



2010 Fire/EMS SHS Week:

Fit For Duty

Goal: Using near-miss reports to support the 2010 Fire/EMS Safety, Health and Survival Week

Time: 30 minutes

Introduction:

The alarm rings, the call is answered, and brave men and women respond to help in what can be one of the most hazardous work environments in existence. The hazards that a firefighter/EMT confronts on the job are well known, and that is why firefighter/EMT safety should be top priority in every department. We should not be satisfied until every preventable LODD has been eliminated.

Emergency scene safety is, of course, very important, but job safety begins long before the tones hit. Maintaining a strong body and mind is a 24/7 job. Just like the trucks that we depend on to perform when called upon in an emergency, firefighters/EMTS need to be in top condition to answer the call and perform efficiently and safely. During Safety, Health, and Survival Week 2010, “Fit for Duty” means keeping ourselves in a healthy state both on and off duty.

Health and wellness have a direct impact on one’s ability to handle the stress and physical challenges of the emergency scene. The National Fire Fighter Near-Miss Reporting System contains many examples of how being fit in mind and body can improve on-scene safety. There are reports that have been submitted from individuals who credit being “Fit for Duty” with getting them out of a dangerous situation. There are other reports that show that not being “Fit for Duty” can contribute to increased danger on the job.

Please take time during this special week to take a hard look at where you are in regard to being “Fit for Duty.” And if you have experienced a near-miss event involving some of the topics discussed during Safety, Health and Survival Week 2010, do your part to submit your story to www.firefighternearmiss.com. Your commitment to firefighter/EMT safety by sharing your lessons learned will help another firefighter/EMT.

Case Study #1: General Health and Wellness

How many times have you heard around the firehouse “relax kid, we do this all of the time.” When reality is that we don’t do this all of the time. Firefighting is a high speed, low frequency profession that can be tragic if you don’t take care of yourself prior to the call. To be highly proficient as a firefighter, studies have shown that it takes approximately 278 basic skills. For professions other than firefighting, those same studies show 8-10 skills to be proficient. So what does that mean to the fire service? It means that your expertise and knowledge are the keys to serving and protecting the people who live, work and visit the city you live in. Taking on the responsibility of being a firefighter is a 24/7 commitment and we owe to each other as well as the citizens we serve to be ready to act.

Case Study Report No. 06-172

Our department was requested to send an engine company to assist a neighboring town with a residential structure fire. Upon arrival our crew, 4 personnel, was asked to lay a supply line for the engine operating at this fire. We left 1 firefighter at the hydrant to hook up and charge the line. The other 2 members of the crew exited and asked the officer with command for an assignment. They were told to search the second floor, a converted attic, for occupants. They entered a second floor window in the rear of the structure and completed a search. They reported nothing found. The fire had originated in the first floor. It had been knocked down, but had extended to void spaces around the second floor room. Our crew had exited the structure after completing the search and secured an attack line to begin fire attack. They returned to the second floor and began working on the fire in the void spaces. Conditions from the exterior appeared to be worsening. As I came to the rear of the house, I could hear a low air alarm sounding and a firefighter from another department was moving quickly up a ladder. This is when I saw a firefighter being pulled from the window and roll out onto the roof. Three other firefighters were at the window attempting to communicate with someone inside. The R.I.T. team was activated to enter and search for the captain who had not yet exited. Prior to the R.I.T. team entering, the captain who had been at the window was pulled to safety onto the roof. All other members were accounted for and operations were moved to an exterior attack. The personnel who were briefly trapped stated that the bottoms of windows in the second floor room were about 5 feet from the floor. This was confirmed during a post fire survey. When conditions worsened on the second floor, the interior crew went to the window for escape. Fire had burned through the wall near the interior stairs. Their escape was complicated however by the high windows. The captain had assisted his firefighter out the window because his low air alarm was sounding. He then tried to climb out but was unable to do so. It took three other firefighters to grab a hold and drag him through the window to safety.

Discussion:

Looking at the narrative from Case Study Report No. 06-172, the members of that crew had to overcome a large amount of adversity to negate a potential fatal outcome. As you read the case study, ask yourself “can I lift or drag my partner from trouble if he/she is unable?” Better yet, ask

yourself if you could self rescue when you are tired, hot and weighted down with all of your gear. The average male firefighter weighs approximately 190 pounds and female firefighters approximately 150 pounds. Couple that with 60-100 pounds of gear, water absorption of bunker gear and a less than friendly workspace and you have your work cut out for you. Are you ready and able to complete a task of this nature? The crew in this case study held the line and overcame the adversity that was presented and everyone came home.

What can we do as firefighters to prepare ourselves to handle a situation like this? First off, it all starts with training. And not necessarily the training we do tying knots, throwing ladders and stretching hose. Training in the form of a good health and nutrition plan, a well rounded wellness program and making sure that a routine physical is performed at a minimum once a year.

As firefighters we live in the world of “where are we going to be 10 minutes from now” and “what do I need to be prepared for 10 minutes after that.” Invest time and effort into maintaining your body and mind. When duty calls, your body and mind can only do what it is prepared for, so take the time. A good foundation is to eat a healthy diet of around 2000-2400 calories a day. Physical activity 3 times a week for at least an hour and hitting your target heart rate are also important. However, most importantly, see your doctor and get a physical exam. Take the time to write down the skills you perform or could be asked to perform and collectively you and your doctor can develop and implement a good physical evaluation.

Case Study #2: Infectious Diseases

Medical emergencies are the bread and butter operation of the fire service. Scene safety and body substance isolation practices are the first things firefighters learn when they initially get hired and need to be respected throughout a career. Infectious disease is that pink elephant in the room that needs to be acknowledged on every call. Fall back on your training and professional expertise to develop strategies that maintain good health on every call. This should take place from the time you are dispatched until the time you have returned back to the firehouse and cleaned all of your equipment. Recognize and train on the signs and symptoms that are present when treating an infected patient. Identify preventive measures and precautions, immunizations and screening for infectious and communicable diseases. Lastly, and most importantly, develop a sound record keeping database that records every exposure encountered. This is important for your own health and will protect you and your family if you are exposed.

Case Study Report No. 10-404:

Our shift was called out to a two car MVC with ejection, entrapment and injuries. We arrived on the scene and started our size up. There was a language barrier. There were a total of six patients; three patients in one vehicle entrapped- one in the other vehicle and two ejected on the edge of the roadway. Triage was the best option. After patient assessment of the two ejected victims, they were pronounced deceased. Out of the three patients entrapped, two were red tagged. The other two patients had minor injuries. After extrication ended, I assisted loading one of the critical patients and stayed in the ambulance with him and the medics to help with secondary survey. The patient had

serious facial injuries and was fighting the O2 mask on him. I leaned over his head to adjust it, and suddenly he coughed up blood and it got into my eyes. I very quickly rinsed my eyes out and told my officer what had happened. We started our department blood borne pathogen procedure. I am happy to say after several tests (for me and my patient) there was no blood borne pathogens present.

Case Study #3: Smoking and Smokeless- Tobacco Cessation

Case Study Report No. 09-924:

I had been dispatched as a first responder to a medical call near my home. I responded, and found that the medical unit was on scene upon my arrival. There were two personnel on the ambulance, and I assisted them in loading the patient into the ambulance. I spotted traffic as the ambulance driver backed out of the driveway. When the driver went enroute to the hospital, I proceeded towards the spot where I had left my medical bag in the yard of the residence. That's all I recall until I awakened in the hospital after coming out of a coma four days later. I had suffered a cardiac arrest. When I had collapsed in the yard, a person next door to the residence saw me on the ground. I was wearing my work uniform with my radio strapped on and the man started transmitting on my radio that he had found a fireman on the ground. Dispatch asked his location and, after giving the information, a nearby engine company turned around and responded to the location where they immediately started CPR procedures. Following a shock from an AED, I was rushed to the ER. I was released following successful treatment.

Many new safety initiatives were put into place in our department making a mandatory job-related ability test an annual event for all positions of active duty personnel. Physicals (which were already a requirement) are screened much more closely. I would suggest that if you smoke, QUIT!! Mind your stress levels and seek help when stress leads to fatigue. Follow the guidelines of The National Fallen Firefighters Foundation-16 Life Safety initiatives.

Discussion:

The overall goal of The National Fire Fighter Near Miss Reporting System is to improve firefighter safety. Firefighters become the victims of far too many preventable accidents and injuries that occur in the performance of their duties. Some of these are a result of the actions of others, but many more could be prevented if the firefighter involved had made better, more informed decisions.

The choices we make in our personal life can have a major impact on our on-the-job safety, as well as our enjoyment and performance. According to the American Cancer Society, smoking tobacco is the most preventable cause of death in this country. Smoking damages nearly every organ in the human body, is linked to at least 15 different cancers, and accounts for approximately 30% of all cancer deaths. Smokeless tobacco is less lethal than cigarettes, but using any form of tobacco puts you at serious health risks. Smokeless tobacco is not a safe alternative to smoking. The bottom line: All forms of tobacco can be deadly.

As firefighters, we are trained to watch out for our safety and that of our fellow firefighters. If one of your crew members was about to walk across a spongy floor during a structure fire, Would you let them go, or try and stop them before they were seriously injured or killed? Of course, you would stop them!

The message is clear. If you don't currently use tobacco, don't start! If you do smoke or use smokeless tobacco, quit. Now!

For more information and assistance in eliminating tobacco use, please check out the following links.

<http://www.iaff.org/smokefree/>

<http://www.healthy-firefighter.org/page/651/Smoking.htm>

http://www.cancer.org/docroot/FPS/content/FPS_1_Firefighters_Put_Out_Smoking_in_Their_own_Stations.asp