

December 2008 Newsletter



Happy Holidays from the National Fallen Firefighters Foundation's *Everyone Goes Home*® Program

The *Everyone Goes Home*® Program and the National Fallen Firefighters Foundation board and staff would like to thank you for helping us honor America's Bravest through your support of the Foundation and its programs.

We Wish You a SAFE Holiday Season!

The Disorientation Challenge

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Emergency Management in the Major Tourist Environment

How do you Mitigate, Prepare, Respond, and Recover in an area that provides emergency services to an extremely large tourist community? That is the challenge faced everyday in several locations around the world. I have firsthand knowledge regarding one district/agency in Central Florida and will discuss several aspects of our Emergency Management (EM) process. Due to privacy constraints I can not disclose the specific district we protect, however I believe that we offer a unique prospective on EM.

Partnership for Public Education: Vision 20/20 Joins with the *Everyone Goes Home*® Firefighter Life Safety Initiatives Program

In 2006, the Institution of Fire Engineers (US Branch) was awarded a Fire Prevention and Safety Grant to develop a comprehensive national strategy for fire prevention. In October of 2008, a document entitled Vision 20/20: National Strategies for Fire Loss Prevention was published. In it, five strategies were presented as providing a way for the United States to address its troubling fire loss record.

Preventing Firefighter Line of Duty Deaths...the Role of the National Fallen Firefighters Foundation

Major fire service organizations have historically worked to prevent firefighter line of duty deaths. The [International Association of Firefighters \(IAFF\)](#), [International Association of Fire Chiefs \(IAFC\)](#), [National Fire Protection Association \(NFPA\)](#), [National Volunteer Fire Council \(NVFC\)](#), [International Fire Service Training](#)

[Association \(IFSTA\)](#), [United States Fire Administration \(USFA\)](#), along with many other fire service organizations, associations, media, etc. have a rich history of promoting the health, wellness, and safety of firefighters.

[Assistance to Firefighters Grants Program \(AFG\) Research and Development Midyear Meeting](#)

When most of us think of the Assistance to Firefighters Grants (AFG) Program, we think of fire departments across the country applying for grants to buy "stuff." In fact, the Fire Act Grant was conceived in 2001 as "an important component of the Administration's larger, coordinated effort to strengthen the Nation's overall level of preparedness and ability to respond to fire and fire-related hazards." As it was originally conceived, the monies from Washington were awarded to departments as a means to purchase response equipment, personal protective equipment and vehicles. Since 2001, 43,000 grants have been awarded, totaling \$3.8 billion.

[Kansas Fire Department Announces 100% National Seat Belt Pledge Compliance](#)

The Shawnee Kansas Fire Department is pleased to announce that every member is compliant with the national seat belt pledge. The campaign began as a "grass roots" effort by Firefighter Jeff Salmon.

» **Also:** [NIOSH Supports Seat Belt Use by Firefighters](#)

[Behavioral Health Planning Meeting Held December 4-5, 2008](#)

Over two dozen academic, military and fire service leaders met in Baltimore on December 4-5 to launch a series of strategic steps toward implementation of the 13th Firefighter Life Safety Initiative-Firefighters and their families must have access to psychological support and counseling. Drawing upon the White Paper commissioned for the 2nd Firefighters Life Safety Initiatives Summit ([Novato, CA, March 2007](#)) and the output from the Summit, this group met to determine specific projects and products for enhancement of behavioral health in the fire service.

[Firefighter Mental Health and Wellness: Finding the Help You Need](#)

In the October 2008 Everyone Goes Home® newsletter I discussed the resources available at [firefighterveteran.com](#) and the educational information available on the subjects of stress, job stress, job burnout, Acute Stress Disorder and Post Traumatic Stress. I also wrote about the past, present and future needs of the fire service in managing stress and about occupational operational stress injuries caused by firefighter traumatic stress exposure and line of duty injuries.

[The Photo Vault - New to EveryoneGoesHome.com](#)

Do you have photos of your crew doing all the right things? Now you can share your firefighter life safety practices with other fire departments through the *Everyone Goes Home*® Program. » [Find out more!](#)



INITIATIVE SPOTLIGHT

Spotlighting one of the 16 Firefighter Life Safety Initiatives each month

Initiative #13 - Firefighters and their families must have access to counseling and psychological support.

More on Initiative #13:

- » [North American Fire Fighter Veteran Network](#)
- » [Firefighter Cancer Support Network](#)
- » [Everyone Goes Home® Research Database](#)

More Information: [16 Firefighter Life Safety Initiatives](#) | **Share a Resource:** editor@everyonegoeshome.com

Online TRAINING

Reducing Firefighter Deaths & Injuries: Changes in Concept, Policy, and Practice

» [PERI Symposium Ctr.](#)

www.riskinstitute.org



FEATURED Events

Courage to Be Safe(SM) Training

Missouri Winter Fire School - Columbia, MO
February 6 - 8, 2009

Read More: » [About the Event](#)

Courage to Be Safe(SM) Train-the-Trainer

Southwest Fire Rescue - Galveston, TX
February 15, 2009

Read More: » [About the Event](#)

Everyone Goes Home® Safety Summit

Emmitsburg, MD
March 6-8, 2009

Read More: » [About the Event](#)



FIREFIGHTER LIFE SAFETY RESOURCE KIT VOLUME 3

NEW RESOURCES TO MAKE EVERY DAY A TRAINING DAY

GET YOUR COPY TODAY! [CLICK HERE](#) ◀

Do you have an suggestion for the newsletter? Tell us about it! Please send your comments, articles, or news about what your department is doing to keep firefighters safe to editor@everyonegoeshome.com.

The Disorientation Challenge

By William R. Mora

In spite of all the training, technology and adequate staffing provided to safely manage structure fires today; interior structural firefighting is still a hazardous activity that far too often results in the serious injury or fatality of excellent firefighters. And things are not improving. According to data provided by the U.S. Fire Administration's National Fire Data Center, "For a ten year period, 1997-2006, 23.5% of on duty firefighter fatalities occurred at the scene of structure fires." Of concern is that 47 of 118 who lost their lives at structure fires in 2007 is representative of a 17% increase over the preceding ten year time span. Although not a trend, of greater concern is that losses in several of the fatal structural fires experienced in 2007 were a part of a preventable trend and associated with life threatening hazards in enclosed structures determined to repeatedly cause Firefighter Disorientation, serious injuries and line of duty deaths. Departments and communities suffering losses during enclosed structure fires in 2007 included: Upland, Indiana, Hwy 58 Volunteer Fire Department, Inc., Tennessee, Prince William County, Virginia, Boston, Massachusetts, Manhattan, New York, and Charleston, South Carolina. It is also important to note that these specific types of preventable fatalities continued into 2008 and will continue into 2009 if a change in the way firefighters approach these extremely dangerous types of structure fires does not occur. The [U.S. Firefighter Disorientation Study 1979-2001](#) defines Firefighter Disorientation as "the loss of direction due to the lack of vision in a structure fire." Additionally and like some of the 2007 incidents which occurred in larger enclosed structures, it frequently leads to multiple firefighter fatalities. Key figures in the management of danger on the fireground, such as informed Command and Safety Officers, and prepared Rapid Intervention Teams however, can play a vital role in the prevention of LODDs occurring during enclosed structure fires in their jurisdictions.



Courtesy Scott LaPrade, www.smoke showingphotography.com

In 1999 and with light smoke showing on arrival, Worcester firefighters implemented a fast and aggressive interior attack into this large enclosed structure involving a cold storage warehouse. However, in a span of two minutes, interior conditions deteriorated from moderate to zero visibility causing the disorientation and deaths of six firefighters.

Worcester 1999

A classic enclosed structure fire occurred in Worcester, Massachusetts in 1999. John R. Anderson, an investigator of the Worcester incident, noted several lessons learned which are as valid today as they were 10 years ago. According to the 7th lesson learned in the [1999 USFA Technical Report 134 Abandoned Cold Storage Warehouse Multiple Firefighter Fatality Fire](#), Anderson asserts, "The fire service should initiate life safety activities early on at the fire scene. The concept of a Rapid Intervention Team was known to the Worcester Fire Department and was being implemented before the Worcester Cold Storage Fire, but it was not put into place until the 5th alarm on December 3rd. Firefighters had entered an unknown structure over one hour before the team was assigned. It is now standard procedure in Worcester to assign a RIT at the onset of each structure fire. The first radio transmission by the Safety Officer was 10 minutes after the RIT was assigned. For control and monitoring of personnel, structural integrity, and other safety concerns, this position should also be filled early on. Anderson goes on to point out that, "In an ideal fire scene, the Safety Officer and RIT would be in place before the first firefighters enter the building. Command should strive to have these jobs filled as early as possible even if doing so escalates the event to a higher alarm level to provide sufficient personnel." Mr. Anderson was correct with his position, however, the vast majority of departments have not translated his words into safe action on the fireground and the fatalities continue. Within investigative reports conducted by the [United States Fire Administration, USFA](#), and the [National Institute for Occupational Safety and Health, NIOSH](#), a primary safety issue concerned the fact that the building was abandoned. However, there is more with reference to the fundamental danger associated with the six story structure and thousands of others like it, to be aware of. Although at the time, investigations of the Worcester tragedy pointed to the danger associated with abandoned structures such as the cold storage warehouse, it has since been determined that structures and spaces having an enclosed structural design are also at the root of the fatality problem to this day. Furthermore, findings show that enclosed structures and spaces are significantly more dangerous to the safety of firefighters who use an aggressive interior attack. In fact, according to the report [Analysis of Structural Firefighter Fatality Database 2007](#) over a 16-year time span, 1990-2006, enclosed structures, which have an insufficient numbers of windows and doors, were found to take the lives of firefighters at a disproportionate rate of 77% when compared to structures with an opened design. Opened structures are those having adequate numbers of windows and doors for ventilation and emergency evacuation. This distinction in the architectural design of a structure has been shown to have major ramifications in the safety of firefighters. Additionally, the rate of multiple firefighter fatality events was even more disproportionate occurring at a staggering 84% at enclosed structure fires where an aggressive interior attack was utilized.



Courtesy W.R .Mora

The Opened structures shown here are all small to moderate in size, built on a concrete slab foundation and have adequate numbers of windows or doors for prompt ventilation and emergency evacuation. They can be of any age, occupancy or type of construction. Opened structures are dangerous but not as dangerous as structures with an Enclosed design.



Courtesy W.R .Mora

Enclosed structures are extremely dangerous because they do not have an adequate number of windows or doors for prompt ventilation and emergency evacuation. They are highly prone to Flashover, Backdraft, collapse of roofs and floors and of Prolonged zero visibility conditions. They can be of any size, age, occupancy, or type of construction. They can also be occupied, unoccupied or vacant during a fire. Those that do not have an operable sprinkler system are linked to disorientation and firefighter fatalities when aggressive interior attacks are utilized. Enclosed structures can be found in every community of the country.



Courtesy Steward English

In 2007 and with light smoke showing, Charleston firefighters implemented a fast and aggressive interior attack into this large enclosed structure involving a furniture store. However, interior conditions gradually deteriorated resulting in prolonged zero visibility. Nine firefighters who were separated from a handline, became disoriented, ran out of air and died.

Charleston 2007

In 1999, Worcester firefighters conducted an initial size up and implemented an aggressive interior attack based on an incorrect interpretation of the light smoke conditions showing from the large warehouse on arrival. During the incident, disoriented Worcester firefighters who ran out of air trying to reach the safety of a stairwell became unknowing participants in a fatal disorientation sequence or chain of events which lead to multiple firefighter fatalities. Eight years later history repeated itself. In a large enclosed structure fire in Charleston, South Carolina, with light smoke showing on the interior and in fulfillment of established standard operating procedures, nine firefighters died after initiating an aggressive interior attack. As blinding smoke gradually filled the structure, those firefighters who were not on a handline, to serve as a life line, ran out of air before they could find their way to a means of egress. As in the Worcester incident, the disorientation sequence tragically unfolded in Charleston taking the lives of firefighters who used a strategy they felt would safely extinguish the fire to enable them all to return back home.

Confronting the Challenge

Enclosed structures without the protection of an operable sprinkler system were involved in 88% of the enclosed structure fires which took the lives of 23 firefighters who made a fast and aggressive interior attack. Based on analysis of all of the evidence, one thing is crystal clear: Fatal fires will continue to occur in these specific types of structures and spaces if firefighters continue to use a fast and aggressive interior attack at the outset. To prevent fatalities attributable to disorientation in structures with enclosed designs will require a different tactical approach. The use of a flexible Enclosed Structure Standard Operating Guideline programmed to avoid the risk associated with enclosed structures and spaces, such as basements, is highly recommended to protect firefighters against the extreme potential danger associated with enclosed structure fires. Do not wait to "design your SOG by disaster." Confront the challenge, learn from the lessons of others and prevent disaster from happening in your department.

Related Links:

- [Avoiding the Disorientation Hazard](#)
- [USFA Firefighter Fatality Website](#)
- **Google Search:** Firefighter Disorientation, Enclosed Structure Standard Operating Guideline
- William can be reached at: capmora@aol.com

Emergency Management in the Major Tourist Environment

By Robert A. Mitchell

Assistant Chief - Operations, Reedy Creek Emergency Services

How do you Mitigate, Prepare, Respond, and Recover in an area that provides emergency services to an extremely large tourist community? That is the challenge faced everyday in several locations around the world. I have firsthand knowledge regarding one district/agency in Central Florida and will discuss several aspects of our Emergency Management (EM) process. Due to privacy constraints I can not disclose the specific district we protect, however I believe that we offer a unique prospective on EM.

At this point let's make sure we're on the same page as to what Emergency Management is by following the model below:

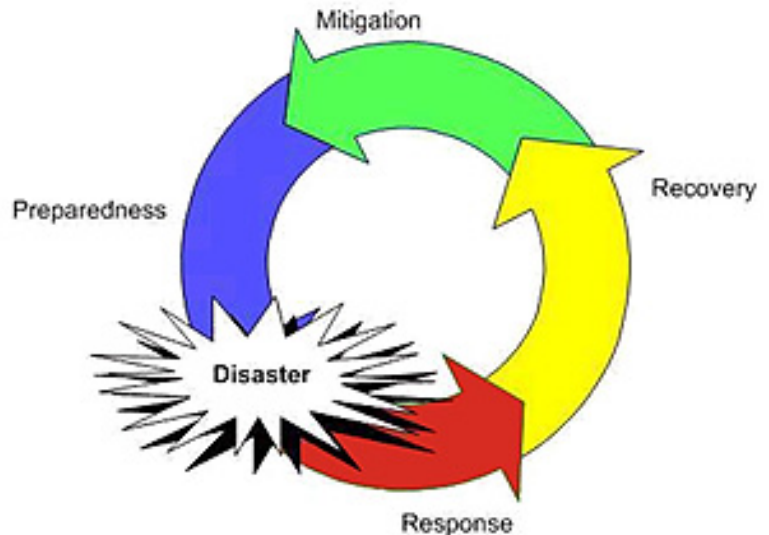
Emergency Management is a four step process:

Mitigation: The process of preventing or lessening the impact of all hazards.

Preparedness: The process of planning for all hazards.

Response: The process of requesting and managing resources during all hazards.

Recovery: The process of recovering from all hazards.



In Central Florida one of the greatest challenges is what to do in the event of a hurricane, so we began our comprehensive EM plan there. Prior to this point, as with many agencies, there was a "meet at the pole" plan. Fortunately we rapidly progressed from that into a hurricane plan; where to stage, where to move agency personnel, how to up-staff, etc. However, over the last 10 years it has become very clear that in addition to natural disasters a number of man-made emergencies also occur and need to be dealt with, such as large scale auto accidents on the interstate that runs through the district. These can be Mass Casualty Incidents (MCI's) and/or Hazardous Materials (HAZMAT) situations. Other emergencies include industrial accidents or failures and other high volume MCI incidents due to the very large transient/tourist population we serve. These include elevated rescues, collapses, entanglements, etc. Keep in mind that these populations change location over the course of a 24 hour period, moving from areas of entertainment to hotels and interstates. Emergencies whether natural, man-made, or acts of war place extraordinary strains on all levels of government. Often, the man-made emergencies in our district are chemical in nature and due to their magnitude and location have a large number of potential victims. Demands for services immediately escalate, while the ability to deliver these services decreases. Flexibility and improvisation are key elements to success in these cases.

The EM Planning Process

U.S. Public Laws and Florida State Statutes charge each political subdivision with the responsibility of safeguarding the life and property of its taxpayers. So, where does each phase of EM planning begin?

Mitigation and **Preparedness** starts at the Executive Level. The Executive level exercises the highest authority for establishing emergency services organization, disaster planning, and implementation of emergency operations plans and provision of emergency services for disaster operations. This level consists of District Administrators, Commissioners, Attorneys and various Agency heads such as Emergency Services/Fire Department, Administration and Utilities. This is an ongoing process that never really ends. The players at this time are the aforementioned stakeholders; they control the money and as a group evaluate the risk versus gain of providing certain services and to what extent. Everything has a cost, and it is at this level and during this phase that those expense determinations are made. An example would be deciding what needs to be adjusted in our plan: Have we set aside enough money in the event of an emergency? Have we identified where we can pull that money from? How do we afford to demolish or rebuild if necessary?

Continuing on to **Preparedness** and **Response**, the Operations Level now comes into play. The Fire Chief or Emergency Services Manager is appointed Director of Emergency Operations and is delegated the authority for preparing and implementing the emergency plan, for purposes of control and training and to insure that a qualified shift/watch commander is on duty at all time. The Operations level is responsible for the overall implementation of the Emergency Operations Plan. Members of this level include the Director of Emergency Operations, Fire and Rescue, Medical Services, State and Federal Emergency Aid, Emergency Welfare Services Emergency Purchasing, Utility Services and Public Information. During this phase the "action" starts, evacuations are effected, personnel are recalled and assigned, staffing levels are determined and smaller operational adjustments are made to the Emergency Action Plan.

Moving through **Response** and **Recovery** is accomplished at the Field Assessment and Organizing Level. Members at this level include Building Inspectors and Officials, Engineering Inspectors, Fire Inspectors, Fire, Rescue and EMS, Public Services, Clerical and Secretarial Services and Utility Services. This level assesses the problem areas, establishes priorities and assigns appropriate workforces. The workload demand may necessitate co-mingling of various departments' employees. Where possible, at least one member of the workgroup should have some expertise in the work associated with the problem. At this point the questions begin: How bad off are we? What do we need to do immediately? How can we return to normal? Clearing roads, making areas safe, restoring critical services such as power, water, phone service and moving guests and residents back into the area all take place during this phase.

Finally, **Recovery** and **Mitigation** are the portion of EM that is most forgotten; when we can fall back into a sense of complacency or ease. Typically this phase is the longest and/or most variable because we cannot predict the duration. In our district, this phase is turned back over to the Executive Level. This is the time when the seeds of preparedness germinate based on the emergency that has occurred. This is a time to raise all the questions we can: How do we do it better, faster, stronger and more efficiently? Of course we will never have all of the answers, and there will always be ways to improve, however this dynamic process is really what Emergency Management is all about. Similarly to the **Preparedness** Phase, **Mitigation** if correctly done never really ends. Many questions are asked at this time in order to improve the whole process. However asking questions does not fix challenges. All of these questions need to be answered and those answers transition us back to **Preparedness**.

In closing, our district and the major taxpayer located there, move large volumes of people daily. In most cases they do it better than anywhere else on earth. They have tremendous resources available and are eager to work with us on Emergency Management Planning. We have some type of mass interaction drill with our major taxpayer on a monthly basis. Their involvement is critical and it is no different in your community. While this has

been a brief run through of our Emergency Management process, we are always refining and redeveloping our process as well as our plan. One of the best things you can do for yourself, your agency and your community is to constantly review and revise your EM plan, and to drill on it frequently.

About the Author

Robert A. Mitchell, FPEM, IC/PM, BPM currently serves as an Assistant Chief of Operations at [Reedy Creek Emergency Services / Fire Department](#). Serving various communities around the country he started his career in 1980 as a cadet and has never left emergency services. Chief Mitchell's experience includes service with the Dept of Homeland Security, Dept of Health & Human Services, Orange County Sheriff's Office and Reedy Creek as a Firefighter, Dive Medical Technician, Paramedic, Planning Section Chief, Logistics Section Chief, Safety Officer, and Area/Incident Commander. During Chief Mitchell's career he received is Associates Degree in EMS from Valencia Community College in Orlando, FL., an undergrad degree (BS) from Nova Southeastern University, Ft Lauderdale, FL., and is currently working on his graduate degree. Chief Mitchell has also lectured nationally and internationally and a variety on Fire Service, EMS, and Child Abuse issues.

Partnership for Public Education: Vision 20/20 Joins with the *Everyone Goes Home*® Firefighter Life Safety Initiatives Program

By Dr. JoEllen Kelly

Emmitsburg, MD - In 2006, the Institution of Fire Engineers (US Branch) was awarded a Fire Prevention and Safety Grant to develop a comprehensive national strategy for fire prevention. In October of 2008, a document entitled Vision 20/20: National Strategies for Fire Loss Prevention was published. In it, five strategies were presented as providing a way for the United States to address its troubling fire loss record. These strategies included:

- **Strategy 1:** Increase Advocacy for Fire Prevention
- **Strategy 2:** Conduct a national fire safety education/social marketing campaign
- **Strategy 3:** Raise the importance of fire prevention within the fire service
- **Strategy 4:** Promote technology to enhance fire and life safety
- **Strategy 5:** Refine and improve the application of codes and standards that enhance public and firefighter safety and preserve community assets

One of the strongest commitments of the Vision 20/20 project was to seek partners and work cooperatively within the fire service to address the issues highlighted in the strategies. Teams were developed to oversee each area.

Strategy 3, concerning awareness within the fire service is very akin to the 14th Firefighter Life Safety Initiative (Public education must receive more resources and be championed as a critical fire and life safety program.) So, it was easy to imagine that a natural partnership existed here. The *Everyone Goes Home*® program was eager to pursue this alliance, so on December 10th, 2008, a group met at the National Fire Academy to begin developing Strategy 3 & Initiative 14.



Chief Ron Siarnicki, Executive Director of the National Fallen Firefighters Foundation, hosted and welcomed the group to the Emmitsburg campus. He reviewed the importance of the Firefighter Life Safety Initiatives and the natural nexus between fire prevention and firefighter survivability. The group, which included fire service leaders from across the country, began the morning reviewing the Vision 20/20 document that excellently lays out the state of fire prevention in the United States. Experts from the U.S. Fire Administration (both past and current) explored social and political currents in the United States that influence public policy regarding fire prevention. Fire department members contributed ideas about the culture of the fire service that does not always promote fire prevention as an agency-wide goal.

By the end of the day, several ways to support Strategy 3 had emerged, including the idea of conducting one or more demonstration projects to explore new ways of promoting the value of fire prevention within the fire service. More information about these projects will be released through the *Everyone Goes Home®* website at www.everyonegoeshome.com. If you want to learn more about the Vision 20/20 project read the report at <http://strategicfire.org/08report.pdf>.



Preventing Firefighter Line of Duty Deaths...the Role of the National Fallen Firefighters Foundation

By Chief Dennis Compton
Chairman of the National Fallen Firefighters Foundation

PERI Virtual Symposium Center

» [Reducing Firefighter Deaths and Injuries: Changes in Concept, Policy, and Practice](#)

Background

Major fire service organizations have historically worked to prevent firefighter line of duty deaths. The [International Association of Firefighters \(IAFF\)](#), [International Association of Fire Chiefs \(IAFC\)](#), [National Fire Protection Association \(NFPA\)](#), [National Volunteer Fire Council \(NVFC\)](#), [International Fire Service Training Association \(IFSTA\)](#), [United States Fire Administration \(USFA\)](#), along with many other fire service organizations, associations, media, etc. have a rich history of promoting the health, wellness, and safety of firefighters. Preventing firefighter line of duty injuries and fatalities is a priority that the fire service shares and accepts as a critical element of our training and service delivery systems. In 2004, the [National Fallen Firefighters Foundation \(NFFF\)](#) joined in these prevention efforts and vowed to assist organizations in providing additional leadership and focus for this important fire service commitment.

The United States Congress created the National Fallen Firefighters Foundation (NFFF) in 1992 to lead a nationwide effort to honor America's fallen firefighters. Since its inception, the NFFF has developed and expanded programs that fulfill that Congressional mandate. The mission of the NFFF is to honor and remember America's fallen fire heroes and to provide resources to assist their survivors in rebuilding their lives. There can be no better way to honor the sacrifices of our fallen firefighters and their families than to work with the fire service to prevent line of duty deaths. In the fulfillment of its mission, the NFFF has responsibility for the following programs and initiatives:

- Sponsor the annual [National Fallen Firefighters Memorial Weekend](#) which is the official national tribute to all firefighters who died in the line of duty in the previous year.
- Help survivors from the immediate family attend the annual Memorial Weekend by providing travel, lodging, and meals. This assistance provides them with additional access to trained grief counselors, the opportunity to participate in "Family Day" sessions, and the ability to attend public tributes to their lost loved ones.
- Support programs are offered to survivors that give them a place to turn and a Fire Service Survivors Network to lean on, which can serve as an important part of their healing. Current information is provided in various ways to survivors concerning Federal, State, and Local survivor benefits and other resources.
- Scholarships are available to spouses, children, and stepchildren of fallen firefighters to assist with education and/or job training.
- Training and assistance is offered to fire departments to help them handle a line of duty death, including a Chief-to-Chief network that provides technical assistance and support to help the fire department and the family.
- Creation of a National Memorial Site in Emmitsburg, Maryland which will serve as the first permanent

National Park honoring all firefighters. This includes a brick "Walk of Honor" connecting the National Fallen Firefighters Memorial Chapel and the Official National Monument.

- In cooperation with, and support from the National Fire Service Organizations, the *Everyone Goes Home*® program and campaign has been launched to join with the United States Fire Administration (USFA) with the goal of reducing firefighter line of duty deaths 25% by 2010 and 50% by 2015.

While the NFFF has long been in the role of honoring fallen firefighters and supporting the survivors, they are now very committed to working as a partner with the fire service community in preventing these tragic losses.

Discussion

At the center of the *Everyone Goes Home*® program are the sixteen Firefighter Life Safety Initiatives. These initiatives were developed by fire service leaders who participated in the "Firefighter Life Safety Summit" in Tampa, Florida, in March 2004. These 250 summit participants intended the initiatives as a blueprint for making critical changes that would result in meeting the goals established as part of the program. These initiatives address contributing factors in firefighter line of duty deaths in the areas of:

- Fire Prevention and Public Education Structural Firefighting
- Wildland Firefighting
- Training and Research
- Health, Wellness, and Fitness
- Vehicles

Following are the Firefighter Life Safety Initiatives:

1. Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility.
2. Enhance the personal and organizational accountability for health and safety throughout the fire service.
3. Focus greater attention on the integration of risk management with incident management at all levels, including strategic, tactical, and planning responsibilities.
4. All firefighters must be empowered to stop unsafe practices.
5. Develop and implement national standards for training, qualifications, and certification (including regular recertification) that are equally applicable to all firefighters based on the duties they are expected to perform.
6. Develop and implement national medical and physical fitness standards that are equally applicable to all firefighters, based on the duties they are expected to perform.
7. Create a national research agenda and data collection system that relates to the initiatives.
8. Utilize available technology wherever it can produce higher levels of health and safety.
9. Thoroughly investigate all firefighter fatalities, injuries, and near misses.
10. Grant programs should support the implementation of safe practices and/or mandate safe practices as an eligibility requirement.
11. National standards for emergency response policies and procedures should be developed and

championed.

12. National protocols for response to violent incidents should be developed and championed.
13. Firefighters and their families must have access to counseling and psychological support.
14. Public education must receive more resources and be championed as a critical fire and life safety program.
15. Advocacy must be strengthened for the enforcement of codes and the installation of home fire sprinklers.
16. Safety must be a primary consideration in the design of apparatus and equipment.

An important part of achieving progress towards these sixteen initiatives has been the advocates that have been trained and serve throughout the country to spread the message and serve as trainers. "The Courage to Be Safe (sm) - So *Everyone Goes Home*®" training program was developed to assist with that process. The program underscores the need for firefighters and officers to change fundamental attitudes and behaviors in order to prevent line of duty deaths, and promotes the courage to do the right thing so that *Everyone Goes Home*® at the end of the day. In addition to this program, the effort includes the distribution of training materials and numerous communications mechanisms. Leaders from throughout the fire service do presentations at national conferences and meetings stressing the importance of the *Everyone Goes Home*® program. A follow-up Summit held in Novato, California, in March 2007 refined and clarified the efforts surrounding the sixteen initiatives. At an NFFF sponsored meeting in Phoenix, Arizona, in February 2008, the attendees suggested that the sixteen initiatives continue to serve as the long-term approach to reducing firefighter injuries and line of duty deaths, but also suggested that more immediate attention be given to the following areas of focus:

- Fitness for Duty
- Vehicle Operations and Awareness
- Offensive/Defensive Strategy
- Crew Integrity in the Hot Zone
- Training

These suggestions are being integrated into the overall *Everyone Goes Home*® effort.

Conclusion

The NFFF will continue with their mission to honor the nation's fallen fire heroes and work in support of their survivors. They are also proud to serve in a leadership role shoulder to shoulder with other fire service organizations in the ongoing effort to reduce firefighter injuries and fatalities. The *Everyone Goes Home*® program and the sixteen Firefighter Life Safety Initiatives provide a roadmap and a set of tools to achieve the goals that have been established. Real success in this effort will require that the major fire service organizations and all fire departments take ownership of the initiatives that fall within their missions in order to truly bring the initiatives to life and institutionalize them as core priorities for the fire service. This is not (and cannot be) solely an NFFF effort, because without the leadership and work of the entire fire service, it will simply not be effective and any success achieved will not be sustained.

We all know that firefighters can lose their lives in the line of duty doing everything right at the time. And we also know that there are times when decisions are made and actions taken that unnecessarily contribute to the risk. The NFFF proudly joins with the fire service as a partner in reducing the risks to our firefighters, thus reducing firefighter line of duty injuries and deaths.

About the Author

Chief Dennis Compton was the Fire Chief in Mesa, Arizona for five years and Assistant Fire Chief in Phoenix, Arizona, where he served for twenty-seven years. Dennis has served as Chairman of the Executive Board of IFSTA and Chairman of the CFSI National Advisory Committee. He is Chairman of the National Fallen Firefighters Foundation Board of Directors, and Chairman of the Home Safety Council Board of Directors. Dennis has authored several books, many articles, and is Co-Editor of the ICMA textbook titled, "Managing Fire and Rescue Services."

About the Symposium

Reducing Firefighter Deaths and Injuries: Changes in Concept, Policy, and Practice is presented as a public service of the Public Entity Risk Institute (PERI), 11350 Random Hills Rd., Suite 210, Fairfax, VA 22030. Web: www.riskinstitute.org.

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Assistance to Firefighters Grants Program (AFG) Research and Development Midyear Meeting

By Dr. JoEllen Kelly

Washington, D.C. - When most of us think of the Assistance to Firefighters Grants (AFG) Program, we think of fire departments across the country applying for grants to buy "stuff." In fact, the Fire Act Grant was conceived in 2001 as "an important component of the Administration's larger, coordinated effort to strengthen the Nation's overall level of preparedness and ability to respond to fire and fire-related hazards." As it was originally conceived, the monies from Washington were awarded to departments as a means to purchase response equipment, personal protective equipment and vehicles. Since 2001, 43,000 grants have been awarded, totaling \$3.8 billion.

What is often overlooked in the official title Assistance to Firefighters Grants Program is that the Fire Act Grant is not just about equipment and vehicles. In 2005, Congress amended authorization to include funding for firefighter safety Research and Development. This amendment stated: "No less than 5% of the appropriation must be awarded for fire prevention and safety or research and development activities." While this does not sound like a lot, for Fiscal Year 2008 this amounted to \$28,000,000.

If you go to the [Fire Act Grant website](#) you will see that there are three components to the AFG program; Fire Grants, Staffing for Adequate Fire and Emergency Response Grants (SAFER) and Fire Prevention and Safety Grants (FP&S.) FP&S Grants are separated into two activities: Fire Prevention & Safety and Firefighter Safety Research & Development. Fire Departments are not eligible to apply for R & D funding; rather this category is reserved for organizations (academic, public health, and others), who have the expertise to research topics related to firefighter safety. Funded projects under R & D include "Database/data collection and analysis projects, social science projects and technology studies that address injury outcomes...such as firefighter safety, wellness, fitness or health." Under R & D, researchers are permitted to partner with fire departments who for example, supply human research subjects for study.

During the open forum on December 2, the immediate past grantees (2006) of R & D grants met in Washington DC to present their findings. Under guidance of the Department of Homeland Security and FEMA staff, dozens of researchers presented their fascinating and important results. The scientists and fire service subject matter experts presented material in two groups; Clinical & Behavioral Studies and Technology Studies.

Six Clinical and Behavioral Studies were presented on topics ranging from "Physical and Psychological Stress Associated with Structural Firefighting" (Indiana University and the Indianapolis FD), "Cardiovascular and Biomedical Response to Firefighting and PPE," (University of Illinois and Illinois Fire Service Institute), to "Firefighter Heart Disease Prevention Program" (St. Joseph's Children Center in Atlanta and the Gwinnett County Fire Department). The International Association of Fire Fighters (working with National Institute of Standards and Technology and the Worcester Polytechnic Institute) presented a second-year of research titled "Multi-Phase Study on Firefighter Safety and the Deployment of Resources." Fireground Rehab was the subject of a study conducted by the University of Pittsburgh and with the Pittsburgh Bureau of Fire and the Guyasuta Volunteer Fire Department. Finally, Harvard researchers presented news from their study on "Cardiovascular Disease Among Firefighters."

The second part of the day consisted of the Technology grantees reviewing their outcomes. First was a report by the Underwriters Laboratories (working with the Chicago FD) on "Structural Stability of Engineered Lumber on Fire Conditions." Then a report on "Special Extinguishment Agents for Firefighter Use" was presented by the UL team. Two teams working on firefighter tracking devices (from the University of Maryland and Worcester Polytechnic Institute) also presented. Additionally, wind-driven fire conditions were studied and reported by two groups, the Polytechnic Institute of New York University (along with the FDNY) and Fire Protection Research Foundation of the NFPA.

The day ended with an excellent panel discussion: "Three Perspectives-Technology, Clinical, and Fire Service: What Can the Locator Device with Physiological Status Monitoring Do...and What Can't It Do?" While it would seem that the intrinsic value of such locator devices is a no-brainer, the panel carefully outlined the value and important questions such devices raise.

All of these presentations were extremely impressive not only for their inherent integrity and rigor, but also for the dedication to firefighter safety exhibited by the researchers. While we would expect this from fire service subject matter experts and partners, we often overlook our other partners from hospitals, clinics and universities who are working to develop better PPE and equipment to augment firefighter safety. Physicians and clinical researchers working on firefighter health and wellness should be valued and supported.

The administrators of and advisors to the Assistance to Firefighters Grants Program should be supported for funding firefighter safety R & D. The important work being done in the clinical, behavioral and technology areas will certainly contribute to our on-going knowledge of how to make this profession safer. All firefighters should recognize and commend those in our allied fields who have dedicated part of their careers to firefighter health, safety and wellness.

Kansas Fire Department Announces 100% National Seat Belt Pledge Compliance

Written by Ryan Pyle

The Shawnee Kansas Fire Department is pleased to announce that every member is compliant with the national seat belt pledge. The campaign began as a "grass roots" effort by Firefighter Jeff Salmon. When asked what inspired Firefighter Salmon to take on this project, he simply replied "I saw a need and I felt it was time that our department fully embraced the initiative by signing the pledge." The Shawnee Fire Department is committed to Firefighter safety and this is the one area in which EVERY department should start. There is simply no reason not to wear your seatbelt, regardless of the circumstance.



NIOSH Supports Seat Belt Use by Firefighters

U.S. Fire Administration News Release

Emmitsburg, MD - The U.S. Fire Administration (USFA) is pleased to announce that the National Institute for Occupational Safety and Health (NIOSH) has added its logo to the National Fire Service Seat Belt Pledge 100% Participation Certificate. This endorsement of the seat belt campaign, by NIOSH Acting Director Dr. Christine Branche, reinforces the importance of wearing these safety devices to the American Fire Service.

U.S. Fire Administrator Greg Cade said, "We are grateful to NIOSH for adding their logo to the Seat Belt Pledge 100% Certificate. We welcome their participation to further support our efforts to encourage and remind firefighters to buckle up."

The National Institute for Occupational Safety and Health joins the U.S. Fire Administration, the International Association of Fire Chiefs, the National Volunteer Fire Council, the National Fire Protection Association, and the National Fallen Firefighters Foundation as leading supporters of the Fire Service Seat Belt Pledge Campaign. To date, over 70,000 firefighters have taken the pledge and approximately 300 fire departments have received a 100% Certificate for their accomplishment in getting all personnel to sign the pledge. The goal of this program is 1,000,000 firefighter signatures and 30,000 fire departments with 100% participation.

Dr. Christine Branche of NIOSH said, "Motor vehicle-related crashes are the second leading cause of death for firefighters, and reducing this toll on our nation's firefighters is a priority for NIOSH. Wearing seat belts is an essential component of efforts to ensure the safety of firefighters in fire apparatus and vehicles."

For further information regarding this effort and to see which fire departments in your State have achieved 100% participation in the Fire Service Seat Belt Pledge Campaign, visit www.trainingdivision.com/seatbeltpledge.asp. There you can access and download the pledge signature form, learn how to receive a 100% Certificate for your organization, read success stories, identify supporters, and receive additional campaign material.

Related:

How Can my Department Take the Seatbelt Pledge? [Click Here to Download the Pledge Form](#)

Related Video:

» **Watch:** [All of the Seat Belt Safety PSAs](#) 

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Behavioral Health Planning Meeting Held December 4-5, 2008

Submitted by Dr. JoEllen Kelly & Richard Gist, PhD

Baltimore, MD - Over two dozen academic, military and fire service leaders met in Baltimore on December 4 - 5 to launch a series of strategic steps toward implementation of the 13th Firefighter Life Safety Initiative-Firefighters and their families must have access to psychological support and counseling. Drawing upon the White Paper commissioned for the 2nd Firefighters Life Safety Initiatives Summit ([Novato, CA, March 2007](#)) and the output from the Summit, this group met to determine specific projects and products for enhancement of behavioral health in the fire service.

The meeting was facilitated by Dr. Richard Gist of the Kansas City [MO] Fire Department with assistance from Vickie Taylor, LCSW, Behavioral Health consultant to the National Fallen Firefighters Foundation. Chief Ron Siarnicki, Executive Director of the National Fallen Firefighters Foundation, welcomed the group and explained the importance of the 16 Initiatives, followed by an historical overview of NFFF's investment in behavioral health activities. Dr. Gist then led the group through a series of explorations focused on "knowledge translation," described as a critical feature of successful growth and development in any applied enterprise.

"The essence of knowledge translation centers on matching the needs of the applied domain with knowledge and skill sets developed in the research and academic arena," explained Dr. Gist. This process identified researchers and academicians who had developed solid programs that could be applied to critical fire service needs and connected them to fire service constituency groups that hold vested interests in behavioral aspects of health and safety and hold the capacity to disseminate best practices to their various constituencies.

Four areas were targeted for discussion:



1. Service-related fatalities are related to diseases and accidents in which behavior and lifestyle choices represent modifiable risks.
2. Impact of exposure to potentially traumatic events in the context of the occupation.
3. Dissemination of evidence-based practices to first-line behavioral health care providers (typically community clinicians and EAP personnel.)
4. Movement toward consensus standards for behavioral health services provided to fire and rescue organizations.

Academic programs represented included researchers from the Kansas City University of Medicine and Biosciences who have been strongly involved in military programs for cardiac risk management and are now working under the Assistance to Firefighters grant program's Research and Development aspect to do similar work with firefighters; representatives of the Center for traumatic Stress Studies at the Uniformed Services University of Health Sciences (the military's medical school) known for leading the field in areas such as combat stress and impacts of terrorism and mass casualty; the National Crime Victims Research and Treatment Center at the Medical University of South Carolina, whose web based programs to instruct journeyman mental health clinicians in evidence based treatments such as Cognitive Behavior Therapy (CBT) have been completed by more than 15,000 practitioners; the Hamovitch Center for Science in the Human Services of School of Social Work at the University of Southern California, the Education and Training Division of the National Center for Posttraumatic Stress, and the National Institute of Occupational Safety and Health. Fire service interests were represented by experts from the [International Association of Fire Fighters](#), the

[International Association of Fire Chiefs](#), the [National Volunteer Fire Council](#), the [National Association of EMS Physicians](#), the [North American Fire Training Directors](#), the [Federation of Fire Chaplains](#), and the [National Fire Protection Association](#). Several fire chiefs were invited and present to offer their input and analysis.

A second session is tentatively planned for February at the University of Southern California to explore the range of areas in which behavioral health consultation can benefit fire service organizations and how current models and concepts such as the Member Assistance component of [NFPA 1500](#) and the behavioral health aspects of [NFPA 1582](#) could be enhanced to reflect current science and contemporary best practices. Central to this session, as in the first, will be the design of systems to make the needed resource readily accessible at limited or no cost to practitioners assisting fire service organizations. Future work will center on similar knowledge translation in other health promotion and risk reduction activities.



Firefighter Mental Health and Wellness: Finding the Help You Need

Shannon H. Pennington

firefighterveteran.com

26 Year Career Firefighter I.A.F.F.

Everyone Goes Home® Life Initiative 13: Firefighters and their families must have access to counseling and psychological support.

In the October 2008 Everyone Goes Home® newsletter I discussed the resources available at firefighterveteran.com and the educational information available on the subjects of stress, job stress, job burnout, Acute Stress Disorder and Post Traumatic Stress. I also wrote about the past, present and future needs of the fire service in managing stress and about occupational operational stress injuries caused by firefighter traumatic stress exposure and line of duty injuries.

This month I discuss the Personal Protective Equipment (PPE) that you should consider when selecting your psychologist or psychiatric caregiver. PPE in this case refers to the psychologist or psychiatrist that you are "equipped" with by your department to provide treatment for an Occupational Operational Stress Injury (OOSI.)

If you make use of the departmental Employee Assistance Program (EAP) you will not usually be given a choice as to who you see, when you see them, how often you see them, and how much control you have over what they can or cannot do to impact your job status as a firefighter professional or volunteer.

The fire service has learned many valuable lessons from the past. We have learned the lesson of what is needed and when it is needed in regards to stress injury. Now we need to look at how and where to apply the correct responses to stress injury. It is our responsibility to establish communication with the caregivers who are assigned to help us and to have open communication when we are overcome with the emotional burdens of a triggering event or to the long term effects of stress. No matter if you are ordered into treatment, go on your own, receive education as part of Critical Incident Stress Management, or seek treatment privately, your participation itself may speed up the recovery process.

In order to understand how communication works, we can start by examining the way a firefighter thinks and processes information. Building on that, we can work on the communication skills that are needed to break down the barriers between "us," those in need of help and "them," the people who are trying to understand us.

As Ricky said to Lucy on more than one occasion "Lucy...you got some splaining to do!"

So let's have a go at some word play here...

When you get lost in the emotional smoke of the event and the back draft of those events builds up into a flashover, get down, get low, buddy up, get out and get competent help. Hey, that was not too bad; you probably understood what I just said. If you speak in these terms to someone who is trying to connect to you and help you with your stress issues, then they too can begin to understand that you are in emotional smoke from an event which took place and that your feelings and emotions have flashed over.

You are in the "hot zone" after the "flashover" of emotional events. You are in a hazardous overload of thoughts about what happened on the last call or about the number of calls. Everything is starting to build up to a "stress reaction" to the events and your "trauma trunk" is too full.

You need to open up the inch and a half between your head and your heart and start connecting to the fact that you are human. You can only load the head-space with so much exposure to trauma before you react to it from your heart-space. This is a very real and human condition that makes you a person. No, you are not a super hero, but a man or woman doing an extraordinary job under extraordinary conditions and making it look easy. Stress is the Kryptonite that will weaken and hurt you if you do not get help.

We are all in this together. Finding the "hydrant key" that fits the spindle will open the hydrant of information that will allow us to get the flow directed towards the emotional fires that are blazing inside of us. Get connected to the hydrant of information that is available from the Everyone Goes Home® Firefighter Life Safety Initiatives and firefighterveteran.com. Let's add another tool in the tool box and not have another "fool in the fool box" with stress freelancing us on the fire ground.

It makes good, solid bell-ringing common sense to reduce the back pressures that stress causes. When the emotional pressure causes us to "go beyond the limits" of the pressure relief valve in our heads and hearts then we need to find the setting to reduce the pressure to tolerable limits. We need to reach out to others, especially to competent professionals who have our best interests in mind.

Finding appropriate psychiatric professionals and interviewing them BEFORE YOU COMMIT YOURSELF to their care also makes sense. If the PPE does not fit, then do the size-up and find what does fit. You are in charge of the stress reduction outcome.

Everyone Goes Home® and when we get there let's make sure we are able to embrace the best of what life has to offer from health and wellness in our jobs and in our lives. Commitment to staying ahead of stress is the first step towards hope in staying healthy.

Connect to additional stress information at firefighterveteran.com

Related:

» [Firefighter Mental Health and Wellness](#)

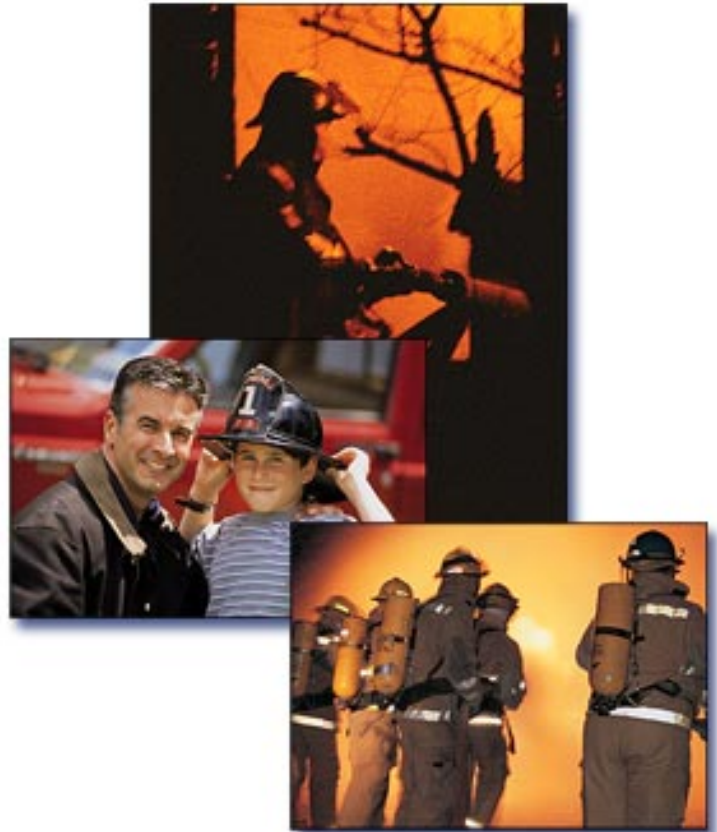
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Now you can share your firefighter life safety practices with other fire departments through the *Everyone Goes Home®* Program.

Send us your original, high resolution photos so the *Everyone Goes Home®* Program can incorporate your photos into the EveryoneGoesHome.com website, program training materials, promotions and the upcoming Firefighter Life Safety Resource Kit - Volume 4. Photos can include:

- Fireground Photos
- Training Photos
- Photos of Firefighters Wearing their PPE Correctly
- Photos of Firefighters Wearing their Seatbelts
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- Firefighter Health and Fitness photos - Healthy Meals & Fitness Routines
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Acknowledgement

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