

The Connecticut Firefighter Health and Safety Consortium

Presents the
Inaugural Connecticut Firefighter Health, Wellness and Fitness Week
September 17-23, 2017



September 17, 2017

To: The Firefighters of Connecticut

From: The Connecticut Firefighter Health and Safety Consortium

Subject: **Connecticut Firefighter Health, Wellness and Fitness Week
September 17-23, 2017**

Who we are and what the program goals are;

The Connecticut Firefighter Health and Safety Consortium was formed in 2015 and is comprised of fire service professionals from labor, management, and the volunteer service along with the medical profession and the CFA. Our main goals are the longevity of Connecticut firefighters through health, wellness, fitness, and their safety from “rookie to retirement.” The program goals are targeted for all firefighters whether career, volunteer, military, tribal or industrial. If you fight fire, you are within the scope of our work.

We urge all fire departments to start a discussion this week towards health, wellness and safety. We offer you tips, websites and programs to get you started. Don't try to digest all of this at once. It's better served in small bites. We ask all Fire Chiefs to tackle this program one section at a time. Perfect for a drill night or a shift drill.

Good luck, be well, be safe and start talking today.

Denis McCarthy

Chief Denis McCarthy-Chair

The Connecticut Firefighter Health & Safety Consortium

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Table of Contents

Letter from the Chair.....	2
Connecticut Firefighter Health and Safety Consortium.....	3
Nutrition.....	5
Cancer.....	7
Fitness.....	9
Behavioral Health.....	12
Medical Exams, Physicals and Check-ups.....	16
Survival, A Firefighter’s Responsibility.....	18

Nutrition

There are many types of diets out there suggesting if you eat “this magic plan” you will stay lean and mean. This is simply not true. The fact is, there is no one perfect diet that works for everybody. However, even though individual fire fighters have different diet requirements, there is a common denominator that has been studied in the firefighter population. Obesity in the fire service has increased. The number one cause of death in the fire service is cardiovascular disease and the number one injury in the fire service is sprains and strains¹.

Obesity is linked to both cardiovascular disease as well as musculoskeletal injuries (MS). First, there are several cardiovascular risk factors which a firefighter brings to a call that may increase the risk for a heart attack:

- High blood pressure (>140/>90)
- High cholesterol (total cholesterol >200)
- Poorly controlled blood sugar (fasting >100) or
- Diabetes (HbA1C >7%).²

The food you eat can increase or decrease your risk of heart disease and stroke. See the attached Do's and Don'ts suggested by the Mediterranean Nutrition plan specific to firefighters that is geared toward decreasing heart disease.

MODERATION: the quality of being moderate; restraint; avoidance of extremes or excesses; temperance

Secondly, obesity status based on BMI and WC were significant prospective predictors of musculoskeletal injury incidence. Jahnke et al, reported obesity and excess body fat have harmful effects on soft tissue structures (e.g., tendons, cartilage, and fascia). The excess load on the loco-motor system leads to altered mechanics in loco-motor tasks, which, in turn, raises stress on connective tissues leading to a higher risk of MS injury.³

Making the choice to eat better is easy. Following through is the hard part. Consistency breeds habit. Use each other for accountability. We have included several tools to help you create a healthy lifestyle.

¹ FEMA.gov

² AHA.org

³ Jahnke S. et al 2013

Firefighter's Healthy Food Guide

Do's

- Include fruits, especially berries and citrus fruits, in your diet every day
- Include vegetables of all kinds in your diet every day
- Include legumes like beans, soy and peas in your everyday diet
- Include grains like whole wheat and fiber products in your diet
- Include nuts especially walnuts and almonds in your diet
- Drink lots of fluids especially water
- Use olive oil for cooking and drizzling on salad
- Eat fish and poultry twice a week
- Use alcohol in moderation but do include a (1) *small* glass of red wine daily

Don't's

- Include saturated fats like butter, meats and eggs in your daily diet
 - <1 serving/day(< 2 servings/wk.)
- Include sugars and sweets in your diet
- Include too much red meat in your diet
- Include too much dairy into your diet
- Include deli and cured meats in your diet

Benefits of A Healthy Diet (from a Mayo Clinic report):

- Reduced risk of heart disease
- Reduced incidence of cancer
- Reduced incidence of Parkinson and Alzheimer's
- Aids in weight loss
- Helps maintain a positive attitude

Limit your red meat portion size and aim for less than 3 days per week.

Mediterranean Diet: <http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/mediterranean-diet/art-20047801>

Cancer

The medical profession has told us that 2/3 of the cancer cases in America are random and cannot be 1--% prevented. We also know that recent research studies on firefighters have shown that we have a 2.2 more times of a chance of getting cancer than anyone else in the working world today. Leading the pack are testicular and prostate cancers for men and breast cancer for women. A lot of discussion is being held on a national basis towards "cancer prevention" in the fire service. Our work is dirty and we are exposed to carcinogens even at the smallest house, auto or dumpster fire. There are some measures however, that we can all take to hopefully decrease our chances of getting sick. Doing nothing is not an option. Learn how to better protect yourself and your crew.

What Immediate Actions

Can I Take to Protect Myself and My Family?

(Based on the FCSN White Paper - April 2013)

- ❖ Use SCBA from initial attack to completion of overhaul. Not wearing SCBA in both active and post-fire environments is thought to be the most dangerous voluntary activity in the fire service today.
- ❖ Do gross field decontamination of PPE to remove as much soot and particulates as possible. Consider removing PPE at the scene and riding back in street clothes.
- ❖ Use Wet-Nap or baby wipes to remove as much soot as possible from the head, neck, jaw, throat, under arms and hands immediately while still on the scene.
- ❖ Change your clothes and wash them immediately after a fire.
- ❖ Shower thoroughly after a fire.
- ❖ Clean your PPE, gloves, hood and helmet immediately after a fire.
- ❖ Do not take contaminated clothes or PPE home or store it in your vehicle. Don't let your kids try on your gear or your helmet and wash your hood weekly.
- ❖ Decontaminate fire apparatus interiors after fires.
- ❖ Keep PPE out of living and sleeping quarters.
- ❖ Stop using tobacco products.
- ❖ Use sunscreen or sun block.
- ❖ The importance of annual medical examinations cannot be overstated — early detection and early treatment are essential to increasing survival.

These tips along with good nutrition, rest, healthy habits, exercise and a wellness program could all add up to less cancer in the fire service. Start the discussion today!

Related links that we like:

Firefighter Cancer Support Network: www.fcsn.org

National Fallen Firefighters Foundation: www.firehero.org

Center for Disease Control: <https://www.cdc.gov/niosh/firefighters/ffcancerstudy.html>

Fire Service Member Testimonials

I contracted cancer about a year ago. By all measures, I was the poster child for “cancer prevention” in all regards, and despite my best efforts, my family and I have suffered tremendously over these first 11 months after major surgery, chemotherapy, and radiation with more chemo that followed. I can now see why many brave firefighters would rather die than live with burns or cancer treatments . . . you have to watch your family live it with you. When all is said and done, I will always remember that my cancer doctors were clear that although we cannot prevent everything in our profession, my healthy habits have “stacked the deck” in my favor for my recovery. Choose to live well for you and your family.

Bill DeFord
Captain, Longmeadow (MA) Fire Department
Recruit Firefighter Program Coordinator, CT Fire Academy

I was diagnosed with cancer for Christmas 2016. Why am I sharing this personal moment with you? Two reasons: 1) it was picked up on my annual fire department NFPA1582 physical. My FD doctor sent me to a urology specialist. He saved my life; 2) While I've been supporting the Firefighter Cancer Support Network for the past few years, I never thought I'd become a card-carrying member. I called a representative and asked him to connect me with a brother who had the same surgery. I got a call back within 24 hours and spoke to a brother who told me his story. I got two more calls after that and more calls after my surgery. They followed up and I'm grateful. *Peer support is key in any crisis.*

Get checked, get tested, don't put it off, don't be a macho dope and get your blood work done every year whether the department sends you or not, career or volunteer. Support the FCSN because you never know. Be well, stay well, be safe,

Ron Kanterman, Chief
Wilton Fire Department

Fitness

Our Chosen Profession-Career and Volunteer

Unfortunately, along with our long list of fire service traditions there are many less talked about issues that rear their ugly heads more and more every year. Most of you know the issues but we are fairly sure they are not discussed regularly in the firehouse namely; hypertension, cancer, and PTSD, just to name three.

Just like communication failure seems to fall onto every NIOSH LODD report, regular exercise falls is on every prevention list related to these issues. We train daily and work extensively to better our tactics so the number LODDs can be less every year. Why is it however that so few of us train to overcome the non-incident related obstacles that are killing us? Just like fire, we think “it will never happen me.”

Let's take a look at the risk vs. reward of exercise;

RISKS:

- Exercise seems like more work – it seems too hard
- People often get hurt exercising
- It will take more time out of my day
- I don't want to look foolish or not up to par with others in the gym or my peers

REWARDS:

- It strengthens the heart, lungs and bones
- It helps regulate blood pressure, lowering risk of heart disease
- It helps keep arteries and veins clear
- It reduces blood sugar, lowering risk of Type II diabetes
- It reduces triglyceride levels and increases good (HDL) cholesterol levels
- It helps control weight
- It helps prevent cancer
- It helps to reduce stress levels
- All of these rewards help you live longer, which means you can collect more pension checks and spend more time with your family and friends.

Although metabolic training is most closely related to our job requirements and actions, any type of activity whether cardiovascular or strength training, is better than no activity at all. What are the differences and why is metabolic training more suited to firefighting?

In layman's terms, cardio training conditions the heart and lungs, while strength training trains muscles and joints. Metabolic training incorporates both strength and cardio into the same workout. Cardio training is usually defined as low to moderate intensity for

long intervals, although short bouts of high intensity can fall into this category, as well. Examples would be running, swimming, biking, or rowing. Strength training is usually considered the movement of heavy weight or high resistance for a set amount of repetitions (normally 8 – 12) with low intensity. Metabolic training is a combination of both. High intensity training, lasting approximately 20-30 minutes, often with weight or resistance, and little or no periods of rest between movements or exercises. This should sound familiar because it's how we work on the fire ground. We've dedicated our lives to helping others, but we need to take care of ourselves so we can in fact help others.

We recommend you start by setting up exercise stations and reviewing any exercises you are unfamiliar with beforehand. Videos have been included for explanation and demonstration. Starting with a short warm up, the following should take approximately 5 minutes. If you'd like to see and hear instruction, this is a link to a quick (less than 2 minute) video tutorial.

YouTube Videos

Warm-up: <https://youtu.be/5ed4f7CFAQw>

Warm Up

Quad T-Spine – 10 right & 10 left
Back Extension & Flexion – 5 each
Forearm to Instep – 10 right & 10 left
Inchworm w/Push Up – 5
Hip Hinge – 10
Forward Lunge – 5 right & 5 left
Jumping Jacks – 25

This total workout will only take you 12 minutes. The only equipment you'll need for this training session that you probably won't find at the firehouse is an interval timer. You can download a free, programmable app called "Seconds" onto any Smartphone and you'll be ready to go. Set the timer for 12 rounds of 25 seconds work and 35 seconds rest. Here is a link to the video, also less than 2 minutes, of a demonstration of the training session: <https://youtube/0KsXZaDc8zE>

SAMPLE TRAINING SESSION

1) Battle Ropes (use hoses)

2) Step Up

*progression: with air pack on

3) Sledgehammer Swing

4) Squat

*progression A: with high rise pack on shoulder

*progression B: with high rise pack on shoulder, press & switch sides at top

If you are doing this with a group, or as a company, participants may start with any exercise (1-4) but will rotate through each exercise in order.

- Each exercise will be done for 25 seconds. Try to work for the full duration. As soon as you finish the first exercise, immediately begin 6 burpees. (*burpee*-start from a standing position, fall to push-up position, do one push up, then leap into the air and land on your feet. Start over again.) Then you will rest for the remainder of the 35 seconds.
- During your rest time, rotate to the next exercise and at the beginning of the round you will perform that exercise for 25 seconds. As soon as you finish, complete 16 mountain climbers per side (32 total.) (*mountain climber*-both hands and feet are on the ground with back arched at 45 degrees like an inverted V). One knee at chest and the other extended. Shift your leg positions quickly. 30 position changes is 15 mountain climbers) Then move to 6 burpees and 16 mountain climbers/side, Then rest for the remainder of the 35 seconds and rotate to the third exercise.
- After the 3rd exercise is complete perform 6 burpees again. Rest and rotate.
- After you finish the 4th exercise, perform another set of mountain climbers, 16/side.
- Now you will rotate back to your 1st station, and you will work in the same order. The only difference will be burpees are now 8 reps and mountain climbers are 18/side.
When you are back to the 1st exercise the third time, burpees will now be 10 reps and mountain climbers will be 20/side.

If you wish to increase the intensity or duration of the workout, simply add more rounds. Try starting burpees at 5 reps and 15 mountain climbers/side. Then move to 6 burpees and 16 mountain climbers/side, increasing each exercise by one rep every time. You can add as many rounds as you wish or increase/decrease weight to make it harder or easier.

Behavioral Health

A Behavioral Health Primer

Health and Safety for the fire service means more than medical physicals, PPE usage and cleaning, working out and watching what you eat. In order to ensure peak performance, we need to ensure your mental health as well. In the past few years, an increased focus on the mental health of firefighters has resulted in a significant shift in how this is being handled. Some the changes include how we prepare firefighters for duty, engage firefighters after potentially traumatic events, provide 'first level' engagement of members who are struggling, and direct or provide clinical level support.

Identified below are resources to guide you and your department forward. Not every resource may be applicable to your department. However, many should translate well regardless if you are a career, volunteer, combination, or other type of fire service organization.

It is critical to note that behavioral health issues do not discriminate between career and volunteer departments. All of the resources discussed below are applicable to firefighters regardless of role. However, certain items may be identified as being more appropriate for one segment of the service or another.

Before launching into any program related to behavioral health, firefighters and fire service leaders must do two things:

1. Drop the stigma. It's ok to admit you're struggling. It's ok to admit you're not superman (or superwoman). It's ok to ask for help. It **NOT** ok to belittle, criticize, haze, or demean those who may be affected by the work we do.
2. Understand the department culture. Geography, history, and logo-wear dictate what we do in so many different areas. Behavioral Health is no different. Its ok if what your department (or company) does is a little different than everyone else as long as it works.

We have nothing, where do we start?

Implementation of a behavioral health program in your fire department isn't difficult. Starting small and manageable, then moving forward to more difficult projects can be the pathway to success.

If you just want one article to read to jumpstart your program, try this:

<https://www.ifsta.org/about-us/news-press/hot-topics/firefighter-life-safety-initiative-13-behavioral-health-new-nfff>

If you don't have a program in your department, and want to get better, this page provides a good launch pad:

<https://www.everyonegoeshome.com/16-initiatives/13-psychological-support/>

Read this and use it a guide to develop an understanding of the issues:

<http://sites.iafc.org/files/1VCOS/VCOSYellowRibbonFinal.pdf>

This document provides a solid blueprint for those who wish to build or re-craft and thorough and complete behavioral health program for their department:

https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/EAPtoBHAP_Guide.pdf

What does AAR have to do with Behavioral Health?

In addition to improving fire ground operations, an After Action Review (AAR) can be the gateway to early recognition of those members who may be struggling with response to a potentially traumatic event.

Think about it, we all like to talk about fire stuff. Rarely do we have the same enthusiasm for talking about our feelings. And, as noted below, the concept of debriefings may not be as helpful as originally thought. So, why don't we concentrate on talking about the "fire stuff" and use that as a gateway? A structured conversation about the operation, done correctly, can lead to improvements in local learning and better fire ground execution. It can also provide an opportunity to "take the pulse" of the organization.

During the AAR, the leader (company officer, shift commander, duty chief, whomever) that is leading the discussion has the best seat to gauge the reaction and wellbeing of the group. Those that seem to be struggling can be noted for discrete, one-on-one follow-up.

Learn more about AAR and its role here: <https://www.everyonegoeshome.com/16-initiatives/13-psychological-support/action-review/>

Suicide Prevention Resources

From 1999 to today, less than a dozen Connecticut Firefighters have lost their life in the line of duty. Connecticut is fortunate to have well trained, well equipped, well lead and capable firefighters and departments which contributes to this low number of LODD. Sadly, the same cannot be said about the number of firefighters who have committed suicide in the same period. Yet, we don't hear about that as much or respond in the same fashion.

The fire service suicide problem is real and it won't go away by ignoring it, wishing it away, or thinking it is just a phase. We need to incorporate awareness training into our regimen and make sure, always, that our people feel comfortable stepping forward and sharing they may have a problem.

Solid resources for the volunteer service:

<http://www.nvfc.org/programs/share-the-load-program/>

Resources and Statistics: <http://www.ffbha.org/>

Why not CISD?

Recent research by a number of individuals and entities has questioned the efficacy of Critical Incident Stress Debriefings as a method of intervention. The two articles linked below discuss some of the current research into the topic.

Important note: If your department has and uses CISD as a tool, and has success doing so, don't stop just because we said so. Be an informed consumer and evaluate all tools and techniques to achieve success.

<http://www.houd.info/CISD.pdf>

<http://www.emsworld.com/article/10325074/ems-myth-3-critical-incident-stress-management-cism-effective-managing-ems-related-stress>

What's this Peer Team stuff all about?

Recent research and evidence based practice has demonstrated the benefit of individualized, peer based emotional support for firefighters affected by a potentially traumatic event. Many firefighters feel more comfortable speaking with a peer regardless if the concern was event (incident) based or just a difficulty you experienced during your day to day life.

A quality Peer Program will consist of a cadre of trained and readily available members that have similar experience as the member that has the concern. You are talking with someone you know, in an environment you feel comfortable with, at a time that works for you. The person (Peer) that you are speaking with is trained to listen, offer input, and resources to help you get back on your feet.

If you are interested in creating a Peer Program for your department, resources are available here:

<http://client.prod.iaff.org/#page=behavioralhealth>

<http://www.ilffps.org/>

<https://www.everyonegoeshome.com/16-initiatives/13-psychological-support/stress-first-aid/>

Medical Exams, Physicals and Check-ups

The Medical Side of Firefighter Fitness & Safety

What are the biggest threats to FF lives?

1. Premature heart disease and stroke
 - a. ~50% of fire service Line-of-Duty deaths
 - b. The more structural fire fighting you've done in your career, the greater your risk of early heart attack
 - c. There are risk factors you can modify (smoking, high blood pressure, high cholesterol), and risk factors you can't do anything about (family history)
2. Cancer
 - a. Everyone is at risk for cancer, though some behaviors might reduce your risk (not smoking, certain diets)
 - b. FF's are at increased risk for certain cancers (especially oral, lung, GI, urogenital)
 - c. Decreased exposure to some products of combustion MIGHT decrease that excess risk
3. Alcohol, drug abuse, and suicide
 - a. See the Behavior Health section of this paper!

What's the advantage of a NFPA 1582 Occupational Medical Program?

1. Find medical conditions BEFORE they become life threats or affect your fitness for duty;
 - a. Cardiac risk factors or heart conditions that can be treated before they result in impaired function
 - b. Early detection of fire service-related or incidental cancers when they are treatable and/or curable
2. Identify medical conditions that make it unsafe for a FF to perform certain essential functions on the fire ground.
 - a. Under NFPA 1582, FF's are only restricted from performing specific tasks; Doctors don't hire or fire!
 - b. Return to full duty if/when condition allows
3. Lets the FD know if they are seeing a pattern of medical problems among their FF's.
 - a. Examples may include hearing loss, or decreases in pulmonary function greater than expected for ages, over time, so that these can be addressed by FD safety officer(s)

Can volunteer FD's afford and administer NFPA 1582 Programs?

Chief of a Volunteer FD in CT: "We pay for an annual physical that lacks the stress test but is otherwise 1582 compliant for each interior FF. This comes out of our Operations budget from the town. Each interior FF must complete a physical, fit test, and all training requirements by April 1 to remain "interior." We use the *Firehouse* data base to track everything including OSHA quarterly training requirements. Our D/C of Administration tracks it all, and we post everybody's status monthly. Enforcement is simple: no physical, no interior. Hasn't been a problem."

If your FD doesn't provide NFPA 1582 medical assessments, GET ONE ANYWAY!

1. Your medical insurance should pay for the physical and tests, especially if you are a member of a career FD
2. Take a printed copy of the Essential Job Tasks of a structural firefighter from NFPA 1582, and the IAFC's guidance document (www.iafc.org) with you to your appointment with your primary care provider, so he or she understands the purpose of your visit
3. Make sure your brother and sister FF's are also doing this. *You're more likely to save their lives this way, than by having their backs on the fire ground!*

Have a plan for Line-of-Duty Injury or Medical Emergency

1. Have at least BLS, preferably ALS, transport-capable medical support present at all structure fires and training sessions involving heavy exertion, heat, and/or PPE. (NFPA 1500)
2. Pre-plan where FF's with burns, major trauma, suspected CO toxicity, heart attacks, or strokes will be taken
 - a. Nearest Level 1 or 2 trauma center
 - b. Nearest PCI center for heart attacks – Can your EMS providers activate the cardiac catheterization lab from the field if they diagnose a heart attack in a firefighter?
 - c. Nearest stroke center – Can your EMS providers call a 'stroke alert' from the field if a firefighter's exam is concerning for acute stroke?
 - d. Will a firefighter with CO toxicity be transported initially or transferred to a facility with a hyperbaric chamber?

3. THE RIGHT TREATMENT AND TRANSPORT CHOICES CAN BE CRITICAL FOR FF's WITH TIME-SENSITIVE MEDICAL EMERGENCIES!

Survival-A Firefighter's Responsibility

Firefighters often end conversations with a reminder to "be safe" but, deep down, we all know that our profession is anything but safe. A more fitting admonition might be, "don't do anything stupid."

We like a phrase used by Jason Brezler (Leadership Under Fire): "Make yourself hard to kill." How?

Take personal responsibility for your well-being, for your attitude and for the choices you make. Take responsibility for your survival.

Response + ability: You have the ability to choose how you respond to the world around you. Integrity or lack thereof, informs your choices.

When you are faced with a recognized danger (imminent or latent), ask yourself if it makes sense to:

1. **M**aintain the same course of action
2. **A**lter the course of action
3. **S**uspend the operation for a period of time
4. **T**erminate the action

Examples:

SCBA failure is a potential danger.

Checking your gear at the start of your shift, faithfully, with consistent attention to detail is the best response. *It is your responsibility.*

Heart disease is a potential danger.

Learning to eat portion controlled, healthy meals and participating in regular exercise is the best response. *It is your responsibility.*

Memory aid: "Raise the M.A.S.T."

Maintain

Alter

Suspend

Terminate

Survival Lessons

Normalization of Deviance:

"Normalization of Deviance is a phenomenon where individuals or companies often drift from accepted standards until it becomes normal practice. When these deviations become the norm because of the lack of dire consequences, a path to catastrophe is paved. Procedures are administrative constructs born of lessons learned and best practices for predictable outcomes. Our service has a propensity for judging situations whose circumstances require less urgency than called on in the SOP, leaving the officer to relax his disposition." (*Jeff Rothmeier Fire Rescue May 2017, p. 48*)

Create your personal survival culture. It is *your* responsibility and it is contagious.

High Reliability Organizations

The Military, Health Care and Airline Industries have learned this lesson: persistent attention to error and accident reduction will lead to fewer lives lost and fewer injuries. The Military has long known that "there are no new ways to crash an airplane and we know "there are no new ways to injure or kill firefighters." Persistent attention to risk reduction and error control will allow us to live up to the motto "Everyone Goes Home." Every part of our work day contributes positively or negatively to the culture of survival. Every detail matters; apparatus and equipment checks, diet, fitness, adherence to SOP's, training and learning our profession prepares us to learn from others and to avoid mistakes made over and over again.

Case study:

In 2016, Firehouse Magazine published an article by Dan Pippin regarding risk reduction and the fire service efforts to learn from the U.S. Navy, Aviation and Health Care Industries. All have made significant strides in reducing errors. Their strategies center on the role of individuals and systems in a concept referred to as Crew Resource Management (CRM).

Five Dangerous Attitudes:

The FAA commissioned a study by Embry Riddle Aeronautical University. They discovered that five attitudes keep showing up in incidents involving poor pilot decision-making. We have added examples of similar attitudes that some in the fire service have and the antidote to those attitudes.

1. Anti-authority: “You can’t tell me what to do!”

Fire service: “Forget what they told you at the academy, kid, we’ll teach you how we do things here!”

Antidote: “We are disciplined professionals.”

2. Impulsivity: “Do something quickly!”

Fire service: Quick attack mode without doing a 360 first.

Antidote: Gather information quickly and make an informed decision.

3. Invulnerability: “It can’t happen to me (us).”

Fire service: “We have been doing it this way for years without any problems.”

Antidote: “It CAN happen to us! We need to always be looking for ways to manage risk better.”

4. Macho: “I can do this!”

Fire service: “We can do anything!”

Antidote: “Let’s see how we can do this safely.”

5. Resignation: “What’s the use?”

Fire Service: “This is a dangerous job. We just have to accept 100 LODDs a year, and we can’t do anything about it.”

Antidote: “We can protect our own better. There is always room for improvement.”

How can I make myself hard to kill?

- Follow directions from supervisors.
- Continue with assignments unless otherwise directed.
 - Hold your positions and prevent fire spread.
 - Keep cool and remain calm.
- Air management is your responsibility: Check your SCBA before use; Wear your mask; leave *before* your low-air alarm activates.
- Know where you are, where the fire is and where OUT is all the time.
 - Make sure your supervisor knows where you are operating.
 - Don’t operate alone.
 - Situational awareness is key.

“Firefighter training should have a focus of fire dynamics. Smoke is nothing more than super-heated fuel just waiting for you to make a mistake. Fire ground tactics must evolve as the fire ground has.” – Deputy Chief P.J. Norwood, East Haven F.D.

“There are no routine calls.” -Captain Willard Cornell, Mansfield F.D.

Any and all fire service personnel can contact the CT FF Health and Safety Consortium through the Secretary at: Ronald.kanterman@wiltonct.org

We will route you to the person on the Consortium with the information and expertise you are seeking. If we can’t answer your question or offer assistance, we’ll put you in the right direction.