



DEPARTMENT OF FIRE AND RESCUE SERVICES

	<h1>GENERAL ORDER</h1> <h2>150.13</h2>	
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Originating From <b>Administration</b>	Issue Date <b>12/20/2004</b>	Revision Date <b>N/A</b>	Attachments <b>A-I</b>
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**SUBJECT: Peer Fitness Trainer Program**

**APPLICABILITY: All Personnel**

**POLICY:**

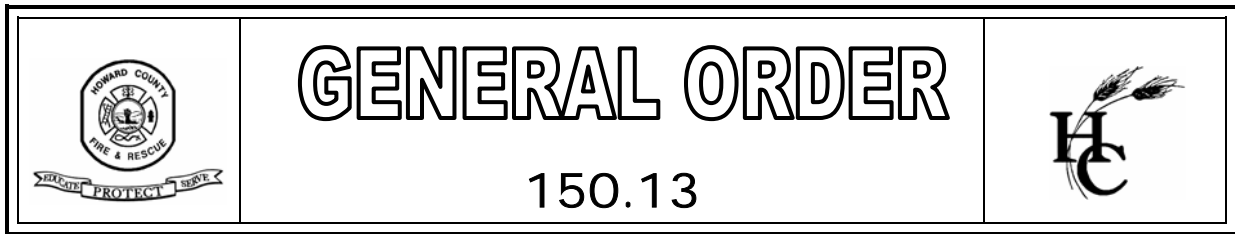
Howard County Department of Fire and Rescue Service (DFRS) is dedicated to providing qualified personal fitness trainers to all DFRS members for exercise leadership in a safe and professionally regulated program.

- 1 Peer fitness trainers shall be current DFRS members who hold valid certification as either a group trainer or a personal trainer.

2 DEFINITIONS

- 2.1 **Exercise prescription** is a systematic, individualized exercise program that includes the appropriate mode(s), intensity, duration, frequency, and progression of physical activities.
- 2.2 A **fitness coordinator** is a member who, under the supervision of both the medical director and the DFRS Health and Safety Officer, has been designated by the department to coordinate and be responsible for the health and fitness programs of the department.
- 2.3 A **fitness representative** is a member of a station or facility selected by the fitness coordinator to maintain fitness equipment in the representative’s station or facility.
- 2.4 A **group fitness trainer** is a member who currently holds certification from the American Council of Education (ACE) (or equivalent as determined by the fitness coordinator) as a Certified Group Trainer. This person reports to the fitness coordinator and will help to develop and deliver the department’s fitness/health/wellness programs.
- 2.5 The **Health and Safety Officer** is the member of the department assigned and authorized by the Fire Chief as the manager of the department’s safety and health programs.
- 2.6 A **member** is a person (career or volunteer) who is involved in rescue, fire suppression, emergency medical services, hazardous materials mitigation, special

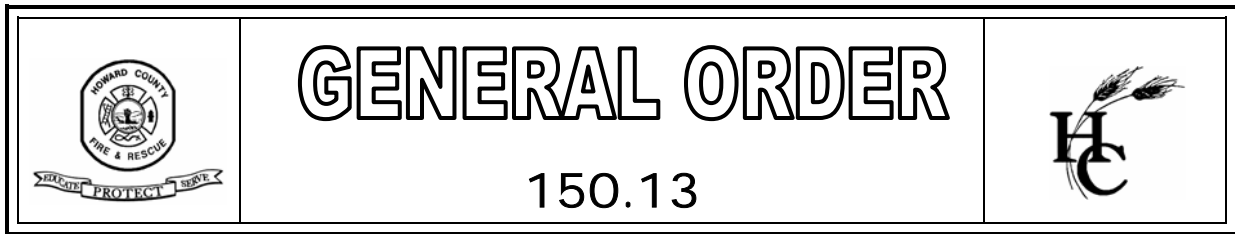
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operations, and other emergency services.

- 2.7 The **Medical Director** is the licensed doctor of medicine or osteopathy who has been designated by the DFRS to provide professional expertise in the areas of occupational safety and health as they relate to emergency services.
- 2.8 A **personal fitness trainer** is a member who currently holds certification from the American Council of Education (ACE) (or equivalent as determined by the fitness coordinator) as a Certified Personal Trainer. This person reports to the fitness coordinator and will help to develop and deliver the department's fitness/health/wellness programs.
- 2.9 PAR-Q is a **Physical Activity Readiness Questionnaire** that screens the members' activity level before performing a physical exercise program. This form is required by ACE for all group and peer trainers before developing an exercise program for a member.
- 3 The Personal Fitness Trainer Program is overseen by the Health and Safety Officer and provides the DFRS member with annual fitness assessments and personalized fitness workouts designed by his/her assigned fitness trainer. This program will also provide the DFRS member with information regarding nutrition, injury prevention, and motivation. Personal trainers are also available to assist a member in rehabilitation after an injury; however, this assistance is strictly under the direction of the treating physician.
- 4 THE FITNESS COORDINATOR'S RESPONSIBILITIES
  - 4.1 Manage all group/peer fitness trainers,
  - 4.2 Maintain current certification/re-certification needs and records.
  - 4.3 Establish a well-developed departmental fitness assessment program with assistance from the group/personal fitness trainers.
  - 4.4 Acquire new high quality fitness equipment, as well as ensure maintenance of current fitness equipment based on monthly assessments performed by station fitness representatives.
  - 4.5 Maintain program and individual documents (PAR-Q, Lifestyle Info, etc) in a secure area on DFRS property.

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## 5 RESPONSIBILITIES OF A GROUP FITNESS TRAINER

- 5.1 The number of group fitness trainers will be established based on departmental needs. DFRS will fund the certification and supply all study materials to individuals interested in becoming a group fitness trainer, assuming that the current number of certified trainers is insufficient for departmental needs. After successfully completing the certification process, a copy of all certification documentation must be forwarded to the fitness coordinator for departmental recordkeeping.
- 5.2 Group fitness trainers will primarily be used in the training academy setting where simultaneous management of numerous members is necessary. These trainers are responsible for dividing the class into appropriate groupings in order to ensure that each student is accomplishing suitable fitness goals.
- 5.3 Group fitness trainers may also develop programs for groups of members (i.e., a certain shift at a station, a group at headquarters, etc.) with similar fitness interests/goals.

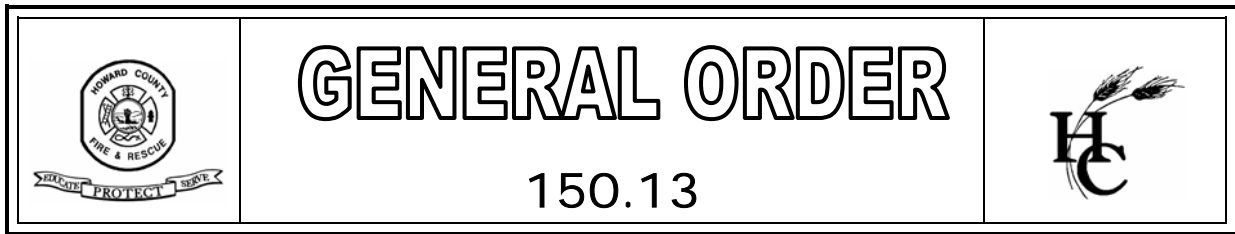
## 6 RESPONSIBILITIES OF A PERSONAL FITNESS TRAINER

- 6.1 The number of personal fitness trainers will be established based on departmental needs. DFRS will fund the certification and supply all study materials to individuals selected as a personal fitness trainer. After successfully completing the certification process, a copy of all certification documentation must be forwarded to the fitness coordinator for departmental record keeping.
- 6.2 Personal fitness trainers focus more on individual members. These trainers will develop personalized routines for each member and provide more personal attention to the members.

## 7 RESPONSIBILITIES OF ALL PEER FITNESS TRAINERS

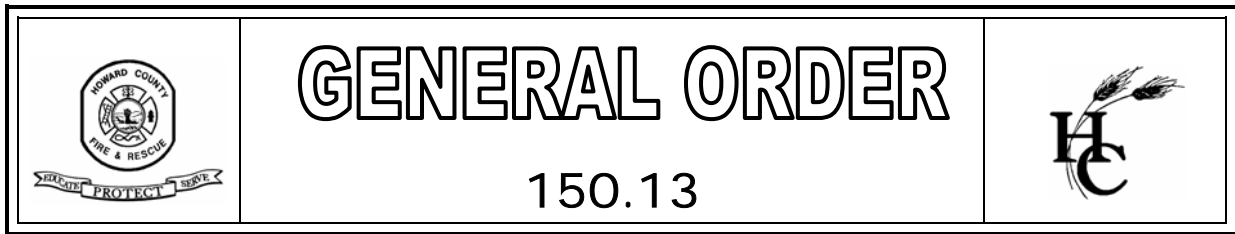
- 7.1 A person chosen to become a peer fitness trainer (whether certified as a personal trainer or a group trainer) must understand the commitment that comes with the title. Upon certification, trainers will be utilized in several functions, to include, but not limited to:
  - 7.1.1 Perform annual/bi-annual departmental personnel fitness assessments;
  - 7.1.2 Provide training advice/sessions for individuals seeking guidance with their fitness program;
  - 7.1.3 Provide continued oversight of the rehabilitation program through the physician exercise prescription. This will be coordinated with the medical director and/or fitness coordinator.

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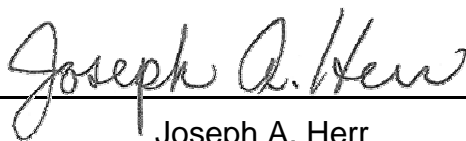
- 7.1.4 Function as a fitness representative to address fitness needs, which may include: equipment repair, equipment ordering, fitness room inventory records (see below for further details);
  - 7.1.5 Support the CPAT mentorship program; and,
  - 7.1.6 Support programs related to fitness within the department.
- 7.2 In order to be eligible for departmental sponsorship of a peer/group trainer's re-certification, the trainer must participate annually in two or more of the functions listed under 7.1.1-7.1.6, "Responsibilities of all Peer Fitness Trainers", in this order.
- 7.3 Each peer fitness trainer is required to maintain his or her certification either through continuing education opportunities offered by the department or via outside courses approved by the fitness coordinator and the Health and Safety Officer. It is the individual's responsibility to monitor when his/her re-certification must be completed. DFRS will fund the re-certification (assuming the trainer has met the stipulation of 7.2 in this order); however, the request must be made to the Health & Safety Officer at least six months in advance of the expiration date. Funding for overdue, late fees, re-test will be the responsibility of the individual.
- 8 Each peer fitness trainer will be provided a kit to be used for his/her recordkeeping. The trainer is only permitted to use forms provided by DFRS. The kit will include the following materials:
- 8.1 Departmental forms (only those which have been approved by DFRS)
    - 8.1.1 Physical Activity Readiness Questionnaire – PAR-Q form (Attachment A)
    - 8.1.2 Firefighter Assessment Data form (Attachment B)
    - 8.1.3 Exercise History and Attitude Questionnaire form (Attachment C)
    - 8.1.4 Lifestyle Information Form Attachment D)
  - 8.2 Quick Series book for members (Attachment E)
  - 8.3 Member log (Attachment F)
  - 8.4 Emergency reporting procedures (Attachment G)
  - 8.5 Station fitness equipment inventory list
  - 8.6 Fitness repair request form. (Attachment H)
  - 8.7 Out of Service Tags (for defective equipment) (Attachment I)
- 9 RESPONSIBILITIES OF THE FITNESS REPRESENTATIVE
- 9.1 The fitness coordinator will select a fitness representative for each fire station and DFRS facility. These names shall be posted at all stations/facilities. The fitness representative will be responsible for the supervision of in-house fitness equipment

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- needs and repairs. This person must perform a monthly inspection of the station's fitness room to evaluate the needs. A copy of this monthly evaluation will be sent to the fitness coordinator for review and filing.
- 9.2 The fitness coordinator will schedule annual fitness equipment inspections to be performed by an equipment technician (contractor) at a time mutually agreeable between the contractor and the fitness representative. The fitness representative should inform the station officer of the scheduled appointment.
- 9.3 The fitness representative shall ensure that an equipment manual and file is properly maintained regarding the status of the station's fitness equipment. The fitness representative will forward all requests for equipment acquisitions/repairs, via the Fitness Equipment Maintenance/ Repair Form (Attachment H), through the proper chain of command to the fitness coordinator.
- 9.3.1 For fitness equipment issues in county-owned fire stations, the fitness coordinator will then arrange vendor contacts and schedule any necessary repairs or deliveries.
- 9.3.2 For fitness equipment issues in corporate-owned stations, the station representative should then notify the station's purchasing agent so that the station's established procurement procedures can be followed.
- 9.4 In the event of fitness equipment failure when the fitness representative is off duty, the station officer in charge (OIC) should contact the fitness coordinator and fax the repair request to the Health & Safety Officer.
- 9.5 If a fitness representative is transferred, then the fitness coordinator will appoint a temporary replacement until another member is approved.

Approved:



Joseph A. Herr  
Fire Chief



# Physical Activity Readiness Questionnaire - PAR-Q (Revised 1994)

## PAR-Q & YOU (A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES NO

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Has your doctor ever said that you have a heart condition and that you should only do physical activities recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Do you feel pain in your chest when you do physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | In the past month, have you had chest pain when you were not doing physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Do you have a bone or joint problem that could be made worse by a change in your physical activity?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Do you know of any other reason why you should not do physical activity?   |

*If you answered Yes to one or more questions:*

- + Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.
- + You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- + Find out which community programs are safe and helpful for you.

*If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:*

- + Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- + Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.



## Physical Activity Readiness Questionnaire - PAR-Q (Revised 1994)

PAR-Q & YOU (A Questionnaire for People Aged 15 to 69)

### **DELAY BECOMING MUCH MORE ACTIVE:**

- + If you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better; or
- + If you are or may be pregnant - talk to your doctor before you start becoming more active.

*Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

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*Note: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.*

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

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Name

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Signature

Date

---

Signature of Parent

Witness

Or Guardian (for participants under the age of majority)



# Physical Activity Readiness Questionnaire - PAR-Q (Revised 1994)

PAR-Q & YOU (A Questionnaire for People Aged 15 to 69)

## Sample Health History Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone (\_\_\_\_) \_\_\_\_\_

Person to contact in case of emergency:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you taking any medications or drugs? If so, please list medication, dose and reason.

\_\_\_\_\_

Does your physician know you are participating in this exercise program?

\_\_\_\_\_

Describe any physical activity you do somewhat regularly.

\_\_\_\_\_

<i>Do you now, or have you had in the past:</i>	<b>Yes</b>	<b>No</b>
1. History of heart problems, chest pain or stroke	___	___
2. Increased blood pressure	___	___
3. Any chronic illness or condition	___	___
4. Difficulty with physical exercise	___	___
5. Advice from physician not to exercise	___	___
6. Recent surgery (last 12 months)	___	___
7. Pregnancy (now or within last 3 months)	___	___
8. History of breathing or lung problems	___	___
9. Muscle, joint or back disorder, or any previous injury still affecting you	___	___
10. Diabetes or thyroid condition	___	___
11. Cigarette smoking habit	___	___
12. Obesity (more than 20 percent over ideal body weight)	___	___
13. Increased blood cholesterol	___	___
14. History of heart problems in immediate family	___	___
15. Hernia, or any condition that may be aggravated by lifting weights	___	___

Please explain any "Yes" answers on the back.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Howard County Fire and Rescue

## FIREFIGHTER ASSESSMENT DATA

Name: \_\_\_\_\_

Date: \_\_\_\_\_

EID: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_

	Week ____	Week ____	Week ____	Week ____
<b>Weight</b>				
<b>Body Fat %</b>				
<b>Lean Muscle Mass</b>				
<b>Grip Strength</b>				
<b>Leg Strength</b>				
<b>Push Ups / 1 min</b>				
<b>Sit Ups / 1 min</b>				
<b>Step Test / 3 min</b>				
<b>Truck Flex</b>				

Girth Measurements	Week ____	Week ____	Week ____	Week ____	Loss	Gain
<b>Chest</b>						
<b>Waist</b>						
<b>Oblique</b>						
<b>Hips</b>						
<b>Thigh</b>						
<b>Calf</b>						
<b>Biceps</b>						



# Howard County Fire and Rescue

## FIREFIGHTER ASSESSMENT DATA

Fitness Summary	Week ____	Week ____	Week ____	Week ____
<b>Body Fat</b>				
<b>Flexibility</b>				
<b>Musculoskeletal</b>				
<b>Cardiovascular</b>				

BA - Below Average    A - Average    G - Good    E - Excellent

### Female Measurements

- Chest:** At largest portion of chest (arms at side)
- Biceps:** Midpoint of flexed muscle
- Waist:** One inch above navel
- Hips:** At widest portion of hips
- Thigh:** Midpoint between inguinal fold and superior aspect of patella
- Calf:** At widest portion

### Male Measurements

- Chest:** Across nipples (arms at side)
- Biceps:** Midpoint of flexed muscle
- Waist:** One inch above navel
- Oblique:** Across navel
- Thigh:** Midpoint between inguinal fold and superior aspect of patella
- Calf:** At widest point



# Exercise History and Attitude Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

*General Instructions: Please fill out this form as completely as possible, if you have any questions, DO NOT GUESS; ask your trainer for assistance.*

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20 \_\_\_\_\_ 21 -30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50+ \_\_\_\_\_

2. Were you a high school and/or college athlete?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

3. Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest). Circle the number that best applies.

Characterize your present athletic capability.

1                      2                      3                      4                      5

When you exercise, how important is competition?

1                      2                      3                      4                      5

Characterize your present cardiovascular capacity.

1                      2                      3                      4                      5

Characterize your present muscular capacity.

1                      2                      3                      4                      5

Characterize your present flexibility capacity.

1                      2                      3                      4                      5

6. Do you start exercise programs but then find yourself unable to stick with them?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. How much are you willing to devote to an exercise program?

\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

8. Are you currently involved in a regular endurance (cardiovascular) exercise:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify the type of exercise(s) \_\_\_\_\_

\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

Rate your perception of the exertion of your exercise program (circle the number):

(1) Light            (2)Fairly light            (3)Somewhat hard            (4)Hard

9. How long have you been exercising regularly?

\_\_\_\_\_ months            \_\_\_\_\_ years

10. What other exercise, sport or recreational activities have you participated in?



## Exercise History and Attitude Questionnaire

In the past 6 months? \_\_\_\_\_

In the past 5 years? \_\_\_\_\_

11. Can you exercise during your work day?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Would an exercise program interfere with your job?

Yes \_\_\_\_\_ No \_\_\_\_\_

13.. Would an exercise program benefit your job?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. What types of exercise interest you?

Walking _____	Jogging _____	Swimming _____
Cycling _____	Dance exercise _____	Strength training _____
Stationary biking _____	Rowing _____	Racquetball _____
Tennis _____	Other aerobic _____	Stretching _____

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you? \_\_\_\_\_

\_\_\_\_\_

Use the following scale to rate each goal separately:

Extremely important					Somewhat important					Not at all important
1	2	3	4	5	6	7	8	9	10	

- a. Improve cardiovascular fitness \_\_\_\_\_
- b. Body-fat weight loss \_\_\_\_\_
- c. Reshape or tone my body \_\_\_\_\_
- d. Improve performance for a specific sport \_\_\_\_\_
- e. Improve moods and ability to cope with stress \_\_\_\_\_
- f. Improve flexibility \_\_\_\_\_
- g. Increase strength \_\_\_\_\_
- h. Increase energy level \_\_\_\_\_
- i. Feel better \_\_\_\_\_
- j. Enjoyment \_\_\_\_\_
- k. Other \_\_\_\_\_

16. By how much would you like to change your current weight?

(+) \_\_\_\_\_ lbs                      (-) \_\_\_\_\_ lbs



# Lifestyle Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_

## Physical Activity

1. In the past year, how often have you been engaged in physical activity?  
 Regularly (3 to 4 times / week)       Sporadic (1 to 2 times / month)  
 Semiregular (1 to 2 times / week)       None
2. What types of physical activity do you consider Afun?@ \_\_\_\_\_
3. What are your personal barriers to exercise (i.e., your reasons for not exercising)? \_\_\_\_\_
4. What physical activity have you been successful with in the past (liked and participated in regularly)?  
\_\_\_\_\_
5. How do you think your weight affects your daily activities? \_\_\_\_\_  
\_\_\_\_\_

## Support

6. Do you feel any family, friends or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity? \_\_\_\_\_
7. Is your significant other or a close friend involved in any regular physical activity? \_\_\_\_\_  
\_\_\_\_\_

## Occupation/Leisure

8. What is your present occupation? \_\_\_\_\_
9. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)?  
\_\_\_\_\_
10. What are your usual leisure activities? \_\_\_\_\_

## Stressors

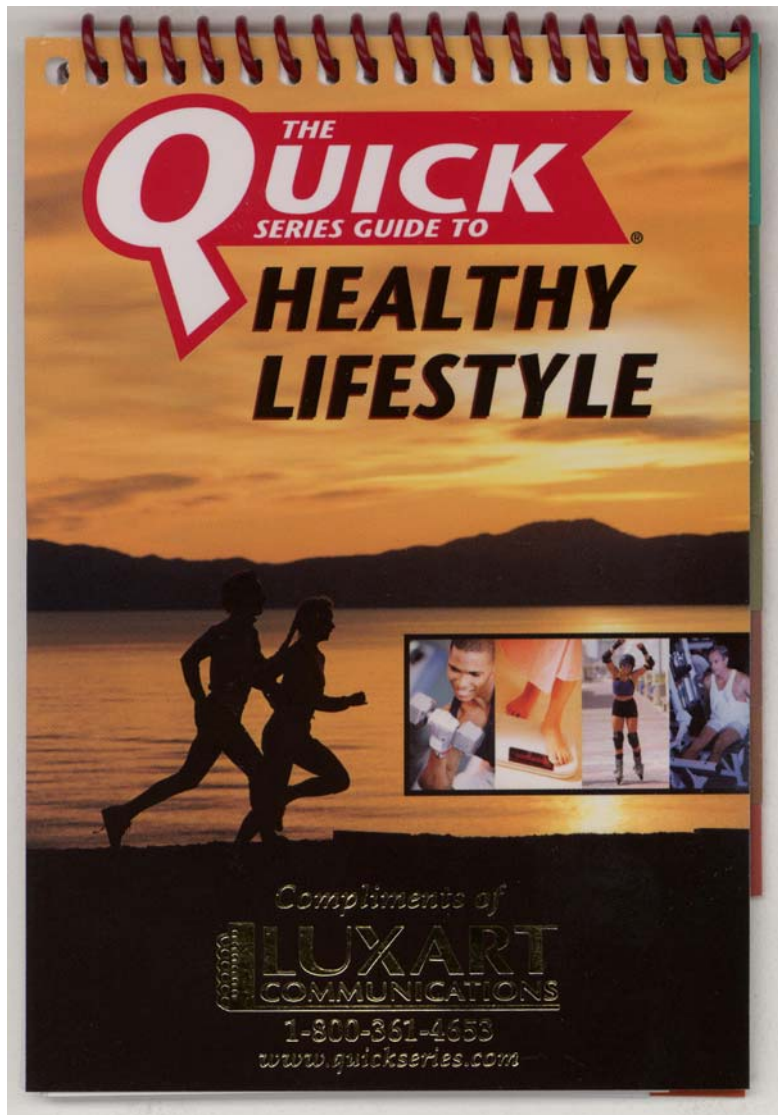
11. What types of things make you feel stressed? \_\_\_\_\_
12. How do you deal with your stress normally? \_\_\_\_\_

## Dietary Patterns

13. How many meals and/or snacks do you have per day? \_\_\_\_\_
14. What would you estimate your caloric intake to be per day? \_\_\_\_\_
15. Do you feel you eat healthy Amost of the time?@ \_\_\_\_\_

## Expectations

16. Specifically describe what you would like to accomplish through your fitness program during the next:  
1 month \_\_\_\_\_  
4 months \_\_\_\_\_  
1 year \_\_\_\_\_



Sample





# **Emergency Reporting Procedures**

1. Notify Battalion Chief and Health & Safety Officer
2. Fill out Repair Request Form
3. Fax Repair Request Form to x5888
4. Page Fitness Coordinator x0271
5. Place OUT OF SERVICE Tag on equipment





## Fitness Equipment Maintenance/Repair Request

Station Requesting: \_\_\_\_\_ Date: \_\_\_\_\_

Fitness Representative: \_\_\_\_\_

Person Requesting: \_\_\_\_\_ EID: \_\_\_\_\_

Maintenance or Repair (*Circle One*)

Description of request:

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\_\_\_\_\_  
*Officer's Signature*

\_\_\_\_\_  
*Date*



Example

# OUT OF SERVICE

Description of Service needed

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\_\_\_\_\_  
Fitness Rep Signature

\_\_\_\_\_  
Date