



# BACK STEP TALKS

SERIES II ISSUE 5 OCTOBER 2023

## Firefighter Life Safety Initiative #6 - Medical & Physical Fitness

This initiative's purpose is to raise the awareness of the need for medical and physical wellness programs for every firefighter, be they career or volunteer.

The United States Fire Administration estimated that approximately 737,000 firefighters serve their communities without programs, or guidelines, aimed at basic health, the majority of these firefighters are volunteers serving towns of 5,000 or less in population.

The National Fallen Firefighters Foundation established the First Responder Center for Excellence (FRCE) for Reducing Occupational Illness, Injuries, and Deaths in an effort to increase the awareness of these much-needed programs. At this past year's MSFA Convention, the FRCE focused on the health and welfare of female firefighters.

Other organizations within the fire service have been established to highlight the importance of these programs.

So, what can your department do? As a minimum, encourage each of your members to have an annual physical – either with their own

**Life Safety Initiative #6**  
*Develop and implement national medical and physical fitness standards that are equally applicable to all firefighters, based on duties they are expected to perform.*

physician or the department's physician. Become familiar with NFPA 1582 (Standard on Comprehensive Occupational Medical Programs for Fire Department). Identify, or educate, local physicians in the intent and objectives of a NFPA 1582 physical. Develop health and welfare SOGs that are applicable to your department.

Remember, medical and physical fitness programs are NOT there to exclude members from performing their duties, but are there to ensure we all return home safely.

Dave Reid  
EMS Lt/Safety Officer  
United Communities VFD

[Life Safety Initiative #6](#) 

 [NVFC Heart Healthy Program](#)

[First Responder Center for Excellence](#) 



# Fire Department Medical Program Toolkit

The [First Responder Center for Excellence](#) (FRCE) estimates there are 1,160,450 firefighters in the United States, but only a portion of them receive a fully compliant NFPA 1582 medical examination each year.

In 2004, the [National Fallen Firefighters Foundation](#) (NFFF) hosted the Firefighter Life Safety Summit. One of the needs identified by the Summit, and later reaffirmed by the Everyone Goes Home program, was the lack of national medical and physical fitness standards for all firefighters.

To address this need (Life Safety Initiative #6), the NFFF developed a Toolkit for NFPA 1582 Physicals. The Toolkit is designed to help an organization develop and gain support for an occupational medical program that complies with NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments.

The Toolkit is made up of these three elements:

**The Emergency Services Roadmap to Health and Wellness.** Essentially an update of the 2013 Fire Department Guide to NFPA 1582, this document incorporates new research and evaluation of firefighter medical survey results. It provides guidance in the following areas.

- Comprehensive NFPA 1582 Q&A
- Department Responsibilities

- Program Development
- Healthcare Provider Responsibilities
- A detailed NFPA 1582 Overview



**NFPA 1582 Occupational Medical Program PowerPoint for Organizations.** Aimed at internal stakeholders, both leadership and individual firefighters, this presentation provides a great deal of information and anticipates many of the questions we can expect to come up as we advocate for a new program. Some of what it covers is summarized below.

- Importance of early detection of cardiovascular conditions and cancer
- Elements of an NFPA 1582 incumbent physical

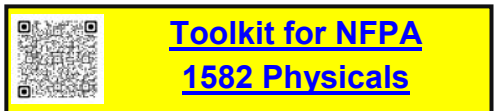
- The 14 job tasks that the healthcare provider should evaluate the firefighter to perform

**NFPA 1582 Occupational Medical Program PowerPoint for Jurisdictions.** Aimed at local government officials, this presentation is meant to help us gain the support we need to implement a program. This short presentation includes the information below.

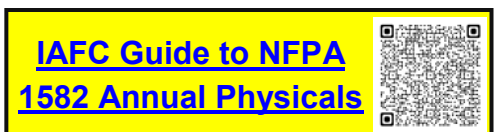
- Much of the same general content as the Organizations PowerPoint.
- Recommends jurisdictions work with HR and Risk Management to help determine specific cost savings that can be expected from implementing an effective occupational medical program.

The FRCE estimates that we can reduce line-of-duty deaths by almost 50% by making sure everyone is part of an NFPA 1582 compliant physical program. The NFFF Toolkit is a valuable instrument for any of us working toward the goal of everyone going home.

Steve Maloney



[Toolkit for NFPA 1582 Physicals](#)



[IAFC Guide to NFPA 1582 Annual Physicals](#)

# Fit After Forty

Age is just a number. Forty is the new thirty. With age comes wisdom. Who is that person looking back at me in the mirror? Do any of these phrases sound familiar?

You begin aging the day you are born, yet the aging process doesn't seem significant until we begin to notice changes in our physical appearance and ability. Many firefighters and EMS personnel start their careers, or to volunteer, at a young age, highly motivated and physically fit.

There is a saying, "Time Flies When You Are Having Fun". Before you know it, you wake up and you are 40, 50, 60, and beyond. Maturing in the fire service comes with many benefits: experience, promotions, career advancements and opportunities, increased self-confidence and awareness, leadership, salary increases, and ultimately a happy and healthy retirement. It can also bring about new aches and pains, weight gain, decreased endurance and performance, need for medications, and new onset illness such as cardiovascular disease, cancer, and mental illness.

In order to maintain a productive career, it is important to practice healthy strategies to keep yourself fit and young.

1. Maintain a healthy weight to reduce risk of cardiovascular disease, cancer, joint pain, diabetes, and breathing, mobility and sleep issues. To adjust to a slowing metabolism, it is important to choose more nutrient dense foods versus calorie dense foods. Choose whole grain foods high in dietary fiber such as oatmeal, fruits, vegetables, whole

grain bread/pasta, quinoa, brown rice, beans, and popcorn. Limit/avoid high calorie foods such as candy, cookies, cake, sugared sodas, fried food, and fatty meats such as ribs, hotdogs, sausage. Balance your meals and portion control. A great way to balance meals is by following the MyPlate diagram (MyPlate.gov). Fill half your plate with fruits and vegetables, a quarter of your plate with a lean protein or plant protein source, and a quarter of your plate with a whole grain. Eat off a smaller plate versus a dinner plate to help control portion size and calories. Read nutrition labels to determine the correct portion sizes of the foods you choose. Do your best to eat "whole" foods. These are foods that don't require a nutrition label such as fruits, vegetables, lean meats, poultry, eggs, nuts, beans, sweet potatoes, oatmeal. Remember that food is not only for nutrition. Allow yourself treats. I recommend following the 80/20 rule, choosing healthy foods 80% of the time, and not as healthy foods 20% of the time. When it comes to snacking, combine a plant and protein source. Some examples include: Greek yogurt and berries, a sliced apple with peanut butter or cheese, a hard-boiled egg with a piece of fruit, hummus and veggies, a sandwich on whole wheat bread with lettuce, tomato, and lean turkey (can use a wrap), a cheese stick and nuts.

2. Get moving to maintain muscle mass, flexibility, balance, and endurance. Include stretching/mobility, aerobic and anaerobic exercise. Yoga is a great form of stretching/mobility exercise. Aerobic exercise includes walking, jogging, swimming, rowing,

bicycling, Zumba, kick boxing, the elliptical or treadmill machines. Anaerobic exercise includes resistance training (weight training). Aim for at least 150 minutes of moderate-intensity exercise each week. If you are able to do more, that is great! Listen to your body to avoid injury. If you are sore or fatigued, it is ok to take day off, or do a lighter workout on that day. The most important aspect of fitness is to remain consistent with your workouts.

3. Control stress levels. Chronic stress can significantly impact your physical and mental health. Identifying stressful thoughts and actions helps you to manage them, versus becoming a victim of them. Stress management techniques include meditation, Yoga, journaling, open communication, guided imagery, and deep-controlled breathing exercises. Experiment with box breathing (inhale deeply for four seconds, hold that breath for four seconds, exhale for four seconds, rest for four seconds). Repeat this technique as many times as you feel necessary. You can practice this breathing exercise anywhere, and at any time.

4. Get quality sleep. While you don't have control over your sleep schedule during your shift, it is imperative to practice good sleep habits when off duty. Keep a consistent sleep schedule by going to bed, and waking up at the same time each day. This consistent practice will help your mind and body know when it is time to be active, and when it is time to rest. Avoid caffeine at least 6-8 hours before going to bed. Avoid eating at least 3 hours before going to bed

## Fit After Forty cont...

to limit indigestion. Sleep in a quiet, dark room. Try using a weighted blanket. Turn off the lights, television, lap top, and phone before going to sleep. If you feel energized after exercise, establish a pattern to include exercise earlier in the day. Without adequate sleep, the hormones that control hunger and appetite may not function properly, causing us to crave and consume simple carbohydrates (candy, cookies, chips, sugared sodas, etc.), possibly resulting in weight gain.

5. Limit Alcohol Intake: Alcohol consumption is associated with short and long term health risks such as high blood pressure, cancer, weight gain, and physical/mental injury. Your risk level increases with the amount of alcohol you drink. If you choose to drink alcohol it is recommended that men consume 2 drinks or less in a day, and women consume 1 drink or less in a day. One serving of alcohol is 12 ounces of beer, 5 ounces of wine, and 1.5 ounces of spirits.

6. Get your annual physical and health screenings (colon, mammogram, skin checks): Nobody likes to get their annual physical and health screenings, however they save lives. There is always the fear that an abnormality may be identified, taking you out of the station and assigned to deskwork, or be retired early. It is important to be honest with your Physician so an accurate baseline of your health may be derived. Knowledge is power! For more information on firefighter physicals visit the [First Responder Center for Excellence website](#).

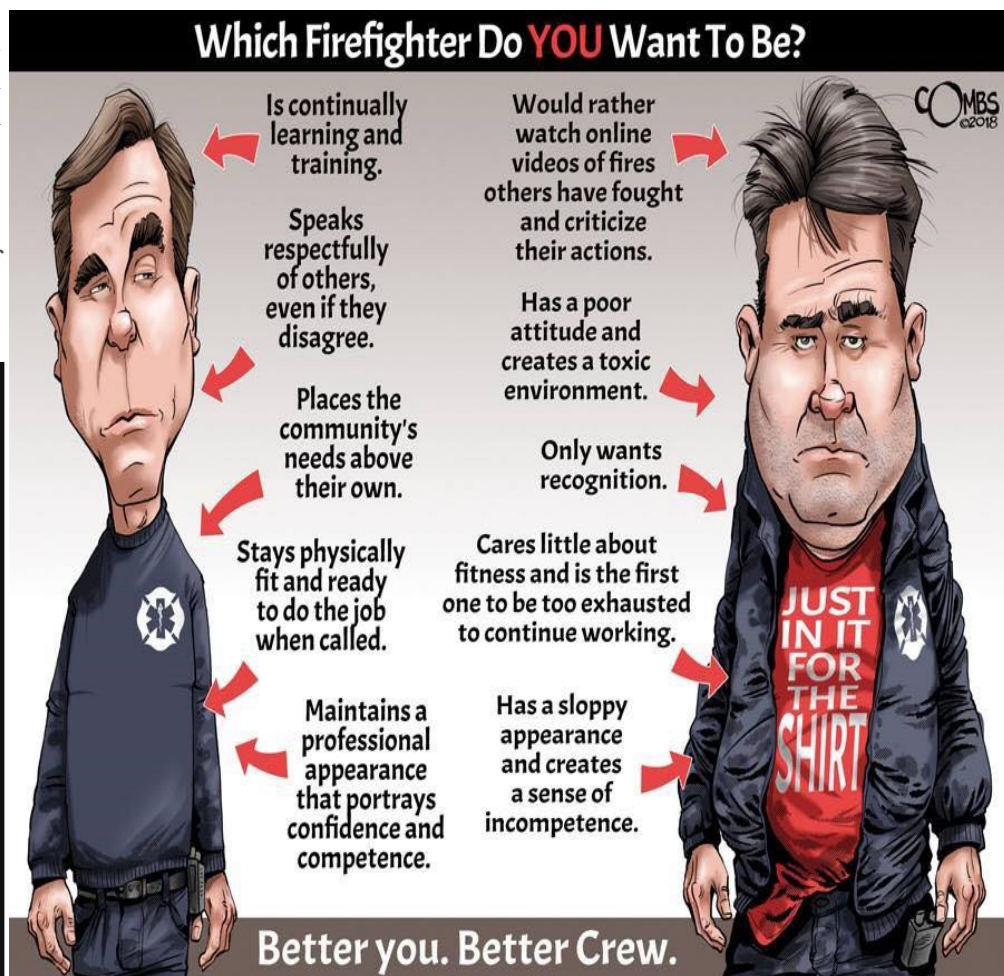
7. Live your best life. Form and maintain lasting, and meaningful relationships. Find hobbies and

shared interests you can do with others. Adopt a pet. Perform acts of kindness. Always have something to look forward to whether it be a vacation, an outing, a meal, etc.

8. Firefighters and EMS personnel have productive and successful careers well into their 40's, 50's, and 60's. There are volunteer firefighters and EMS personnel that continue to ride apparatus in their 70's. The key is to maintain your physical and mental health throughout your career. It is up to you, as to how you age.

Summarized by  
Rhonda Cohen,  
RD, LDN, CSN, MFF/EMT

**Did you know:**  
*The CDC in their report "Preventing Chronic Disease" found that an incredible 70% of modern firefighters are either overweight or obese.*



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# The View from FROMS

*Please note that this editorial expresses my personal opinions and is not to be considered an official policy statement of Montgomery County Fire and Rescue Services (MCFRS), Fire and Rescue Occupational Medical Services (FROMS), or the Montgomery County Government. While I believe my opinions are in line with my department's leadership, I do not presume to speak for the MCFRS Fire Chief or his command staff.*

We recently recognized the 22<sup>nd</sup> anniversary of the attack on the World Trade Center Towers on September 11<sup>th</sup>, 2001, but we also passed another milestone in the fact that now as many firefighter and rescue personnel have died from occupational diseases contracted at the WTC site from operations as died in the collapse, with many more sick and severely limited in their ability to live full lives. Firefighters are statistically more likely to contract cancer and much more likely to die from cancer than “normal people”. Issue: Firefighters have a 9% higher risk of developing cancer and a 14% higher risk of dying from cancer compared to the public (U.S. Fire Administration, Impact of Occupational Cancer, 2022).

I am a firm believer that as a command officer, I have a responsibility to look out for the safety and welfare of the men and women under my command on the incident scene and a sacred duty to ensure not to place them at risk of death or injury without a damn good reason. The research into the increase in cancers in the fire service members has shown the two major sources of entry into the body of these chemicals as through the respiratory system (not wearing proper respiratory protection) and by absorption through the skin.

When a member is working in gear, their core temperature increases, so the body shunts blood to the skin to cool the blood and opens the pores to sweat. This allows chemicals to enter the bloodstream when the particulates settle on the skin, and the longer they sit on the skin, the higher the absorption of these dangerous materials. The most vulnerable areas are the areas that are least protected and where the skin is thinnest, the head, neck, and wrists, with the greatest chance of this exposure coming during overhaul.

Currently under study are the effects of “forever chemicals” and other carcinogens that are absorbed into the skin after being broken down by combustion and settling on the firefighter's skin or inhaled when firefighters do not use proper respiratory protection in contaminated atmospheres. These chemicals are in our gear and even in the foams we used and trained with, and in many instances contaminated the grounds of our stations and ground water from leaching into the systems over many years. Many municipalities through the state have begun testing for these chemicals and working on plans to remediate the contamination in well water and soil. Studies are currently underway, and frankly while we are

beginning to develop a understanding of the problem, there are still many unknowns.

2022 saw deaths from cancer begin to outpace deaths from cardiovascular disease in fire service populations, but the data has been called into question since many departments and sections of the country are not well counted or documented. In MCFRS this year alone, we have had 12 active members who have been diagnosed with cancers from melanomas to thyroid tumors, to colon cancers. MCFRS has begun to work with a researcher from NIST doing a “Women in the Fire Service Study” on occupational cancers, a long term study looking at the effects on women in the fire service as a part of our effort to develop answers to these problems and find a better way to protect all of our employees.

We have not defeated cardiovascular conditions, however. The routine physicals have identified 8 out of nearly 1000 members tested with cardiovascular diseases that are now receiving treatment for their conditions that they did not know they had, and if not for the cardiac stress testing at FROMS would not have known about due to their age and general fitness in not meeting the “normal” requirements for receiving these

## The View from FROMS *cont...*

tests. In the U.S., about 45 percent of firefighters' on-duty deaths are due to cardiovascular events, which is believed to be related to the stress of physical exertion, blood thickening and increased clotting due to dehydration, hyperthermia, and blood pressure changes that occur as the body reacts to the stress of the tasks and recovers.

Finally, coming out of the pandemic, we have seen a increase in members with stress and mental health needs, ranging from addiction rehabilitation to serve depression with suicidal ideation, and even the suicide of a retired member of MCFRS. I encourage all of you to keep tabs on your folks, keep your doors and minds open, and advocate for those that need help to seek it out. Everyone is different, and what might not be a big deal for one person could be a major challenge for another or the straw that breaks the camels back.

As a chief or command grade officer, you shape the culture of your organization with your behavior. You don't need to hold everyone's hand and be a crisis counselor, just don't look down on people who need help. Part of being the chief is taking care of the people and training them to ask for help when they need it on an incident or in their personal life is an important skill to master. YOU are not going to be their counselor, but you had better know where your resources are and how to get them to where they are needed. We

go out to help strangers in the community in the middle of the night, but we eat our own when they show any sign of weakness. I have been guilty of it in the past, and as a result I am stuck some nights wondering if I could have made a difference in stopping someone from a bad decision.

We will always be second guessed, judged by our peers (and usually not kindly), and our actions and motives (or even our parentage) questioned. Advocate for your people, be firm in making sure they protect themselves from stupid and macho actions that cause injury and look out for them until they develop the necessary common sense to look out for themselves and see the long view. **YOU ARE THE CHIEF!**

For those not acquainted with the Montgomery County Fire & Rescue Service (MCFRS) The MCFRS is a combination career and volunteer combinations county wide fire department that serves the 890 square miles of Montgomery County MD, with the assistance of 4 federal Fire Companies on bases within the county. , the FROMS Battalion Chief provides the fire and rescue oversight of the clinic that performs medical evaluations of injured firefighters, manages the assignment and tracking of the injured firefighters (currently about 90+ members), incumbent and new member physical examinations, oversees the peer fitness and peer mental health programs, and serves

as a liaison to the CorVel Workman's Compensation Insurance Management provider, with a staff of one captain for support. We also serve as the point of contact for the medical program needs of the various programs for the PSTA, such as medical clearances and vaccinations for classes.

Thank you for taking the time to read this, and it is my hope that you stay well and enjoy your time in the service and everything else you do. Get screened, and if you need it, get help. You would do it for others, why not for yourself?

Patrick Stanton, BS SHRM-CP  
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**Back Step Talks**  
**Back Issues**

## Your Next Physical –What Your Physician Needs to Know

Being a first responder comes with much risk to your physical and mental health. The environment in which we operate is unpredictable and often toxic. Firefighters are at an increased risk for cardiovascular events, job-related cancer, and mental health concerns. Because of these inherent risks, it is critical that every firefighter have an annual physical with a medical professional. Just as important is that your physician must be aware of the dangers of the environment in which you operate and conduct a specialized set of exams during your physical. The following are some guidelines that you should discuss with your physician:

**Cardiovascular Disease** – Sudden cardiac events account for more than 50% of firefighter line of duty deaths. Your physician should consider screening and treating for

cardiovascular disease factors. Specific testing should consider coronary artery Calcium (CAC) scanning at age 40 or earlier based on clinical judgement and risk profile.

**Cancer** – Firefighters have been found to be diagnosed with cancer at earlier ages than the general population. Due to exposure to carcinogenic matters, your physician should consider a comprehensive set of screenings for cancer.

**Behavioral Health** – Firefighters have high rates of anxiety, depression, post-traumatic stress, suicidal ideation, and report frequent binge drinking. Screening for behavioral health issues should be part of an annual health screening.

**Sleep Disorders** – Firefighters are at high risk for sleep disorders such as sleep apnea, insomnia, and restless leg syndrome. The health screening should address any sleep disorders and provide treatment.

**Lung Disease** – Firefighters are exposed to products of combustion that may lead to acute respiratory issues. Repeated exposure may cause chronic pulmonary disease. Chest x-rays and other imaging should be conducted as part of the annual physical examination.

Need to know more? Download the “Provider’s Guide to Firefighter Medical Evaluations” and take this to your physician before your next annual physical.

David Lewis



[Provider's Guide to FF Medical Evaluations](#)

## Have You Signed the Cancer Pledge?

Cancer is one of the leading causes of death among firefighters, accounting for nearly one-third of all firefighter deaths. Because of the toxic chemicals present in smoke, firefighters are more susceptible to a multitude of different cancers and are diagnosed with cancer at an earlier age than the general population.

The First Responder Center for Excellence, in partnership with the Fire Department Safety Officers Association, with the endorsement

of many other national fire service organizations, has developed a Cancer Pledge. It is suggested that you use the pledge as a discussion and learning topic within your department and ask each member to sign the pledge.



[Cancer Pledge Form](#)

[1st Responder Center of Excellence Cancer Resources](#)



## Did you know:

*Firefighters have a 9 percent higher risk of being diagnosed with cancer and a 14 percent higher risk of dying from cancer than general U.S. Population according to NIOSH.*

# Early Detection and Comprehensive Annual Occupation Physical

Firefighting is fraught with inherent health risks that are unique and elevated in accordance with the professional rigors that firefighters face while conducting their essential job functions. Most common health risks include but are not limited to cancer and musculoskeletal, cardiovascular, and behavioral health disorders. The National Fire Protection Association (NFPA) reports that firefighter injuries continue to plague the fire service. [The United States Fire Administration](#) reports that the leading cause of “on-duty” firefighter fatalities continues to be sudden cardiac death; an even higher number of sudden cardiac events that are survivable but with lasting life deficits or muscle damage. Additionally, the International Association of Fire Fighters reports that the single largest driver of adding names to their memorial wall in Colorado Springs, Colorado, is occupational cancer deaths. In fact, the National Institute of Occupational Health and Safety has published statistics that firefighters have a 9% higher prevalence of all cancers and 14% higher mortality rate than general population. Finally, it has been reported that firefighters are also at greater risk for behavioral health disorders such as anxiety, sleep disturbance, and chemical dependency, among others, due to repeated traumatic exposures.

To the extent that prevention efforts can be applied to mitigate

occupational health risks, a bright light should be shined on modifiable risk. Examples include addressing modifiable risk factors aimed at reducing cardiovascular risk such as weight, physical fitness, and maintaining healthy blood pressure and lipid levels. On the carcinogenic exposure reduction front, common aims include second sets of gear and particulate blocking hoods, on-scene decontamination with wipes and washes, adherence to full respiratory protections, and showering as soon as possible. On the behavioral health side of things, coping strategies such as practicing mindfulness, meditation, yoga, and resiliency/post traumatic growth awareness are all aimed at “human risk reduction” efforts.

The [International Association of Fire Chiefs \(IAFC\)](#) conducted a survey amongst their membership in 2016 that inquired as to whether departments were providing annual medical physicals to their members, and if so, whether they were compliant with NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*. They also asked if these included any type of behavioral health screening (s). In short, the findings were that much work remained in ensuring that every firefighter was receiving an appropriate annual medical examination. Career departments were more robust in providing annual medical exams than volunteer and combination departments; many

of those providing a medical exam were not consistent with NFPA 1582 and only 10% of those providing exams included any form of behavioral health screenings. This is unfortunate, as the aforementioned occupational disease processes can be managed and mitigated with the best outcomes and with more controlled health care costs. This also led the IAFC to create the “Health Care Providers Guide to Firefighter Physicals” with the aim of giving guidance to primary providers to the unique occupational health risk faced by firefighters and the recommended health screening for this patient population.

NFPA 1582 provides a detailed guide to conducting firefighter incumbent and candidate physical exams. Meanwhile, NFPA 1583, *Standard on Health-Related Fitness Programs for Fire Department Members*, addresses the fitness assessment unique to the essential job tasks that are required of firefighters.

Comprehensive laboratory blood testing is also conducted as part of the examination process. Particular attention in addition is paid to labs such as comprehensive metabolic panels, lipid profiles, and A1C (there’s also consideration for PSA screening and serum testosterone in male firefighters).

By Todd LeDuc

@toddjdeluc



## How a Physical Helped Me!

I am Chelsea, a 28 year old female with 12 years of fire service experience. During my 7th year of service that I was diagnosed with a cardiac issue at age 23.

I was in the CPAT process for a local department when I had found out that I needed to start seeing a cardiologist. My heart rate would become so elevated with a heart rate in the 200's for an extended period of time that I would show symptoms, and it ended my process for the fire department.

Since then, I have been through five different cardiologists, and have had to wear multiple heart monitors to record my heart rhythms. When this started, all I thought was it would be the end of my career in public safety, yet here I am still in the field and loving every day. I have what they have diagnosed as

Inappropriate Sinus Tachycardia, it is close to atrial fibrillation but it's a regular beat with a faster rate at random times. There are moments where I have symptoms, and other times where I don't. I am taking a Beta-Blocker, which has alleviated a lot of the symptoms and keeps me at a slower regular rate.

I have now taken getting annual physicals and have been to my cardiologist annually to keep everything in check and make sure I can continue in my field of work. I work for a County EMS system and have been loving it, as I still get to be in public safety, and assist others in a time of need and also work alongside the fire department making sure they are also taken care of on the fire scenes. I believe everyone should get annual physicals just to keep up with their

health, and it also provides preventive measures by possibly catching conditions at the very beginning.

I have known some people that have been diagnosed with cancer during their physical when it's been easier to treat. It has been a long road over the past 5 years, but I feel like it has bettered myself for the future with being able to get physicals annually and to stay ahead of my health. I have a better plan for my career and have been able to reach for goals of working on becoming an emergency driver, going for my paramedic status, and becoming an instructor. There is so much I have realized I can do. I have been told when one door closes, others open and they have.

Chelsea Reid

## Join the National Firefighter Registry for Cancer

In 2018, Congress passed the Firefighter Cancer Registry Act, which directed NIOSH to develop a registry to study cancer among firefighters. [The National Firefighter Registry \(NFR\)](#) is the largest effort ever undertaken to understand and reduce the risk of cancer among U.S. firefighters.

Firefighters are exposed to chemicals on the fireground that could increase their risk of developing cancer. Many studies have already highlighted the high incidence of cancer among firefighters when compared to the general population. There are many unanswered

questions about how cancer risks may vary across our nation's diverse fire service.

The National Firefighter Registry is open to all firefighters, active and retired, and not just those with a previous diagnosis of cancer. Having many types of firefighters register with the NFR is crucial to examining relationships between firefighter activities and cancer. By joining the NFR, you can improve the understanding of cancer risk among all types of firefighters to include urban, rural, volunteer, career, wildland, male, female, minority groups, and more.

Firefighters can join the NFR through the secure web portal. Participation is voluntary. Registration will take about 30 minutes. The NFR is a long-term project that will include voluntary, but important, follow-up questionnaires. Continued participation in the NFR is key to protecting firefighter health. The more researchers know about cancer in the fire service, the more we can do to prevent it.

David Lewis



[National Firefighter Registry](#)

## Holiday Health Tips

With the holidays rapidly approaching, here are some tips to stay on track and avoid that pesky holiday weight gain:

1. The holiday is a day, not a month. Splurge on the actual day of the holiday.
2. Eat an apple (or any piece of fruit) before the big meal so you will not feel as hungry.
3. Drink at least 8 ounces of water before the big meal to help fill your stomach.
4. Follow the MyPlate recommendations by filling half your plate with fruits and veggies, a quarter of your plate with a lean or plant protein, and a quarter of your plate with a whole grain.
5. Take only 3 bites of the fattening foods. The food does not taste any differently after 3 bites.
6. If you are going to a party bring a healthy dish. This way you are sure there will be something healthy for you to eat.
7. At parties always have a drink in your hand. It is hard to eat when one hand is already full.
8. Practice mindful eating. Look at everything before you start to put the food on your plate. Pick items that are special that you only get at the holiday time.
9. When it comes to Christmas cookies look at all of the cookies on the plate. Pick one or two special cookies. Chocolate chip cookies with sprinkles on them look pretty, but are still just chocolate chip

cookies. You can have these anytime.

10. Gravy is not a beverage.
11. Try to lose a few pounds before the holiday so if you do over indulge, you will not have as much to lose.
12. Exercise regularly, including the day of the holiday.
13. Be careful of holiday beverages (hot chocolate, eggnog, ciders, flavored coffees, alcoholic beverages, etc.). Some of them contain a lot of calories.
14. Try not to wear clothing that is loose fitting to your holiday meal or party. If you wear your regular, fitted clothing, you will know when to stop eating as your clothing will feel uncomfortable.
15. Engage in conversation during the meal. If you are talking, you are not chewing.
16. Sit down and take time to enjoy your meal. It took time to prepare, so allow time to savor the flavors and enjoy what you are eating. Don't eat quickly, or while standing up.
17. Most importantly remember that food is not only for nutrition. Enjoy your holiday food, however be mindful of moderation.

Summarized by  
Rhonda Cohen,  
RD, LDN, CSN, MFF/EMT

**988** SUICIDE & CRISIS  
LIFELINE

## Save the Date

### Leadership Training Weekend 2023

*Maryland Fire Chiefs Association*

**Date:** December 9-10, 2023

**Location:** Holiday Inn Oceanfront  
Ocean City, MD

*Flawed Situational Awareness:  
The Stealth Killer of First  
Responders*

*Frederick County—The Ball  
Road, and the Two Years Since*

[Hotel Reservations Link](#)

Use "Maryland Fire Chiefs Association" Code. Room Rate is \$79 and those traveling more than 50 miles are eligible to have lodging covered under SAFER Grant.

[Seminar Registration @ MFRI](#)

# 67

The number of 1st responder suicides through September 30, 2023.

[Firefighter Behavioral Health Alliance](#)

# 59

The number of fallen firefighters through September 30, 2023.

[US Fire Administration](#)