehicle until all passengers have signalled that they are in a secure position. The Captain shall not allow the vehicle to move until all occupants have signalled that they are in a secure position. All passengers being transported by fire department vehicles shall ride only in secure positions. See OHS 31.27.

Drivers and passengers must use seat belts. Any fines levied for non-compliance of this law will not be paid for, nor legal support given, by the City. Officers are responsible for insuring that all fire personnel wear seat belts when riding in SFS apparatus.

- 3. Exiting the Station:** The driver shall be aware of other vehicles leaving the station and check for pedestrians and vehicles within the vicinity of the station.
- 4. Warning Devices and Vehicle Lights:** Warning Devices and Vehicle Lights shall be operated in conformance with Operational Guidelines 1.06.01 and 1.06.02.

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SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Vehicle Response Safety	O.G. #1.06.03	Page 2 of 3
	Eff. Feb 14, 2014	Init. of FC

5. **Speed:** The driver shall always maintain a speed consistent with safe operation of the vehicle under prevailing conditions. If conditions permit, the maximum speed limit **may** be exceeded, in accordance with the B.C. Motor Vehicle Act.

6. **Driving in the Oncoming Traffic Lane:** Driving in the oncoming traffic lane may be dangerous and should be avoided whenever possible. If it is necessary to drive in the oncoming traffic lane, extreme caution must be exercised and a safe operating speed must be maintained.

7. **Intersections:** Intersections are one of the most dangerous areas to approach during an emergency response. All responding vehicles shall observe the following precautions:
 - When a responding vehicle must approach an intersection in the oncoming traffic lane the driver shall come to a complete stop until all other traffic in the intersection has yielded. This applies even when the responding vehicle has a green light at a controlled intersection.
 - When approaching a controlled intersection with a stop sign or red light, the vehicle shall come to a complete stop until other traffic in the intersection has yielded.
 - The maximum allowable speed through any intersection shall be the posted speed limit under green in own lane and direction.

8. **Passing Emergency Vehicles:** Passing other emergency vehicles can be dangerous. If passing is necessary, radio contact should be made with the driver of the other vehicle, prior to passing.

9. **Driver Attention:** The responsibility of the driver during an emergency response is to operate the vehicle safely. The driver should not operate the radio or emergency warning devices. When another crewmember is beside the driver, the operation of radio and emergency warning devices should be delegated to that crewmember. If there is no passenger, drivers of command vehicles may operate the radio and emergency warning devices if it can be done safely.

10. **Approach Safely:** When travelling to an emergency scene the driver shall watch for emergency vehicles approaching from other directions. The driver should be on the alert for civilians, fire fighters and other emergency service personnel who may inadvertently step in front of the approaching apparatus.

11. **Backing Up:** Before backing up in a vehicle the driver must ensure that he/she is guided by at least one other fire fighter using recognized hand signals. This guide should be safely positioned at the rear of the vehicle on the driver's side. The guide must take precautions to ensure he is visible by utilizing adequate lighting and or by wearing a high a visibility vest or turnout jacket when visibility is poor or there is traffic. The driver should stop the vehicle when the guiding fire fighter is lost in the driver's sight. The driver should also wind down his window to allow voice communication should it become necessary however visual contact will still be required to move the vehicle while backing up.

12. **Close Calls:** Close calls or near misses while operating a vehicle are an indication of an error in judgement. The officer should address close calls with the driver to determine how similar situations can be avoided. Repeated close calls must be reported to the Battalion Chief and a remedy will be sought.

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SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Vehicle Response Safety	O.G. #1.06.03	Page 3 of 3
	Eff. Feb 14, 2014	Init. of FC

13. **Tight Clearances:** Navigating through tight spots should be done at low speeds while utilizing spotters. The driver must be able to see and hear the spotters and fire fighters must use recognized hand signals. Vehicles should avoid being driven into areas that will present precarious situations when exiting.
14. **Cold Weather Precautions**
 Tire Chains – all vehicles are restricted to a maximum of 50 km per hour when chains are in use. Apparatus equipped with snow tires will have chains installed only under extreme conditions. Officer-in-Charge will use their own discretion according to icy conditions in their particular districts. During snow periods, chains are to be carried on apparatus.

 Careful Driving and Chains – after a spell of cold weather, with a fall of snow becoming packed and then starting to break with the milder weather, all drivers of department apparatus must exercise extreme caution. There will be a tendency for the apparatus to break through or slide off the frozen snow areas on the streets creating the danger of sideswiping passing or parked vehicles. Chains must be left on during this period to prevent apparatus becoming stuck or involved in accidents.
15. **Hearing Protection:** All personnel must use hearing protection when riding in vehicles where such equipment is provided. Radio headsets are considered hearing protection and must be worn when riding in vehicles equipped with such equipment.
16. **Vehicle while parked:** When a fire apparatus vehicle is parked and the operator is not present in the driver’s seat of the vehicle, the operator shall ensure that the tethered tire stop chocks are placed in front of and behind the same tire to prevent the vehicle from rolling in either direction, regardless of grade or direction of travel.
17. **Driver’s Care and Attention**
 Vehicle Operator’s shall give their full care and attention to the safe operation of the vehicle.

REFERENCE:

- B.C. Motor Vehicle Act RS Chapter 288. Motor Vehicle Act
- B.C. Motor Vehicle Act RS Chapter Part 3 122, Exemption for emergency vehicles
- Industrial Health and Safety Regulations, Workers Compensation Board of British Columbia.
- B.C. Fire Academy NFPA#1002 EVO 1 and EVO 2 Pump Operators Program

_____ Signature of Fire Chief	This O.G. Replaces OG 1.06.03 Issued: Jan 29, 2014
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Appendix M

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Pre-Exposure Precautions for Communicable Disease	O.G. #1.08.01	Page 1 of 3
	Eff. Oct. 31, 2014	Init. of FC

PURPOSE: To identify standard pre-exposure precautions that are to be taken by personnel who have direct contact with patients.

SCOPE: All Fire Department First Responders

POLICY: The use of standard pre-exposure precautions must be followed by staff that may have direct contact with patients. The use of standard pre-exposure precautions will minimize the risk of being exposed to communicable or infectious disease.

PROCEDURE: First responders should follow all standard precautions as outlined below.

Blood and body fluids (wet incidents): All blood, body fluids or excretions are to be considered as potentially infectious and personnel should avoid direct contact of their skin or mucous membranes with the blood products, body fluids and open tissues of all patients. Use appropriate level of PPE.

Decontamination of Equipment: Dispose of disposable equipment in infectious material bag. Ensure that reusable equipment is properly cleaned using a disinfectant wipe, and/or spray according to manufacturer's instructions. Level 1 PE should be used when handling equipment for cleaning and decontamination. Normal laundering procedures are sufficient to reduce organisms to a non-infectious state for linen, clothing and uniforms. A hard surface disinfectant should be used for hard surfaces and clothing and contains ingredients effective against bactericidal, fungicidal, virucidal, tuberculocidal, HIV and hepatitis B agents. It may not be suitable for SCBA as some cracking of hoses has been reported. (Follow manufacturer's directions)

For large surfaces, and hazmat personnel decontamination a diluted solution of bleach and water (1:10) may be used.

Exposed Responder: If a responder believes they have been exposed. Leave patient care area immediately, isolate themselves in an outside location, do not return to the apparatus. Ensure the officer is aware and contacts the Battalion Chief and Duty Chief. Appropriate decontamination, doffing PPE will be organized and supervised.

Exposed Skin Washing: Wash hands, exposed skin (e.g. forearms) with available field antiseptic immediately after removing gloves at a call and after cleaning equipment. Unprotected hands that come in contact with blood or body fluids should be washed thoroughly and immediately. Habitually use a plain soap and running water for routine hand washing at the Hall. This is an extremely simple but very important measure.

APPENDICES

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Pre-Exposure Precautions for Communicable Disease	O.G. #1.08.01	Page 2 of 3
	Eff. Oct. 31, 2014	Init. of FC

Infectious Patient Information: When fire fighters receive a call to attend to a sick person or are advised by either BCAS, the on-scene paramedics, the patient or their representatives, that the patient has or potentially has an infectious disease, pre-exposure precautions must be followed and the appropriate level of Personal Protection Equipment (PPE) worn.

Immunization: Adult immunization should be considered by all First Responders. Consult with your family doctor.

Needles: Never place your hand in a chair, couch, seat cushion, patient’s pocket, purse or any space that cannot be visualised first. Never recap used needles or otherwise manipulate them.

PPE: Depending on the patient condition, symptoms and environment, there will be three levels of FR3 PPE available for first responders.

Level 1 FR3 PPE: is used for “dry” incidents where there is no known infectious disease risk.

Contents available on Apparatus:

- Nitrile gloves,
- N95 mask, and
- Eye protection (glasses) from splash.

Level 2 FR3 PPE: is used for “wet” incidents with symptomatic sick person, with intervention required for respiratory or circulation treatment. Pre-packed kit (4 per apparatus) contains:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Glasses • Double Gloves (1 regular, 1 extended cuff) • N95 mask on FR’s • O2 Non-rebreather mask on patient • Full Face shield for FR’s | <ul style="list-style-type: none"> • Impermeable disposable gown • Boot covers • Needs de-gowning supervision • Containing doffed PPE in biomedical waste bag |
|---|---|

Level 3 FR3 PPE: is used for “wet” incidents for use with symptomatic sick person, with unknown or unconfirmed travel risks, and active treatment is required (CPR or respiratory intervention). Pre-packed kit (2 per apparatus) contains:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Glasses • Triple Gloves (2 regular, 1 extended cuff) • N95 mask on FR’s • O2 Non-rebreather mask on patient • Full Face shield for FR’s | <ul style="list-style-type: none"> • Impermeable Coveralls • Impermeable disposable gown over coveralls • Boot covers • Needs de-gowning supervision • Containing doffed PPE in biomedical waste bag |
|---|---|

APPENDICES

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Pre-Exposure Precautions for Communicable Disease	O.G. #1.08.01	Page 3 of 3
	Eff. Oct. 31, 2014	Init. of FC

Precautions:

Gloves: Wear first aid gloves (nitrile) prior to conducting patient assessment or when there is any possibility of touching blood, body fluids and potentially contaminated items. Bag used equipment. Remove gloves before touching non-contaminated surfaces. Bag the gloves. Wash hands with available field antiseptic. Habitually use a plain soap and running water for routine hand washing at the Hall.

Disposable PPE:: Wear a N 95 respirator for conditions known to be an airborne infectious agent (e.g. pulmonary tuberculosis or meningococcal diseases), eye protection or a face shield for procedures, for activities likely to generate splashes. Impermeable disposable gowns/ overalls may be worn prior to entering a room with a patient having a known infectious medical condition but this is not routinely necessary for all diseases. The gown/overalls should be removed before and bagged prior to entering the apparatus. When oxygen is not required, a surgical mask may be placed over the mouth and nose of a patient (if they can tolerate it) who is suspected of having an airborne communicable disease to limit the spread of a virus from coughing or sneezing.

Respiratory Resuscitation: A bag-valve-mask with one-way valve for ventilation is recommended and use of this equipment makes direct contact in mouth-to-mouth resuscitation unnecessary. Airways, bag-valve-masks, oxygen masks and suction equipment should receive high level disinfection, be disposed of, or be exchanged at the scene.

Ref: BC Centre for Disease Control
BCEHS
Field Operations Policy and Procedure Manual, BCAS, Vol. 11, Chap. 3, Sec. 3.4.2

<hr/> Signature of Fire Chief	This O.G. Replaces: # 1.08.01 Issued on: March 17, 2011
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APPENDICES

Appendix N

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Personal Protective Clothing	O.G. #1.03.01	Page 1 of 3
	Eff. April 1, 2016	Init. of FC

PURPOSE: To ensure that all personnel are prepared to commence safe operations immediately on arrival at a fire inspection, training, fire investigation, or emergency scene while maintaining the highest degree of personal safety during operations.

SCOPE: All fire department personnel involved in operational delivery of services.

POLICY: Appropriate personal protective clothing must be worn by all personnel at all places where operational services are delivered, including the scene of any emergency incident or training exercise.

PROCEDURE:

1. For the purpose of this procedure, full personal protective clothing consists of helmet with face shield, f/f protective hood, turnout coat, turnout pants, boots and gloves. All clothing is to be properly fastened and closed with the coat collar turned up and helmet flaps down.
2. All clothing must be issued or approved by the Department. Alterations to any clothing, such as the removal of coat liner or attachments to helmet, are prohibited. If an alteration is needed, it must first be approved by the Fire Chief. Accountability shields and tags are approved.
3. Protective clothing must be worn by all personnel according to the following guidelines:
 - a) Personal safety is not to be sacrificed in order to increase the speed of all operations. Reference the Occupational Health & Safety Employee Handbook.
 - b) All fire fighting personnel must wear full protective clothing when responding to any type of alarm. All protective clothing must be donned prior to boarding the apparatus. Helmets, gloves and turn out boots are optional for drivers and officers during the response.
 - c) All personnel must wear full protective clothing during training exercises, inspections, fire investigations and emergency incidents unless specifically directed otherwise.
 - d) Personnel operating at the scene of a medical incident must wear whatever protective clothing is necessary to assure personal safety during the incident.
 - e) Gloves must be worn at all times when hand tools, power tools, hose, ladders, or any other equipment is used that could cause injuries to the hands. This includes all work details, maintenance operations and training exercises.

APPENDICES

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Personal Protective Clothing	O.G. #1.03.01	Page 2 of 3
	Eff. April 1, 2016	Init. of FC

- f) Damage to personal protective clothing must be immediately reported to the Officer in Charge. The Officer in Charge will inspect the damaged article and have it replaced or repaired, as necessary. Clothing damaged such that its protective ability is impaired must be replaced.
 - g) Officers in Charge must determine the appropriate level of protective clothing required for personnel operating at incidents where no specific guidelines have been established. Circumstance may arise when it is preferable to allow less than full protective clothing -- removal of turnout coats by personnel carrying equipment in the hot sun may prevent heat stroke, coveralls or station clothing in conjunction with level A, B protective clothing, as example. In all cases, however, personnel must wear protective clothing necessary to protect against all foreseeable hazards.
4. Each member must insure that his/her personal protective clothing is maintained in good condition. In the first quarter of each year, a company officer must inspect all protective clothing for themselves and each staff member assigned to their company. This inspection must be confirmed by completion of the Personal Protective Clothing Inspection maintenance report contained in the Fire Service Records Management Software.
5. Additional protective clothing and equipment must be utilized as circumstances indicate. For example:
- a) SCBA must be worn in accordance with department operating guidelines.
 - b) High visibility safety vests must be worn when directing traffic or operating near moving traffic or inspecting near mobile equipment operations.
 - c) Leg protectors and protective hearing devices must be worn when operating chain saws or forcible entry saws.
 - d) Safety glasses and hearing protectors must be worn as appropriate.
6. Prolonged periods without cleaning can cause a deterioration of the fire retardant properties of turnout clothing due to the build-up of unburned hydrocarbons. Short durations of exposure to heavy concentrations of unburned hydrocarbons can cause the same effect.

APPENDICES

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Personal Protective Clothing	O.G. #1.03.01	Page 3 of 3
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7. Turnout clothing should be washed regularly as per manufacturers or department operating guidelines to remove any build-up of unburned hydrocarbons or other materials.
8. Included with this operational guideline is a checklist for "Personal Protective Clothing Inspection".

REFERENCE:

Occupational Health & Safety Employee Handbook

Also see O.G.# 1.07.01

_____ Signature of Fire Chief	This O.G. Replaces Issued on: December 7, 1996
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APPENDICES

Appendix O

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Working In or Near Areas with Hazardous Atmospheres	O.G. #2.07.01	Page 1 of 2
	Eff. January 7, 2012	Init. of FC

- PURPOSE:** To ensure safe practices are followed while performing in emergency and fire investigation related duties.
- SCOPE:** All fire service members who may work in areas where respiratory hazards may be present.
- POLICY:** Employees must take reasonable care to protect their health and safety while carrying out their duties.

PROCEDURE:

It is the policy of the Surrey Fire Department that all personnel working in areas of atmospheric contamination, or areas that pose a risk to the respiratory system shall use self-contained breathing apparatus (S.C.B.A.) and be trained in its proper use and cleaning maintenance.

Members shall achieve a non-leaking face piece-to-skin seal with the mask. Facial hair shall not be allowed at points where the S.C.B.A. face piece is designed to seal with the face. Individual members shall be accountable for compliance with this requirement.

If an S.C.B.A. is found to be functioning improperly, it shall be taken out of service, red tagged, reported, and replaced immediately in accordance with OG #1.07.01.01.

The intent of the S.C.B.A. policy is to avoid any respiratory contact with products of combustion, super-heated gases, toxic products, post fire emissions or other hazardous contaminants.

The use of breathing apparatus means that all personnel shall have face pieces in place, breathing air from the supply provided. Where appropriate, a Supplied Air Respirator may be used in place of S.C.B.A.

Breathing Apparatus shall be used by all personnel operating:

- In an atmosphere which is suspected of being contaminated or oxygen deficient.
- In an atmosphere which may suddenly become contaminated or oxygen deficient.

This includes all personnel operating:

- In an active fire area.
- Directly above an active fire area.
- During post fire operations- in an area that may be off gassing.
- In a potential explosive or fire area, including gas leaks and fuel spills.

(cont. on next page)

APPENDICES

SURREY FIRE SERVICE OPERATIONAL GUIDELINE

Working In or Near Areas with Hazardous Atmospheres	O.G. #2.07.01	Page 2 of 2
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- Where products of combustion are visible in the atmosphere, including vehicle fires and dumpster fires--where invisible contaminants are suspected to be present (i.e. Carbon Monoxide during overhaul).
- Where toxic products are present, suspected to be present, or may be released without warning.
- In any confined space which has not been tested to establish respiratory safety.

In addition to the above, S.C.B.A. shall be worn by all personnel operating at fire incidents above ground, below ground or in any other area which is not, but which may become contaminated by products of combustion or other hazardous substances. In these circumstances only, the S.C.B.A. may be worn with the face piece removed. The wearing of S.C.B.A. in these situations provides that it will be immediately available for use if conditions change or if personnel are to enter an area where the use of S.C.B.A. is required.

Premature removal of S.C.B.A. must be avoided at all times. This is particularly significant during overhaul when smoldering materials may produce increased quantities of carbon monoxide and other toxic products. In these cases S.C.B.A. must be used or the atmosphere must be changed and tested.

Gross decontamination following exposure to the products of combustion should occur before the mask is removed.

If the atmosphere has been tested and confirmed safe, post fire activities such as fire investigations may be performed using a face mask with particulate filters. Atmospheric monitoring must be conducted before entering and continuously while using an air purifying respirator. Air purifying respirators must not be used in an atmosphere of less than 19.5 % oxygen. Particulate filters used must be suitable for organic vapours, acids and gases.

In routine fire situations, the decision to remove S.C.B.A. shall be made by company officers, with the approval of the safety officer, based on an evaluation of atmospheric conditions. Prior to removal, fire areas shall be thoroughly ventilated and, where necessary, continuous ventilation shall be provided.

Respiratory protection while attending to a medical response should be as per the first responder protocols.

If there is any doubt about respiratory safety, S.C.B.A. use shall be maintained.

Annual fit testing for each type of respirator to be used and regular skills proficiency training must be completed as outlined in OG # 2.07.

<hr style="width: 80%; margin: 0 auto;"/> <p>Signature of Fire Chief</p>	<p>This O.G. is NEW</p> <p>Issued on: January 7, 2012</p>
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Appendix P

Surrey Firefighters' Association
Local 1271
Employee Benefits Brochure



Welcome to the City of Surrey Benefits Plan

This brochure will give you a quick overview of many of the most popular features and hopefully answer most of your coverage questions.

Manulife Claims/Information
Phone Number: **1-855-978-7739**
Website: www.manulife.ca/planmember

Health Insurance B.C.
(Medical Service Plan – MSP)
Phone Number: **604-683-7151**

In the event of any discrepancies the insurance contract will apply.

January 2012

COMMON QUESTIONS

Q: How do I change my beneficiary?

A: You may obtain a change form under Human Resources, Forms, on the Intranet. Once completed, send through to Human Resources for activation.

Q: How do I change my address or phone number?

A: You can go to the PeopleSoft Self Service and update your address and/or phone number yourself. Or you may obtain a change form under Human Resources, Forms, on the Intranet. Once completed, send through to Human Resources for activation.

Q: What is “Coordination of Benefits”?

A: If both you and your spouse are covered for similar benefits (each under your own plan), you may claim from both plans to maximize the amount you would be reimbursed for Dental and Extended Health claims. Each submits a claim to their own plan first, then the remainder unpaid is submitted to the spouse’s plan. In the case of claims for dependent children, the plan billed first would be the one for the parent with the earliest birthdate in the year. For more detailed information please refer to your Manulife booklet, found on the City of Surrey Intranet and the Fire Services Intranet, or the Manulife website: www.manulife.ca/planmember

Q: How can I claim for benefit reimbursement?

A: Both Extended Health and Dental Claim forms are available from the Manulife website or through the Intranet. You can also claim your dental expenses and some paramedical expenses online through the Manulife website.

Q: How can I check the status of my claim?

A: You can access your claim information either through the Manulife website or by phoning the Manulife toll free member services line at **1-855-978-7739 (1-855-9SURREY).**

COVERAGE

Coverage by Health Insurance BC (Medical Services Plan) commences on the first day of the month following the month you were hired. Your Extended Health, Dental, Life Insurance, Dependent Life, Optional Accidental Death and Dismemberment Insurance, and Long Term Disability Insurance all begin 3 months after the date of your hire, providing you are actively at work on that day.

You also have the ability to purchase Optional Life Insurance up to a further \$300,000 each. Coverage for these benefits is available for you and your spouse, and Optional Accidental Death and Dismemberment up to \$300,000, for either single coverage or family coverage.

Health Insurance BC (Medical Services Plan) coverage ends at the end of the month in which your employment ends.

Extended Health and Dental end the date your employment ends.

Life Insurance, Optional Life Insurance and Optional Accidental Death and Dismemberment Insurance end the date your employment ends or upon reaching age 60 (age 70 for support staff), whichever is sooner.

LTD coverage ends upon reaching age 60, (age 65 for support staff), or the date your employment ends, whichever is sooner.

If you terminate your employment and you are under the age of 70, you have the option of transferring your Extended Health, Dental, Basic Life, Optional Life, and Optional Spousal Life to a private plan with Manulife Financial.

METHODS OF REIMBURSEMENT

You must complete a health claim form and submit it to Manulife along with the original receipts.

Manulife also gives you the ability to set up direct deposit to your bank account for extended health and dental claim reimbursements. You can also claim your dental and some paramedical expenses directly online. See their website for details:

www.manulife.ca/planmember



GROUP BENEFITS

Life Insurance – Manulife

In the event of your death, your beneficiaries will receive three times your annual base salary.

Short Term Disability

Your City of Surrey Sick Leave Plan, (your Short Term Disability Plan) is available when you are too ill to come to work. 1.50 days are deposited every month to a sick bank on your behalf. It is intended to provide you with coverage until your Long Term Disability claim becomes effective. If your sick bank is depleted before your Long Term Disability claim becomes effective, Service Canada also provides employment insurance benefits for approved sick leave, up to 15 weeks. You may have to provide acceptable medical documentation to receive this benefit.

Long Term Disability – Manulife

Your Long Term Disability benefits begin 200 days after the date you first became continuously disabled and pays 66 and 2/3rds of your basic monthly salary (up to a maximum of 66 and 2/3rds of the highest straight time rate for Battalion Chief) to age 60 (age 65 for support staff), or the date you are no longer disabled, whichever is sooner. You are required to provide acceptable medical documentation to receive this benefit.

Extended Health – Manulife

\$25 Deductible per year, per family (not applicable to Hospital or Vision)
\$1,000,000 lifetime limit per person.

Reimbursement Percentage

For Glasses, Contact Lenses, Eye Corrective Surgery, Eye Exams and Emergency Travel Insurance, eligible expenses are paid at 100%. For all other eligible expenses (combined), the plan pays 80% for the first \$1250 per calendar year and 100% thereafter.

Prescriptions

After you have paid the deductible, the plan will reimburse you for medically necessary drugs that require a prescription from a licensed physician or dentist, and are dispensed by a licensed pharmacist.

Eye Exam

\$100 per calendar year provided by an ophthalmologist or licensed optometrist.

Glasses/Contact Lenses/Laser Eye Surgery

\$500 in any 24 month period for glasses or contact lenses. Eye Corrective Surgery lifetime maximum up to \$2,000 per eye per person.

Oral Contraceptives

Eligible expenses will be reimbursed after you have paid the deductible. Up to a maximum of \$200 per family per calendar year if prescribed for contraceptive purposes, otherwise no maximum applies.

Paramedical Practitioners

The following professionals will be reimbursed after you have satisfied the deductible:

Licensed Clinical Psychologist

- Up to a maximum of \$1250 per person per calendar year per specialty.

Licensed Acupuncturist, Licensed Naturopath and Licensed Chiropractor, Licensed Speech Therapist, Licensed Physiotherapist, Licensed Massage Therapist, Podiatrists and Chiropodists

- Combined total maximum limit of \$1500 up to the reasonable and customary charges (includes one x-ray per year for Licensed Podiatrist and Chiropodist). The services of a Licensed Massage Therapist must be ordered by a Doctor.

Hearing Aids

Eligible expenses will be reimbursed after you have paid the deductible. Up to \$1,500 per adult over a period of 5 calendar years, includes repairs, and up to \$1,500 per child per calendar year.

Wigs

Eligible expenses will be reimbursed after you have paid the deductible. Up to \$500 lifetime maximum. Wigs do not require a doctor's order.

Breast Prostheses

Eligible expenses will be reimbursed after you have paid the deductible. Up to a maximum of \$200 per person in a calendar year.

Emergency Travel Insurance

Provides out of country emergency medical travel insurance. Brochures/wallet cards can be downloaded from the Manulife website: www.manulife.ca/planmember or from the City of Surrey Intranet. The numbers for out-of-province/country emergency assistance are found on the card.

USA and Canada: **1-800-265-9977**

Mexico: **00-1-800-514-3702**

Dominican Republic: **1-888-751-4403**

From other countries that participate in the Universal International Toll Free (UITF):

Dialing Prefix + 800-9221-9221

All other countries, use the operator to call collect: **519-741-8450**

Dental – Manulife

Level I & II: 100% Reimbursement of Eligible Expenses

Levels III & IV: 85% Reimbursement of Eligible Expenses

Level V: 75% Reimbursement of Eligible Expenses with a lifetime maximum of \$7,500 per person.

Levels I & II: Coverage includes

Cleanings, check-ups, fillings, (amalgam, composite, acrylic or equivalent), extractions, root canal therapy and root canal fillings. Surgery and related anaesthesia. Inlays and onlays covered under Level II.

Levels III & IV: Coverage includes

Crowns and repairs to crowns. Repairs of bridges or dentures. Rebase or relines of an existing partial or complete denture. Construction and insertion of bridges or standard dentures.

Plan V: Coverage includes

Comprehensive orthodontic treatment, using a removable or fixed appliance, or combination of both. This includes diagnostic procedures, formal treatment and retention. (Space maintainers for missing primary teeth covered under Level I). It is recommended that you obtain a predetermination from Manulife for any major procedural expense.

OTHER BENEFITS

Employee Wellness Pass

Available to all City of Surrey Employees. This pass allows unlimited use of all the City of Surrey pools, rinks, fitness facilities and drop-in fitness classes. They are available from Newton Wave Pool, North Surrey Indoor Pool, Fleetwood Community Centre, South Surrey Indoor Pool, Guildford Recreation Centre and Surrey Sport & Leisure Complex.

Member Family Assistance Program

Provided in partnership with the City of Surrey and the Surrey Firefighters Association. You and your dependents are able to access short term, confidential, and professional assistance on a wide range of personal and/or work-related issues up to a maximum of \$600 per person to a maximum of \$1,200 per family per year. Please contact one of your MFAP team representatives for further information.





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