

March
2022

Fire Line Newsletter

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From the Balcony – Changes on the Horizon

It's great to see our new recruits on shift after completing a rigorous month long training academy. A special thanks to Assistant Chief Knowles and all our instructors who brought value added training to our recruits. We wish our recruits continued success on their respective shift assignments.

Earlier this year Assistant Chief Todd Janquart announced his retirement effective at the end of business on March 31, 2022. Todd will be out for the second half of February and will return for his last day. A luncheon for Todd is in the works for his last day. For the past 25 years, Todd has dedicated himself to serving the Fond du Lac Community, the last 12 years heading up our Emergency Medical Services. It was 12 years ago that Todd stepped into a newly created position and over the years brought stability and growth to the EMS Division leaving his footprint for others to follow for years to come.

In preparation for Todd's retirement, an assessment center testing process was conducted to evaluate candidates on a number of scenarios. The assessment team was made up of fire chiefs from Madison, Greenfield, North Shore and Sheboygan. The assessors

were impressed by all three candidates. As a result of the testing process, Division Chief Garth Schumacher was the unanimous choice of the assessors and his name will be submitted to the Police and Fire Commission for approval at their March meeting. We hope to have Garth in place in the first week of April.

As a result we will be conducting a similar testing process for any members who are interested in filling the vacancy in Fire Prevention as a result of Garth's promotion. We plan to move quickly to fill his position so we can maintain a continuity of operations.

*Until Next Month,
Be Safe and Be Well*

**Fire Chief
Peter O’Leary**



FOND DU LAC FIRE RESCUE OPERATIONS

By: Assistant Chief
Erick Gerritson



Deadly January

From 'Black Sunday' to Baltimore tragedy: January fires evoke pain, old and new: What makes January such a deadly month for the fire service – and what can we learn from recent incidents, like Baltimore?

The winter months are always tough for firefighters, dealing with not only snow and ice but significant residential fires, too. This winter has lived up to this history in very deadly measure. January alone has seen two of the deadliest residential fires on record in the cold northeast, with 30 civilians perishing and at least 30 more being transported, in incidents in Philadelphia and New York.

Bringing testimony to harsh winter firefighting conditions, countless videos have streamed across our devices and computers in recent weeks. The chemical plant fire in New Jersey, the wildland fires in Colorado, and several residential and commercial fires during brutal winter storm onslaughts have tested the muster of many of our firefighters.

If this weren't enough to underscore the brutality of winter firefighting, this week brings additional pain, old and new. Jan. 23 marked the 17th anniversary of FDNY's deadly "Black Sunday." And one day later, we find ourselves shocked and saddened to learn of the deaths of three Baltimore City firefighters in a row-house fire. A fourth firefighter remains on life-support at Baltimore's Shock Trauma unit. Baltimore will forever remember Jan. 24 as its own dark and dismal day, akin to FDNY's "Black Sunday."

BALTIMORE IN FOCUS

On Monday, Jan. 24, Baltimore crews responded shortly before 6 a.m. to a three-story row-house fire. The home in question was vacant; however, the adjoining homes were occupied.

A partial collapse occurred, trapping four firefighters. Multiple mayday calls were made from the well-advanced residential fire. One firefighter was removed quickly, two others were removed after some time, while the fourth took longer to reach.

Baltimore City Fire Chief Niles Ford later announced the death of three firefighters: Lt. Paul Butrim, Firefighter-Paramedic Kelsey Sadler, and Firefighter-EMT Kenny Lacayo. Firefighter John McMaster remains in critical condition.

Further details of the incident will continue to be revealed through the investigation process. Media reports have indicated that this particular address was the scene of a previous fire and had been ordered to be repaired. There is no further information currently available about the Baltimore fire.

Ford noted that the city's last firefighter line-of-duty death was nearly seven years ago.

WORSENING WINTERS

FDNY's Black Sunday in 2005 also saw three LODDs – two firefighters killed at a tenement fire in the Morris Heights section of the Bronx (where four other firefighters were injured), and one firefighter was killed in a

separate house fire in the city less than three hours later.

What's different this winter from most is the seemingly continuous onslaught of significant incidents, including maydays and firefighter injury/death reports, hitting our news feeds. There have been significantly more structural fire entrapments, deaths and injuries this winter than I recall in recent memory. For me, it is a stark reminder of how truly dangerous our profession can be, how important it is to look out for each other, and how crucial it is that we train, train, practice, train, and practice some more. I hope that we *all* see the signs from these incidents as the impetus to work toward a safer environment, not only for our firefighters but our communities as well.

Let's take a look at just some of the fatal or close call incidents from the first three weeks of 2022:

- Jan. 24 – Baltimore: Three firefighters dead, one in critical condition, in a row-house floor collapse.
- Jan. 23 – Dauphin, Pa.: Collapse chimney, firefighter pinned in the rubble.
- Jan. 22 – Indianapolis: Firefighter injured falling through floor at a house fire.
- Jan. 18 – Brockton, Mass.: Firefighter injured after falling through a hole in steps into the basement at a house fire.
- Jan. 13 – St. Louis: Firefighter dies in floor collapse at a house fire.

Deadly January... Continued

- Jan. 9 – Barstow, Calif.: Firefighter dies from injuries sustained after being struck by a car on a scene on Dec 5.

- Jan. 9 – Tennessee: Firefighter trapped/injured in wall collapse at a commercial building fire.

- Jan. 8 – New Hampshire: Firefighter mayday at commercial building fire, several injured.

- Jan. 6 – Mineral Point, WI: Two firefighters dead after apparatus wreck responding to a separate crash.

- Jan. 6 – Los Angeles: Firefighter dies in a house fire.

Jan 4 – Mansfield, Ohio: Firefighter injured falling through floor into the basement at a house fire.

That's eight firefighters dead – operational deaths – in the line of duty between Jan. 6 and Jan. 24 in five separate incidents, in four different states. (Note: There have been others who have died of medical/health-related issues during the same period. Not capturing them in the list above is not meant to diminish their service or sacrifice in any way; this article is intended to draw attention to the overwhelming increase in operational deaths in the past three weeks.)

UNPACKING WHAT'S DIFFERENT

While fireground operations are dynamic, nothing I've seen from any of these incidents strikes me as oddly unfamiliar. I know it is not fair to paint with broad strokes; however, I believe there are three unique factors that are impacting our current spate of

call volume and injuries/deaths:

1. Cold-weather

equipment: It has been a colder winter than in recent years. With more people staying inside due to illness or remote work, the use of heating devices increases – and so does the opportunity for error.

2. Increased isolation:

The isolation prompted by the pandemic has more people doing not-so-smart stuff to keep warm – think using ovens or candles as heating sources and overloading extension cords with high-amperage heaters. With more people staying inside, I submit there's a certain amount of idle-time/idle-mind syndrome going on – they don't have anything else to do, so they do x or y that they wouldn't normally do, even some general horseplay inside that would normally be more harmless outside.

3. Missing messaging:

Just as communities and families have found themselves sequestered in their homes and in smaller groups, firefighters have found themselves sequestered in the fire station, working in smaller groups and not getting out into the community as much. While social media maintains connectivity, the message and inspections related to CRR are unquestionably better received and better initiated face to face. So what does that mean? It means to for the last two years, we haven't been "in their face" preaching messages of fire prevention and fire safety, and many of the preemptive

safety inspections that would have found emerging problems, or at least given people pause, haven't been happening.

The solutions to these three issues are wrapped in reinforcing everything we already know – CRR activities, mayday training and command training. We need to get back out into the community and make CRR a priority again. Wear masks, keep your distance from people as you can, but get back to your daily street training and building inspections, preplans and community visits.

EASY AND HARD DECISIONS

Back to Baltimore. This was not a new problem or address. This type of structure is what many would call our "bread-and-butter" response – one we "do" all the time. So, what went wrong?

Pictures from the scene suggest a well-involved fire on three floors upon arrival. As the quick collapse confirms, the structure was in imminent danger.

Aggressiveness is good – it is the core of our firefighting culture. We learn from day 1 in this business that things can go from zero to 60 with the snap of a finger – things get "real" fast. We are chaos managers and must ensure that we are prepared to deal with the chaos, not become part of it. We should be prepared to make the difficult go/no-go decisions on every call. And let's be clear, not every fire is a "go" situation. We make the easy decision to commit firefighters to obvious rescue situations every day. Similarly, we need to be ready to make the hard decision to

not commit firefighters to un-survivable environments every day as well.

These statements are not a reflection on the Baltimore incident per se, rather a reminder to all of us to look before and after we leap. I know Chief Ford, and I know he will take care of his people first and will leave no stone unturned in the analysis of this incident.

WHAT ELSE CAN WE DO?

Be prepared to make the difficult and unpopular decisions as quickly as you make the popular decisions – that's part of our responsibility to each other!

Expect the unexpected! Train, look out for each other, and train some more. FireRescue1 recently released a special series coverage on mayday incidents. I encourage everyone to take the time to review and share the resources provided to ensure we are all ready.

Leadership in our business isn't about running a secondary job, a daycare center, nor is it a choice. Are you ready to lead people where they need to be? If not you, who? If not now, when?

Reference: Chef Marc Bashoor from Fire Rescue 1

**Until Next Month....
Stay Safe!!!**

...Acting to Save

Types of Calls:	January 2022	January 2021	Year to Date (2022)	Year to Date (2021)
Alarms Involving Fire	10	6	10	6
Fire Mutual Aid Given	1	1	1	1
Fire Mutual Aid Received	0	0	0	0
Emergency Medical Calls	508	490	508	490
Paramedic Intercepts	10	4	10	4
Interfacility Transports	41	32	41	32
Other Calls (False Alarms, Service Calls, etc.)	73	69	73	69
TOTALS	643	602	643	602
Fire Inspections Completed	211	244	211	244
Defects found during Fire Inspections	54	86	54	86



Current Status of New Construction

- River Hills Mixed Use Development on S. Main St. – *Building 12 is under construction*
- Forest Mall - *Meijer Project still in planning*
- Sister Catherine Drexel Homeless Shelter – *Under Construction*
- BCI Burke – *Addition starting soon*
- Hobby Lobby – *Construction/Renovation underway*
- Summit Auto – *Addition has begun*
- Brooke Street Lofts 14 & 16 N. Brooke St. – *Planning Phase*
- Kwik Trip (Schreinners) – *Demolition Completed*
- Taco Johns (West Johnson) – *Final Occupancy Approved – Opening Soon*
- Club Car Wash – *Planning Phase – E. Johnson & Pioneer Road Locations*



The Code Summary

By: Assistant Chief Todd Janquart

Preparing Stroke Patients

Three things all EMS Providers can do to assist in the timely and accurate administration of IV tPA in cases of Acute Ischemic Stroke...

Within a given region, the emergency medical services (EMS) system has an important role in the management of acute stroke patients. Decisions made by EMS personnel can affect treatment and contribute to the immediate, short-term and long-term outcomes of the patient. Because the patient may require emergent treatment regardless if the stroke is ischemic or hemorrhagic, EMS personnel should manage all potential stroke patients in a time-dependent nature.¹ EMS providers know in cases of stroke, “time is brain.” The typical patient loses 1.9 million neurons each minute in which stroke is untreated.²

In cases of acute ischemic stroke, EMS providers without delaying treatment or transport, can gather three pieces of critical information during the stroke patient encounter to expedite and better aid the receiving hospital clinician in the decision to administer intravenous recombinant tissue-type plasminogen activator, (tPA) (alteplase). First, the prehospital provider can gather accurate information on the last known normal. Second, when feasible, a next of kin to the patient should present in the ED in person, or by

phone, to facilitate informed consent for IV tPA administration. Lastly, gathering a thorough medical history in the prehospital environment regarding recent medical procedures and surgeries, medical events, medication history, injuries and hospitalizations is paramount to aid in the timely and appropriate decision to administer IV tPA. By eliminating these three possible gaps and pitfalls the acute stroke patient should receive appropriate care not only quicker but with more accurate consideration to IV tPA inclusion/exclusion criteria.

Last Known Normal

The last known normal (LKN) is a critical piece of information used to determine eligibility for IV tPA in cases of ischemic stroke. The FDA approves IV tPA to be administered in cases of acute ischemic stroke up to 3 hours from last known normal and up to 4.5 hours in select cases.³ It should be noted that the phrase “last known normal” is interchangeable with “time last known well” which is recognized by the Joint Commission.⁴ The Joint Commission defines time last known well as “the time prior to hospital arrival at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health.”⁴ Without a well-defined last known well, the administration of tPA may be not administered at all, delayed or delayed to a point

that the patient presents outside of the recommended treatment window.³

EMS-reported LKN times were largely congruent with neurologist-determined times. Focused EMS training regarding wake-up stroke symptoms may further improve accuracy.⁵ EMS underestimated the LKN time by reporting the awakening time as the LKN time rather than the time the patient was known to be normal the day before.⁵ To clarify, last known normal in cases of wake-up strokes should be documented as the last time the patient was seen normal, usually the night or day before as they went to bed. Wake-up strokes last known normal is not the time they woke and had stroke symptoms, rather, the last known normal must be documented and reported as the last time the patient was normal and without stroke signs and symptoms. It is likely EMS providers will encounter cases where the last known normal is unclear, unwitnessed or unobtainable.³

Obtaining Consent for Tpa

The use of tPA for ischemic stroke often requires consent from the patients next of kin. Consent often revolves around the inherent risk and complications from hemorrhage and injury from tPA administration. For every 100 patients treated with tPA, approximately one will experience a severely disabled or fatal final outcome as a result of tPA-related symptomatic intracerebral hemorrhage.⁶ In a 2018 study it was

determined, “Most [hospital] clinicians always or often require consent informed consent for stroke thrombolysis. Future research should focus on standardizing content and delivery of tPA information to reduce delays.”⁷

While it is further recognized there is “no standard approach to obtaining consent for stroke thrombolysis with tPA.”⁷ “This lack of consensus can create uncertainty amongst providers and creates the potential for delays in treatment, uneasiness amongst clinicians, and legal liability.”⁸

The potential delay to gather consent can be shortened or mitigated by bringing the immediate next of kin to the emergency department so that the informed consent to be explained, in person, by a qualified clinician. Another option is to instruct the next of kin to immediately and safely drive directly to the transport destination. Another option would be to obtain the next of kin’s phone number for verbal informed consent for IV tPA. Depending on institutional policy and provider discretion, informed consent for the administration of tPA can be received by both telephone and writing. “Clinicians who believed tPA required informed consent were divided on whether consent should be written (40 percent) or verbal (60 percent).”⁸

Preparing Stroke Patients, Continued

Anticoagulants and Medical History

A patient history of anticoagulant use can be an exclusion criterion for IV tPA in cases of acute ischemic stroke. However, compliance with the prescribed medications should be considered and evidence, such as pill bottles, pill planners and caregiver testimony should be gathered to aid the clinician who will make the treatment decisions regarding IV tPA. In certain cases, evidence supports that IV tPA can be administered even if the patient has taken an anticoagulant.³ The specific time, date, medication and dose needs to be considered by the clinician. Therefore, gathering anticoagulant information in the prehospital environment could aid in the timely and accurate administration of IV tPA.

Conclusion

Combining these three

considerations without delaying treatment or transport along with timely recognition of stroke, early activation of the 911 system, early hospital notification, appropriate transport destination and providing the receiving hospital clinician with accurate and pertinent information in the EMS report could aid the receiving hospital clinician and likely improve patient outcomes. Thus, the acute stroke patient should receive appropriate care not only quicker but with more accurate consideration to IV tPA inclusion/exclusion criteria which could improve patient outcomes and patient safety.

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Article from the 2/8/2022 online edition of JEMS.com authored by Hunter Ryan Harbold LP, MPA, FP-C.

Practice self-awareness, self-evaluation, and self-improvement. If we are aware that our manners - language, behavior, and actions – are measured against our values and principles, we are able to more easily embody the philosophy, leadership is a matter of how to be, not how to do.

Frances Hesselbein

Meet the New Recruits



My name is Gavin Forster. I was born and raised in West Bend. I had previous experience working for the Manitowoc Fire Department. I am really looking forward to going on shift and starting my career with the City of Fond du Lac. I enjoy hunting and playing sports in my free time.

Gavin Forster



Hi, my name is Clare Wolf. I am 28 years old and from Rubicon, WI. My whole life, I wanted to be a marine biologist and after I got my Bachelor's degree, realized that was not my passion. I met a group of firefighters while being employed at a fitness center. They encouraged me to try it and I have been doing it ever since. This is my first full-time fire department. I have one younger brother who is an auto mechanic. I love to hike and do anything on the water in my free time. I am excited to be here!

Clare Wolf

Hi, I'm Quinn, I am from Mt. Calvary where I was a volunteer firefighter for 7 years and I worked for the Mt. Calvary Ambulance service for 5 years before being hired at Fond du Lac Fire/Rescue. I also have experience working for the City of Fond du Lac Parks Department for the last 5 years. I enjoy sturgeon spearing and being on the lake. I have a twin brother and 3 younger brothers who are triplets. I'm excited to be a part of the large academy class that we have and being welcomed into the FDLFR family. I look forward to serving the community.



Quinn Kaiser

Hi, I am Jodi. I was born and raised in Neenah where I currently live. I have one son who is 10 years old. I worked at a private EMS service as a Paramedic for the last 6 years. I enjoy boating and anything outdoors on my off time. I am super excited to start my career with FDL Fire/Rescue.



Jodi Peterson



My name is Patrick Hart. I currently live in Appleton with my fiancée. I come from a family of 11 with 5 brothers and 5 sisters. I grew up in Greenville, WI. Out of high school I went to FVTC for wildland firefighting. Once I eventually finished that I worked a fire season in South Dakota at the Badlands National Park. After that summer I got into the EMS classes at FVTC and then my structural fire classes after that. I enjoy reading and trying new bourbon in my rare free time. I am very excited to have my first job in the fire service and look forward to my time here!

Patrick Hart

Below are pictures from the various training exercises the Recruits took part in during their 4 week Academy.





Well-trained people are the best defense against fire.

By: Assistant Chief of Training/Safety
James Knowles III

Firefighting Basics: Heel from the Front

In the fire service we have textbooks that help us with our understanding and skill development for all firefighters. Some of these textbooks are for basic training whereas others are for more advanced learning. With a recruit firefighter, we will use a textbook that will teach them the fundamentals so that a basic foundation can be laid.

Textbooks do not always teach everything, nor do they always relate how things are in real life. For any of you who have taken a class, whether hands on or lecture, you will sometimes hear: "You will not learn this or see this in a textbook." What does this statement mean? Does it mean the instructor is going rogue and teaching their own version of skills? For the most part it does not, but rather simply that textbooks sometimes miss the subtleties of tactical application in the flux of fireground events. Instructors will relate real-world application in their lesson delivery in tandem with a textbook.

Why is heeling the ladder from the front a more practical and realistic application? When we are on the fireground and facing a situation that requires us to ladder a building, efficiency and effectiveness need to be at the forefront of our minds. We are usually dealing with a manpower-limited situation. Not every fire department

will have the luxury of having three or four firefighters available to put up a ground ladder. If we are fortunate enough to have two firefighters to complete this task, then we must learn how to work with the resources that we have.

When we heel the ground ladder from behind, it removes one of the firefighters from the team. Once they are committed to holding that back position, they are unable to aid or help the other firefighter climbing the ladder.

When a firefighter heels a ground ladder from behind, they are also unable to view the entire operation. They can see the beginning stages of the operation but not the end of it, nor do they have an overall view the entire operation. Firefighters wearing full turnout gear, self-contained breathing apparatus (SCBA), and a helmet will have restricted movement, and their ability to look directly up may be impaired. For some, their helmets may hit the top of the SCBA cylinder, while for others the front brim of the helmet blocks part of their view. Either way, the firefighter's view of the operation is hindered, and this therefore becomes a dangerous way of heeling a ground ladder. You are effectively removing that firefighter from the rest of the team on the fireground.

On the other hand, if firefighters can observe the entire operation from beginning to end, they are able to assist other members with watching

the building and fire conditions, the development of the fire, and any hazards that may reveal themselves during the ladder operation. They can observe the whole side of the building as well as keep an eye on the firefighter who is on the ground ladder. The firefighter that heels from the front of the ground ladder is thus still a part of the team.

When firefighters heel a ground ladder from behind, they are also exposed to falling hazards. Members may be carrying hand tools up the ladder to help with the assigned task and these hand tools can fall. Gravity is working against us every time we are carrying up a hand tool; we get tired, our grip loosens, and the hand tool is now falling to the ground. Depending on how it is falling, there is a good chance that it will hit the head of the heeling firefighter. When we are breaking glass from a ground ladder, that glass falls right on top of the heeling firefighter.

Firefighters will inevitably want to see what's going on around them, so the heeling firefighter may look up. Have you ever heard an instructor tell you to not look up when you are heeling a ground ladder from behind? This is so that you won't have falling tools, broken glass, falling debris, etc., hitting you in the face. When you look up, you are exposing your neck, mouth, and eyes to whatever may be

falling on you.

What if the firefighter climbing the ladder starts to slip or loses his or her balance while climbing? How quickly can the heeling firefighter come around from behind and stop the climbing firefighter from falling? Not very quickly! What if the climbing member needs assistance right away? Can the heeling firefighter assist him or her quickly when positioned behind the ground ladder? What about passing off tools or other pieces of equipment that may not be needed? Can the firefighter heeling from the back assist? The answer is no—the heeling firefighter has been removed from the team. If they were heeling the ground ladder from the front, they would be able to quickly assist the other firefighter and still be a part of the team.

Heel the ground ladder from the front simply and effectively by using your foot to heel the butt of the ladder while keeping your hands pressed against the ladder beams. This practical, real-world application may not always be conveyed in a textbook, but when applied in real life, it makes perfect sense!

Source: Van Der Feyst, M. (2021). *Firefighting basics: heel from the front.* Fire Engineering. Retrieved from: <https://www.fireengineering.com/firefighting-training/firefighting-basics-heel-from-the-front/>

Fire Prevention

The Bureau Never Sleeps

By: Division Chief Garth Schumacher



Spring Cleaning

Well it's that time of year that most of us have been waiting for...spring is upon us! What does this mean in the world of risk reduction and preventing fire? Spring is a good time to go through the home and cleanse ourselves of wintertime build up. In some cases this may be papers and recycling that has accumulated or just a good thorough spring cleaning of our homes and property.

Some of the areas we should really focus on when we go through our homes are the building systems and items we relied upon to get us through the winter. Now is a good time to replace furnace, kitchen hood, and other filtration devices we have in the home. Replacing filters especially in furnaces ensures that the furnace doesn't get suffocated due to excess, this can lead to issues when you turn it on next year, plus it's better to get those filters changed so that you keep your air a little cleaner in the home when you finally turn on the A/C.

Checking smoke alarms and replacing batteries as needed is necessary, we should be testing them monthly and replacing batteries twice a year if they are not the sealed battery type, if they are the 10 year battery style, make sure they are still under the ten-year mark and test them regularly. Remember, there are battery backups on hardwired smoke alarms also, don't forget to replace those batteries!

One area that gets forgotten very frequently is cleaning the refrigerator coils, this means pulling out the refrigerator and vacuuming the dust and debris that has accumulated around the cooling coils and making sure this is clear. This not only adds life to your refrigerator but can also prevent a fire from occurring from excess buildup and the heat generated from the normal operation of the unit.

Going through the interior of your home during a big spring clean offers the opportunity to rid your home of the hazards that may have been overlooked throughout the winter months.

Make sure you are aware of the burning regulations in the area where you live, some municipalities have rules on the times you can burn, the size of the fire allowed, and the type of materials allowed to be burned, know what the rules are!

When looking to do some spring cleaning outside the home, here are some points to consider and watch for:

- Make sure your address numbers are up and visible from the street.
- Maintain a clear 'fire zone' of 10' around structures.

- Check outdoor electrical outlets and other electrical appliances for animal nests and to ensure proper wiring.
- Keep 100' of garden hose with an attached nozzle connected and ready for use.
- Remove leaves and trash from carports and garages: Combustible materials are dangerous if they are exposed to heated automobile components, especially under the vehicle.
- Clean up and properly store paints, pool and yard chemicals.
- Check fuel containers for leaks and make sure they are properly stored.
- Let power equipment sit for approximately 30 minutes before placing it inside to be sure there is no possibility of fire.

All these things are important to look for when we finally do our big spring clean, if you're not one that normally does this, maybe it's time to consider the benefits of going through all these things and taking care of any obvious issues.

These items listed in this month's Fire Line are just a

few of the areas that should be checked, we always need to be cognizant of anything that looks out of place, hazardous, or potentially could become an issue. There are many resources available through the National Fire Protection Association (NFPA) that can aid you in the identification of hazards and what to do to correct these issues.

Until next month, stay safe and stay aware.



Hoarding and Fire: Reducing the Risk

Do you have a person in your life who may be a hoarder? Hoarding is a condition where a person has persistent difficulty discarding personal possessions. The large amount of possessions fill the home and prevent the normal use of the space. Living space becomes cluttered. It may be unusable. Hoarding brings distress and emotional health concerns.

WHY HOARDING INCREASES FIRE RISKS

- Cooking is unsafe if flammable items are close to the stove or oven.
- Heating units may be too close to things that can burn. They might also be placed on unstable surfaces. If a heater tips over into a pile, it can cause a fire.
- Electrical wiring may be old or worn from the weight of piles. Pests could chew on wires. Damaged wires can start fires.
- Open flames from smoking materials or candles in a home with excess clutter are very dangerous.
- Blocked pathways and exits may hinder escape from a fire.

HOW HOARDING IMPACTS FIRST RESPONDERS

- Hoarding puts first responders in harm's way.
- Firefighters cannot move swiftly through a home filled with clutter.
- Responders can be trapped in a home when exits are blocked. They can be injured by objects falling from piles.
- The weight of the stored items, especially if water is added to put out a fire, can lead to building collapse.
- Fighting fires is very risky in a hoarding home. It is hard to enter the home to provide medical care. The clutter impedes the search and rescue of people and pets.

How Can You Help Reduce the Risk of Fire Injury

- ✓ When talking to a person who hoards, focus on safety rather than the clutter. Be empathetic. Match the person's language. If they call it hoarding, then you can call it hoarding.
- ✓ Help the residents make a home safety and escape plan. Stress the importance of clear pathways and exits. Practice the plan often. Exit routes may change as new items are brought into the home.
- ✓ Install working smoke alarms in the home. Test them at least once a month.
- ✓ Reach out to community resources. Talk to members of the fire department to alert them of your concerns. They may be able to connect you with members of a hoarding task force for additional help.

Name of Organization Goes Here

Contact Information Goes Here



Your Source for SAFETY Information

NFPA Public Education Division • 1 Batterymarch Park, Quincy, MA 02169