What's Happening Navy Fire and Emergency Services Newsletter Protecting Those Who Defend America

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Time to Talk Openly

By Mary Rose Roberts, Senior Editor, Fire Chief Magazine



It's been about 17 years since I first experienced the painful effects of a friend's suicide. It was during my last semester in college. I was lucky to have had a tight-knit group of Chicago south-siders who went through grammar and high school together and then caravanned to college. So when our friend

committed suicide in the basement of an off-campus house a few months before graduation, we were dumbfounded, numb, guilt-ridden and heartbroken that we didn't know better or do something to prevent it.

This same, heart-wrenching emotional pain surfaced when we lost, allegedly to suicide, another friend from our high school-to-college group. He was a first responder, working as a Chicago police officer. I have lost touch over the years with some of my old neighborhood friends — keeping up to date mainly through Facebook. But I knew him well throughout my formative years: from prom to college graduation. He was quick with a joke and had a seriously infectious laugh. He had a kind heart. He loved his friends and family, and they loved him.

It was no surprise he became a police officer; as with most of us from the south side, working for the city was a family business. Whether for streets and sanitation, fire, or police, we all were taught to value serving the people of Chicago through years of family tradition.

I can't imagine the stress Chicago police officers and other first responders face every day. Whether it's on the streets of Chicago, with a murder rate equal to a war zone, or a school house in Sandy Hook, CT, responders continually see the worst of society and experience traumatic events.

These events affect the emotional health of all first responders, whether police, fire or EMS — no matter how thick their skin. While I have no idea what caused the suicide of our friend, studies have shown that responders especially are prone to PTSD and other forms of depression. The day-to-day trauma takes its toll. It would be ignorant to assume it does not.

As a result, we all — from chiefs to the rank-and-file to loved ones — need to take special care of the emotional health of this nation's first responders. I am not an expert. But there are several resources available for prevention and intervention.



Suicide (Cont.)

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For those in public-safety leadership, it is important we start to talk even more openly about the emotional health of responders. Let's not let one more person become a victim of the job. Part of that process is discussing incidents with staff and checking in with each person involved. Do it daily or after major incidents. Reach out. Ask questions.

To my friends and to the family of the lost, to first responders having a bad day, to those without hope, I leave you with this prayer:

May you see God's light on the path ahead When the road you walk is dark. May you always hear, Even in your hour of sorrow, The gentle singing of the lark. When times are hard may hardness Never turn your heart to stone, May you always remember when the shadows fall — You do not walk alone. — an Irish prayer

Mary Rose Roberts is a senior editor at Penton Media, with a focus on wireless technology, public safety and fire leadership for *FIRE CHIEF*, *Urgent Communications and Wildfire* magazines.

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Combs Cartoon



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What's Happening

Last Alarms

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Last Alarms

The USFA reported 67 deaths to date in 2013. The following line of duty deaths were reported since we published our last issue:

Thomas Burley 🚍 Age: 20 Youngstown, NY

Katrina Sims Age: 24 Atlanta, GA

Edward Vanner, Jr. ۷ Age: 58 🔞 Quonset ANG Base, RI

John Appleton 🔻 Age: 62 Charleston, WV

Anthony Rose Age: 23 Prescott, AZ

Scott Misner Age: 20 Prescott, AZ

Christopher MacKenzie Age: 30 Prescott, AZ

Kevin Woyjeck Age: 21 Prescott, AZ

Andrew Ashcraft Wade Parker Age: 29 Age: 22 Prescott, AZ Prescott, AZ

Grant McKee **Dustin Deford** Age: 21 Prescott, AZ Prescott, AZ

Age: 24

Age: 43

Age: 25

Age: 28

Age: 31

Age: 23 Prescott, AZ

Eric Marsh

Prescott, AZ

Prescott, AZ

Scott Norris

Prescott, AZ

Prescott, AZ

Travis Carter

Robert Caldwell

Travis Turbyfill Age: 27

Prescott, AZ

Jesse Steed Age: 36 Prescott, AZ

William Warneke **Clayton Whitted** Age: 28 Prescott, AZ

> **Garret Zuppiger** Age:27 Prescott, AZ

Joe Thurston Age: 32 Prescott, AZ

> John Percin Age: 24 Prescott, AZ

Christopher Douglas 🚍 Age: 41 Perris, CA

John Austin 💘 Age: 37 Quincy, MA

Dennis Long 🔻 Age: Pending Kamiah, ID

Mickey Yates 🚍 Age: 47 Hickory, MS

Matthew Blankenship Age: 38 Marshfield, MO

2013 Totals

♥ 18 (26%) 🚍 8 (12%) Indicates cardiac related death Indicates vehicle accident

TCOoO Update



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Taking Care of Our Own

Check with your Fire Chief if you wish to make a leave donation. There are currently 27 DoD firefighters in the Taking Care of Own program.

Name	Location	Point of Contact
Joey Tajalle	NAVBASE Guam	Julie.Quinene@fe.navy.mil
Stella Shimabukuro	USAG Presidio of Monterey, CA	Scott.Hudock@us.army.mil
Dana Picard	Westover ARB, MA	Diane.Lessard@us.af.mil
Edward Rust	DES Richmond, VA	Clyde.Hipshire@dla.mil
Billie Edwards	March ARB, CA	Melinda.Miller.2@us.af.mil
Wilson Humphries	USAG Camp Parks, CA	Alexis.A.Rivera8.civ@mail.mil
Stephen Dock	Altus AFB, OK	Nils.Brobjorg@altus.af.mil
Peter Giles	Kirtland AFB, NM	Curtis2.Ray@kirtland.af.mil
Christopher Lumpkin	Fort Belvoir, VA	Joyce.R.Peck.civ@mail.mil
Chris Burke	Fort Wainwright, AK	David.Halbrooks@us.army.mil
Christopher Matthews	Portsmouth NSY, NH	Marc.J.Smith@navy.mil
Annie Sands	Altus AFB, OK	Nils.Brobjorg@altus.af.mil
Mark Davis	JB Langley-Ft Eustis, VA	Dale.E.Hankins.civ@mail.mil
Michael McClure	Niagara Falls, NY	Peter.Stein@us.af.mil
Russell Reynolds	Niagara Falls, NY	Peter.Stein@us.af.mil
Richard Jefferson	Kirtland AFB, NM	Curtis2.Ray@kirtland.af.mil
Thomas Trost	Wright Patterson AFB, OH	David.Warner@wpafb.af.mi
Brian O'Neill	JB McGuire-Dix-Lakehurst, NJ	Paul.Presley.1@us.af.mil
Eric Schafer	Eglin AFB, FL	Kevin.Remedies@eglin.af.mil
Jeff Noel	Ft Campbell, KY	Charlotte.M.Epps.civ@mail.mil
Ricardo Mercado	NAS Corpus Christi, TX	Elizabeth.Atkinson@navy.mil
Stephen Garman	Fort Detrick, MD	Katherine.M.Szamier-Bennett.civ@mail.mil
Brandon Fines	Fort A.P. Hill, VA	Daniel.C.Glemnbot@us.army.mil
Maria Teno	Virginia Beach, VA	Marc.J.Smith@navy.mil
Robert Meola	DES Susquehanna, PA	Henry.Hoffman@dla.mil
Keith Lacoy	Virginia Beach, VA	Marc.J.Smith@navy.mil
Robert Gajdek	Norfolk Naval Shipyard, VA	Marc.J.Smith@navy.mil

From CNO

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CNO's War On Admin Work

By Tony Lombardo

The chief of naval operations' number one tenet is "war fighting first."

But in practice, it's too often "war fighting ... after all this damn administrative work gets done."

The bureaucracy is stifling the mission, says Adm. Jon Greenert in a new memo in which he highlights the problem and tasks a fellow four-star with fixing it.

"I have been made aware, from the chain of command and from direct feedback from the fleet, that we are spending too much time performing administrative tasks, or perhaps completing duplicative or competing requirements ... which keep all of us from being effective— that prevent us from keeping 'warfighting first," Greenert wrote in the May 21 memo to Adm. John Richardson, the director of the Navy Nuclear Propulsion Program.

Greenert ordered Richardson to stand up a task force to wade through the seemingly endless administrative taskings, determine ways in which to reduce them and, ultimately, put warfighting front and center.

Once fully formed, the group will include representatives from "all communities and all levels of the chain of command," Greenert said.

A small contingent of officers has already started its work, but the group is expected to grow in the coming days to include enlisted, said Rear Adm. Herman Shelanski, who has been tapped for the task force.

Gathering Feedback

Greenert wants a "detailed review of administrative requirements," but also wants the group to "propose programs that can be eliminated, reduced, converted to electronic media, automated or otherwise made more efficient."

One of the group's first steps, Shelanski said, will be to collect feedback from the fleet. To do so, a website will be created soon to "crowd source" suggestions.

"Our aperture is way open, and we want to hear from the fleet," Shelanski said. "There is no stupid suggestion out there."

The survey will be designed to elicit problems and solutions. For example, is there a boneheaded bureaucratic policy slowing you down? When asked for an example, Shelanski said the Navy tends to inundate sailors with inspections. He wondered if there are inspections that can be done more efficiently or simply eliminated.

Have you already found a way to shear away red tape? Is it a technique that can probably help other sailors? Maybe you use an iPad app to reduce tasks. Or maybe you've independently cut out some redundant functions in your own shop.

Shelanski said he's relying on some younger, tech-savvy sailors to step up.

"We've got iPads, tablets, smartphones ... all this technology. We've got a generation of young sailors who really know how to use this stuff," he said. "We'll try to tap as much of that talent and innovation as we can."



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CNO (Cont.)

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Admiral Jonathan Greenert Chief of Naval Operations

HQ Staff Moves



The hope is to compile suggestions and select a dozen or so that can be implemented by the end of the calendar year, Shelanski said. Another round of fixes can be scheduled in 2014 and beyond.

Shelanski pointed out that while Greenert's memo orders Richardson to stand up the group, the admiral actually volunteered for the challenge and is a proponent of innovation.

Some in the Navy may roll their eyes at the idea of an administrative working group tasked with eliminating unnecessary administration, Shelanski acknowledged. But he said he sees a lot of potential to instill real change, especially if the deck plates answer the call.

Much of it will have to be voluntary, he said. "A lot of it is going to have to come from those sailors who say, 'I've got a solution."

John Smithgall Leaves CNIC HQ Staff



John Smithgall recently departed CNIC HQ for a post at NAS Sigonella, Sicily as the Assistant Chief of Operations.

John joined the Navy F&ES staff at CNIC HQ as our new Fire Protection Specialist in July 2010. Prior to that, he was the Assistant Chief of Training at Guantanamo Bay, Cuba. John's other assignments include NAS JRB Willow Grove, PA and Navy Region Mid-Atlantic.

He was initially assigned to handle our training and MAFTD

programs but was quickly involved in our vehicle management program and found himself on the road inspecting new and refurbished Navy firefighting vehicles and training devices. He was also the point man for our centralized purchases where he managed enterprise buys totaling over \$10 million. He performed admirably in every assignment and he will be missed. Bravo Zulu and may you see only fair winds and following seas!

Credentialing



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Newly Designated Fire Officer



Captain Bob Geis, commanding officer of NAS Oceana and Ken Snyder, Navy Region Mid-Atlantic Fire & Rescue Services district fire chief congratulate Fire Captain Joseph M. Voloski for earning the Fire Officer Designation from the Center for Public Safety Excellence Commission on Professional Credentialling.

(U.S. Navy photo by Mass Communication Specialist 2nd Class Antonio P. Turretto Ramos)

Firefighter Training

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Firefighters Complete Annual Training

By Andrew Revelos, Tester Staff Writer



Firefighters assigned to Naval Support Facilities (NSFs) Dahlgren and Indian Head conducted annual training recently designed to keep up their proficiencies and instill the teamwork they depend on to do the job. The first series of exercises were confined space drills that allowed the first responders a chance to practice their craft in close quarters; the second series of drills

were live-fire exercises that approximated an aircraft fire.

"All members of the department are required to perform confined space training, including entering a permit required space, as well as enter a live fire scenario once a year," said Jerry Schenemann, battalion chief at Dahlgren. "The main purpose is staying proficient with the equipment and techniques."

For the confined-space drills, the firefighters took turns raising and lowering rescuers and "victims," role-played by other firefighters, down a rather claustrophobic utility access hole. Firefighters used a mixture of time-proven methods and improvisation to accomplish the mission. Ropes, harnesses, rescue baskets, a tripod and a fire truck were all incorporated in the drills.

The centerpiece of the live-fire training was the Mobile Aircraft Firefighting Training Device (MAFTD), operated by firefighters from Naval Air Station (NAS) Patuxent River. The large device mimicked many features found on real aircraft along with a series of large burners that produced fireballs on the interior and exterior of the trainer. NAS Patuxent River firefighters observed the training from a specially-outfitted truck, from which they could increase or decrease the flames based on the actions of the firefighters participating in the drills.

The firefighters addressed the training scenario in teams. "Two of the most important things we look for during training and real-life situations are teamwork and communication," said Schenemann. "Each riding position on the fire engine or truck company has a specific job once on-scene. Each person knows what's expected of that position."

The MAFTD did an impressive job simulating a real fire emergency. The tremendous heat produced by the burners radiated from the trainer's aluminum fuselage. At several points during the exercises, the MAFTD operators paused the training to allow the device to cool.

Drew Lockhart, a firefighter assigned to Dahlgren, offered some colorful descriptions of both training events. "The MAFTD is kind of like climbing in your BBQ grill that you have on your back porch," he said. "The confined space [training] is like going in the drainage pipe that your parents told you not to ever go into, with one way in and one way out."

Training (Cont.)

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More Training



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Downtime in between drills allowed leaders and peers alike to critique each other's performances during the drills, which took the form of helpful advice and goodnatured teasing.

"If you've been around us any length of time, you know that we have fun and rib each other regularly," said Schenemann. "There's also a lot of respect under that layer of kidding. There's a great mix of experience and enthusiasm between the young and older members."

The training was not only enjoyable for the firefighters, but also helps them better serve the community they protect. "The training we do every year keeps us up on our skills to provide a better service," said Lockhart. "The training is fun and helps keep spirits high in a demanding job."

Fire department leaders from Dahlgren and Indian Head offered a "big thanks" to Capt. Jonathan Scully, Capt. Luke Hagensick, Capt. John Trossbach, Capt. Michael Miedzinski, Firefighter Aaron Fenwick and Firefighter Stephen Long, from the NAS Patuxent River Fire Department, for helping facilitate the training.

Navy Firefighters Team With Locals for Training By MC2 Amanda Cabasos & Tony Dawson



Firefighters from the NAS Jacksonville fire station participated in a unique and exciting training environment with both the Clay County and Orange Park Fire Departments on 10 June 2013.

The Town of Orange Park Fire Department hosted the training by inviting the Trauma One helicopter crew

to fly in and give a safety class to the local fire departments. Instructors described how to provide a safe landing zone (LZ), air-to-ground communications, LZ safety precautions, and critical patient information to provide to the flight medic.

"This is a unique training scenario and a great learning experience for us," commented Engineer Frank Knott of the NAS Jacksonville fire station. "With this training, all local departments will have the same knowledge of keeping not only first responders and themselves safe during a Trauma One evacuation incident but also providing a safe transition for the patient from the incident scene to an awaiting hospital".

> Learning is a treasure that will follow its owner everywhere. - Chinese Proverb

Back in the Day

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Hahn Apparatus in the Navy

By Tom W. Shand, Photo by Mark Redman



The history of Hahn Motors of Hamburg, PA can be traced back to 1878 when William Hahn formed the Hahn Wagon and Carriage Works. Beginning in 1907 Hahn produced their first gasoline powered truck. Hahn built their first fire engine in 1915 and produced a number of custom chassis pumpers and city service ladder trucks during the decade of the

1920's and 30's. The Hahn name became well known for hand crafted quality built fire apparatus throughout Pennsylvania, New York and New Jersey.

With the outbreak of World War II Hahn devoted their production capabilities to building over two hundred front mount pumpers on Ford chassis for the U.S. Army, hundreds of 500 gpm trailer pumps as well mobile repair centers and aircraft control towers for use at remote airfields. Beginning in 1946 Hahn introduced a newly designed conventional cab chassis with massive square front and rear body fenders with a two piece windshield. In later years Hahn built fire apparatus bodies for Mack Trucks while they were in the process of moving their production facilities from Sydney, OH to Allentown, PA.

Hahn Motors was a very conservative company and rarely bid on government contracts over the years. While they were a supplier of engine and ladder trucks to many large fire departments such as the District of Columbia, Camden, New Jersey, Wilmington, Delaware and Arlington County, Virginia they could rarely be found at military installations.

The U.S. Army acquired several Hahn Fire Spire 85 foot rear mount quints beginning in 1979 and during 1981 placed into service seven Hahn custom chassis pumpers with bodywork by Fire Tec of Forth Worth, TX. One of these pumpers was initially delivered to the West Point Military Academy and in later years was transferred to the Naval Submarine Base in Groton, CT. This unit would be one of the very few Hahn fire apparatus ever to see service with Navy Fire and Emergency Services.

The Hahn pumper at Groton was the first of seven to be built and was assigned to Engine 12 and equipped with a 1000 gpm Hale QSF fire pump, 500 gallon water tank and a 40 gallon foam tank. A Feecon APH around the pump foam system was provided together with a pre-piped deck gun over the pump and high side body compartments. This unit was assigned U.S. Navy property number 73-03074 and served the Submarine Base Fire Department for a number of years before being retired.

Hahn Motors produced several thousand fire apparatus between 1915 and 1989 when financial conditions caused them to cease operations. Many Hahn apparatus continue to serve with municipal fire departments and earned the reputation of "The Dependable Hahn".



Tom Shand

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Armed Victims?

Concealed Weapons and Fire/Rescue Service Delivery

By David G. Kilbury MS, EFO, CFO, MIFireE, Assistant Fire Chief, Clermont (FL) Fire Dept.

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Imagine as you read this article, one of your crews has just been dispatched to an unknown medical call involving an unconscious person at local restaurant.

The crew was just one block away returning from a previous call and arrives within 90 seconds to find a male patient approximately 60-years old in a business suit lying supine on the floor with a waitress and another customer kneeling at the patient's side.

Your crew begins asking questions related to the witnessed event as they ask

the waitress and customer to step aside so they can begin patient assessment. The waitress states "He (patient) was standing at the register getting ready to pay his bill and grasped at his chest, moaned, and collapsed and we immediately called 911; you got here really fast".

The patient is obviously cyanotic. A quick assessment reveals the patient is not breathing and has no pulse. The crews begin the steps necessary to expose the chest to begin CPR and the suit coat is opened and beginning to be cut-away; when suddenly a shoulder holster containing a black 9mm handgun is discovered in a fine leather holster under the left armpit of the patient and under the right armpit is an additional loaded 9mm clip in the pouch of the shoulder holster strap. The crew freezes and looks at each other in disbelief. What now?

What would you expect the actions of your crew to be now? Does your organization have a detailed policy that addresses this very scenario for your personnel to follow and treat this patient? If you do have a policy, chances are it involves something very similar to the language of "withdraw to safety and call police." If that is the language currently in your policy, is that really the correct action in this case? If your policy reflects something very similar to "wait for police", may I suggest that you seek further advice on this subject and scenario from legal counsel or other qualified professional. If you have no policy at all, may I suggest you write one?

In December, 2012 it was reported that Florida became the first State in the Country to surpass 1-million concealed weapon permits to its citizens. With the recent tragedy in Newtown, CT and the recent gun legislation battle in Washington, those concealed weapon numbers in Florida have surely risen even higher. With so many people legally carrying concealed weapons in Florida, if your crews have not encountered a concealed weapon on a patient yet, the odds simply dictate that, given time, they will eventually. How they handle that situation when a concealed weapon is discovered on the patient will be extremely important.

Armed (Cont.)

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For years we have been trained in the Fire and EMS institutions and textbooks that anything involving a weapon is a safety hazard and proper scene safety dictates that personnel should withdraw and wait for Law Enforcement to secure the scene and make it safe. In certain situations, I agree that withdraw to safety would be the appropriate action, however, in more than 1-million cases, I would absolutely disagree. The reason I disagree is based on the 2nd Amendment to the United States Constitution and Florida Statue 790; which gives citizens the absolute legal right to own and carry a concealed weapon. Please do not mistake this article as being about gun rights. The purpose of this article is to make you think about your organization and the direction that must be provided to your personnel to ensure they continue to provide appropriate patient treatment and service delivery when confronted by the legal rights and actions of a patient with a concealed weapon on their person.

At this point, you may begin to be having a mental paradigm shift on how your organization should deal with the concealed weapon on a patient. I can share from experience that when I have presented this new concept that it is unacceptable for Fire/Rescue personnel to withdraw from a patient needing medical treatment due only to the presence of a concealed weapon; that I have encountered just about every reaction imaginable.

Believe it or not, some of the most vocal opposition to this new concept has come from personnel that have legal concealed weapon permits themselves to carry a weapon when off-duty.

It is a fact that many fire/rescue personnel are sportsmen and being around a firearm would not be a big deal and they would function fine. However, there are other fire/rescue personnel that would be absolutely terrified at the discovery of a concealed weapon and act irrationally to the situation that could cause harm to the patient.

When the opposition from a fellow fire/rescue responder begins related to this new concept that it is not acceptable to withdraw from the patient due merely by the fact they have discovered a concealed weapon, I continue to ask them questions about the situation. Such as, if the concealed weapon is being carried legally and it was only discovered by providing emergency medical treatment in the course of the organization's fire/rescue service delivery; how could you defend the action of stopping treatment of the patient and withdrawing while waiting for Law Enforcement? If the patient was doing nothing wrong other than exercising their rights under the law by carrying a concealed weapon, it will be extremely difficult to justify *abandonment of the patient*. It is at this point in the conversation that I am asked," what if the patient does not have a legal State of Florida Concealed Weapon permit and the gun is being carried illegally?" Same answer, when is it acceptable to not treat a patient in need of emergency medical care simply because they have broken a law? It is not.

Over the years, we have all treated patients in the course of our duties that have broken the law. The only acceptable reason to withhold emergency medical care or withdraw to safety is when there is an immediate danger to the responder or the patient is a threat to their self or others. The simple presence or discovery of a concealed weapon is not a threat by itself. Only the *actions and behaviors* of the patient or person with the weapon is what determine if a threat or danger exists.



Armed (Cont.)

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I certainly understand if you are continuing to struggle and agree with this new concept I have proposed because for years our fire/rescue training has ingrained in our brains that we always withdraw to safety and call for the police. Now you may totally disagree with everything I have written so far; but that is good because it has forced you to think about this situation and chances are you will begin to ask questions and discuss this topic and concept with others within your professional network. May I suggest you speak with other Fire Chiefs, your local Sheriff, Police Chief, Medical Director, City/County Attorney, City/County Manager, Union President, Staff Officers, and Line personnel about their thoughts and concerns on this topic? Because if you go forward with drafting a written policy as I have suggested on patients with concealed weapons, every one of these key stakeholders will need to be included and have vital input into the creation and understanding of the policy.

I assure you that there will be extensive conversations with many persons to get an understanding and reach consensus that a person carrying a legal concealed weapon is not a justifiable reason for any emergency responder to stop treatment or withdraw. You might even ask yourself why would I even want to kick this hornetnest type of a topic in my organization?

If you think this is a hornet nest, wait until you are hit with a lawsuit because treatment of a patient was withheld or refused only because the patient had a legally carried concealed weapon on them and there was a poor outcome for the patient.

The other reason you should address this topic? *LEADERSHIP*! Need I say more?

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Tribute to Fallen



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Andersen AFB Firefighters Honor Prescott Hot Shots



Retired Chief Returns

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Twenty-Nine Years Later...

By Donna Cipolloni Tester staff writer





For as long as he can remember, Clinton Duke wanted to be a firefighter. In 1943, he stepped into destiny by joining the Leonardtown Volunteer Fire Department at age 14.

"You had to be 16 to legally join," he said, "but World War II was going on, the town was losing a lot of men, and they needed people; so, no one bothered to check."

From there, Duke went on to amass an impressive career.

His volunteer duties led him to a fulltime job as a firefighter at Naval Air Station Patuxent River in 1954 and by 1972, he took the reigns as the third Fire Chief to serve aboard the installation — a position he held until his mandatory retirement at age 55 on 14 September 1984, just three months shy of 30 years of service.

On 31 May, the men and women of Pax River's Fire and Emergency Services Fire Station 1 welcomed Duke and helped fulfill his longtime wish to return to Pax and see what had changed in his absence.

"He remembered Pax before it was a base, when it was still a farm," said Battalion Chief Charles Adams who gave Duke a driving tour of the installation. "He was impressed by the growth that took place — the number of buildings and the advancement in aircraft."

Duke's office was in Fire Station 1 when it was located in the building that currently houses the Marine Aviation Detachment at Cedar Point and Millstone roads. Duke said he had 75 men serving under him with eight fire trucks much smaller and less complicated than today's technologically advanced vehicles.

Back then, the men worked shifts of 24 hours on and 24 hours off, unlike today's schedule of 48 hours on and 72 off.

"When I started, they were just beginning to change to civilians on the fire department," Duke said. "Prior to that, they were all enlisted."

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Retired Chief (Cont.)

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A number of significant changes occurred within the department during Duke's tenure. His success in bringing a University of Maryland emergency medical technician/ambulance training course to Pax River led to the combination of fire and rescue services, fully consolidating the two branches and providing a more efficient fire service to the station and the Navy. It was later recognized as a cost savings model and served as a guide for other installations.

Duke furthered the Equal Employment Opportunity Program by hiring the first African-American as a firefighter, and a disabled worker — a paraplegic — as a communications operator. And he never missed the opportunity to portray Sparky the Fire Prevention Dog at all community parades and fire prevention presentations throughout St. Mary's County.

Considering himself lucky to have lived out his boyhood dream, Duke credits his much-loved career to the people he said he had the pleasure of meeting and working with throughout the years.

After his retirement from Pax, Duke continued to volunteer with the Leonardtown Fire Department and received his 50-year service medal 5 January 2008.

When asked why he and his firefighters were so willing to welcome Duke for the visit, Adams referred to the ongoing brotherhood shared by members of the profession.

"Even though none of us ever worked for him, he's still considered part of our family," Adams said, "and he deserves that respect."

Golf Humor



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Where It Lies

Two long-time golfing buddies got to the course one day and decided that this day they would play the ball where it lies ... "No matter what!"

On the 14th hole, one of them sliced his ball and it ended up on the concrete cart path. As he reached down to pick up and move his ball, his friend said, "Wait a minute! We agreed that we would not improve our lies! Remember? No matter what!"

"But I'm entitled to relief -- it's in the rules of golf!"

"Our agreement supersedes the rules. Not allowed."

Finally, in disgust, the man went to the cart and grabbed a club. He stood near his ball and took a few practice swings, each time scraping the club on the pavement and sending out showers of sparks.

Finally, he took his shot. The club hit the cement again and sparks went flying, but his ball shot straight toward the green, landed softly, and rolled to a stop no more than two inches from the cup.

"Great shot!" his friend exclaimed. "What club did you use?"

The man answered with a wry smile. "Your 7 iron."

Navy F&ES Hall Belated Navy F&ES Hall of Fame Enshrinement of Fame Former Activity Mid-South F

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Former Activity Mid-South Fire Chief, Charles W. Peters was honored with a ceremony celebrating his induction into the Navy Fire and Emergency Services Hall of Fame at the Helmsman complex 3 June 2013. Chief Peters had been officially inducted into the Navy Fire and Emergency Services Hall of Fame in 2011, but was unable to attend the official ceremony in Denver for health reasons.

Chief Peters began his Department of Defense fire

service career in 1945 as a student at the U.S. Navy Fleet Fire School in Great Lakes, IL. After a brief break in the Federal service while he served as a Lieutenant with the Jonesboro, Arkansas Fire Department, Chief Peters reentered the federal fire service in 1950 and did not leave again until he retired, with 58 years of DoD fire service, in 2004.

"Pete" instilled a sense of history and responsibility in all his protégés. He was a fundamentalist when it came to fire protection and always stressed basic firefighting skills. He had an acute eye for talent and believed in giving talented people an early opportunity to succeed. He also allowed them to take chances and make mistakes. While his name is not associated with any DoD or Navy fire and emergency services doctrine, his influence is reflected in the work of all those who worked for and with him.

He was awarded the Navy Superior Civilian Service Award in 2002, the highest honorary award the Chief of Naval Operations may bestow on a civilian employee. His 58 years of service is believed to be the longest tenure of any DoD Fire Chief.

The Navy Fire & Emergency Services Hall Of Fame was established in 2003 to recognize significant and distinguished contributions to the Navy Fire & Emergency Services. Each individual made outstanding contributions in the advancement of Navy fire protection.

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Pictured: Naval Support Activity Mid-South Fire Chief Jason Lewis congratulates retired Fire Chief Charles Peters for his induction to the Navy Fire and Emergency Services Hall of Fame. (Photo by Yeoman 1st Class Luis Diaz)

The legacy of heroes is the memory of a great name and the inheritance of a great example.

-Benjamin Disraeli

DoD F&ES Awards

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Calendar Year 2012 DoD F&ES Awards Announced

By John Conger, Acting Deputy Under Secretary of Defense (Installations and Environment)

The Fire and Emergency Services community is on duty 24 hours a day, every day, sometimes putting their own lives on the line while protecting those who defend America. Each year the Department of Defense (DoD) recognizes outstanding accomplishments and honors fire departments and firefighters through the annual DoD Fire and Emergency Services Awards Program.

It is my pleasure to announce the recipients of the DoD Fire and Emergency Services Awards for calendar year 2012. Please see the below list of winners. I congratulate their achievements!

Department of Defense Fire & Emergency Services Awards for Calendar Year 2012

DoD Small Fire Department of the Year DLA Installation Support at Richmond, VA

DoD Medium Fire Department of the Year Commander Navy Region Europe, Africa, Southwest Asia, Naval Station Rota, Spain

DoD Large Fire Department of the Year Commander Navy Region Hawaii Regional Fire & Emergency Services

DoD Fire Prevention Program of the Year Commander Navy Region Northwest Regional Fire & Emergency Services Department

DoD Military Fire Fighter of the Year SrA Zechariah T. Engwall, Ellsworth Air Force Base, SD

DoD Civilian Fire Fighter of the Year Mr. Paek, Sung Man, United States Army U.S. Army Garrison Camp Humphries, Korea

DoD Military Fire Officer of the Year SMSgt Tobias A. Adam, United States Air Force Joint Base Elmendorf-Richardson, AK

DoD Civilian Fire Officer of the Year Mr. Christopher H. Hubmer Naval Air Facility Atsugi, Japan

DoD Fire Instructor of the Year Assistant Chief for Training Shane A. Rayfield, Naval Air Station Sigonella, Sicily

Recognition for Heroism

Portsmouth Naval Shipyard, ME & Submarine Base New London, CT Navy Region Mid-Atlantic Fire & Emergency Services for actions related to response to SSN 755 USS MIAMI fire on 23 May 2012.

Fire Emergency Services Division, Fort Greely AK for actions related to response to wildland /urban interface fire on 11 May 2012

MSgt Benny A. Baladez, 838th Air Expeditionary Advisory Group, Shindand, Afghanistan for actions related to life saving medical aid delivered in a hostile area in February 2012.

Congratulations to all the award winners and nominees!

SA Matters!

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Nine Dangerous Mindsets Part 4 – The Superior

I feel inferior... Therefore I act superior!

Welcome to the fourth installment of the Dangerous Mindsets series. Previously I talked about the dangerous mindsets of the Starter, the Subordinate and the Specialist. This article addresses the Superior or, more appropriately, the Superior with personal issues and how that can impact situational awareness and team safety. It would be rare for a supervisor with a balanced ego and a healthy self-esteem to

possess this dangerous mindset. Rather, it is often the boss who lets their authority get the best of their judgment or a boss who suffers from a feeling of inadequacy (inferiority) that results in a dangerous mindset.

There is a great deal of stress that comes with being in charge of responders at an emergency scene and being responsible for their safety. Stressful situations, unfortunately, do not create character. Rather, they reveal character and, as it relates to this article, the true character of some company officers and commanders. A leader whose ego and self-esteem are in-check (i.e., balanced) will not falter under stress. Their demeanor remains consistent and predictable, professional and personable. They understand their fallibility and welcome feedback about their decisions, especially when they may be making strategic or tactical errors based on flawed situational awareness.

In my travels and presentations on situational awareness I see leaders with health egos and I see leaders with unhealthy egos. The strong, principled leader says things like:

"If I'm screwing up, I want someone to tell me... right here... right now! I know I can miss things and I want the members of my team to know I value their input and their willingness to help me ensure the safety of our personnel."

This leader demonstrates an appreciation for the value of team-based decision making and shared situational awareness. This leaders also understands and respects his or her own vulnerabilities.

Conversely, the weak leader says things like:

"Emergency scenes run under a paramilitary hierarchy. There's no place for debate and discussion about my decisions and orders. It's my job to give the orders and the subordinate's job to follow the orders. If they don't like the order, that's too bad."

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This leader demonstrates no appreciation for how team members can contribute to improved decision making and the importance of shared situational awareness. This leader lacks an understanding and a respect for his or her vulnerabilities.

The badge tapper

Recently, while conducting a leadership class in Indiana, I got introduced to the term "badge tapper." In the context of our leadership discussion, the student said when he goes to his supervisor for an explanation for why a decision was made the officer takes his right index finger and, while tapping his uniform badge, says: "That's why you have to do it."



SA Matters (Cont.)

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Such an ego-driven response does little to ensure the subordinate has an understanding of the leader's decision making process and it is likely to leave the subordinate feeling his or her input is not valued. The badge tapper is suffering from gold poisoning and allowing ego to eat his or her brain. Not only is this demoralizing, it can be downright dangerous.

Superiority complex

A person with a superiority complex is, ironically, a person who feels inferior and makes up for their feelings of inadequacy by acting superior toward others. On an emergency scene, this may be manifested as feeling and acting as though subordinates are inferior in their knowledge, skills and abilities. It can be compounded by the supervisor making overt statements that affirms his or her superiority over the subordinate, often in the presence of others (affirming to the illminded leader their sense of superiority). The Superior will be closed-minded to the input of others and will refuse to allow a subordinate to even suggest the Superior's decision (or the Superior's situational awareness) may be flawed. This can have dangerous consequences for first responder safety.

Placing blame

The Superior, plagued with an overinflated ego and a low self-esteem, rarely accepts responsibility for their flawed decisions or poor situational awareness. Rather, they are far more likely to find a subordinate to blame. Occasionally there may even be a boss to blame. But never are mistakes the fault of the Superior leader. This can make for a miserable existence among followers who know that, even if things are going to hell in a hand basket, the Superior leader is not going to welcome feedback or suggestions. A Superior looks for blame like there's going to be a reward when it's found.

Shared situational awareness

There are three types of situational awareness a responder needs to be concerned about. First is personal situational awareness. This is the situational awareness you have about yourself, your abilities and limitation, your task and your surroundings. Second is team situational awareness. This is the situational awareness you have about your team, your team's abilities and limitations, your team's task and your team's surroundings. Finally, you have incident situational awareness which is your situational awareness about the big picture incident, the abilities and limitations of all the scene's resources, the strategic objectives of the incident and the role you and your team plays in the accomplishment of those objectives.

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Situational awareness is, therefore, not just something developed and maintained at the individual level. Rather it is also developed and maintained at the company and command level as well. But it doesn't end there. For situational awareness to be strong, it must be shared, or perhaps more appropriately stated, ,commonly understood among all responders.

When one team's situational awareness does not align with another team's, problems may be on the horizon. Even more consequential is when individual team members do not share the same situational awareness or when a team's (or multiple teams) situational awareness do not align with the commander's.

SA Matters (Cont.)

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In my programs I use a simplified analogy that mental models are similar to little movies playing in your head that allow you to understand what is happening and, perhaps even more importantly, what will happen at some point in the future. Two teams (or a team and a commander) who do not have shared mental models are, in effect, watching different movies. Consequently, expectation about the outcomes are likely to be very different

The Superior (e.g., suffering from an inferiority/superiority complex) is not likely to share his or her situational awareness with others. And, if others share their situational awareness with the Superior and it does not align, the Superior may become defensive and may even launch a verbal attack on the subordinate. It won't take too many assaults of this nature before the subordinate learns to keep quiet. On an incident scene, this may result in taking additional personal risk, exposing other personnel to additional risk, and/or subjecting the Superior officer to the consequence of a flawed decision as a result of flawed situational awareness that no one would tell him or her about.

Chief Gasaway's Advice

The best practices of leadership can be difficult to apply to individuals with special challenges (e.g., inferiority/superiority complexes). The behavior of such individual don't fit standard expectations. For example, it would be a standard expectation that a commander or company officer would want to do everything within his or her power to keep members safe, even if it meant admitting having flawed situational awareness and asking for help to fix the problem.

But for the Superior, it's more about keeping his or herself safe. Safe from what? Safe from ridicule and safe from embarrassment. The fear of the consequences of being seen as wrong are greater than the fear of the consequences of making a decision that results in a casualty. You can see why this is a really dangerous mindset.

The resolution for how to work through this won't happen on the incident scene or during a training session. There's too much at risk for the Superior in that environment. Rather, the best place to begin making headway on this problem is during a casual discussion about the best way to let someone know they are wrong. You could start with a very simple and obvious scenario.

Here's an example scenario: You are riding along in a car with someone who is about to run out of gas but they don't realize it. What are the possible ways to bring this to the driver's attention that will ensure a good outcome without hurting the driver's feelings and without causing conflict or embarrassment? Hopefully this is an easy one to talk through. Then move on to a progressively more challenging scenario. For example: You observe someone you know about to drive a vehicle when you think they've had too much to drink. What are the possible ways to address this problem without hurting their feelings, creating conflict or causing embarrassment? (NOTE: I acknowledge this one can be tougher because a person under the influence of alcohol may not behavior in a predictable and coherent fashion.)



SA Matters (Cont.)

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Rich Gasaway, PhD.

Nutrition Tip



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Hopefully the discussion is calm, professional and productive and some best practices and principles start to emerge about how best to address these issues. Eventually, work your way toward discussing an emergency scene scenario where YOU (not the Superior) are about to make a bad decision based on flawed situational awareness. Let the Superior offer some advice about how this should be handled in a way that avoids hurting your feelings, creating conflict or causing embarrassment. Strive to stay true to the best practices and principles you've established in your previous discussions.

Finally, broach the topic by offering a scenario where the Superior is the one whose situational awareness is flawed and, as a result, the lives of responders may be in jeopardy. Allow the Superior to offer advice on how he or she would want to be addressed. Stay true to the best practices and principles. The rules do not change because the problem is now with the Superior.

About the author

Dr. Gasaway is a fire service professional with 33 years experience, including 22 years as a chief officer and incident commander. He is considered to be one of the nation's leading authorities on public safety decision making and situational awareness in high-stress, high consequence environments. His programs are noted for providing strong content that are immediately usable by first responders.

If there is anything I can do to help improve your situational awareness or decision making under stress, please contact me at: Rich@RichGasaway.com

Please consider visiting my websites. They contain a lot of free, high quality, information. And, hey, who doesn't like free stuff, right?

Banana-Vanilla Coffee Smoothie

1/2 cup nonfat milk

1/2 cup strong-brewed coffee

1 cup frozen non-fat coffee-flavored yogurt or low fat ice cream

1 large, peeled frozen banana, cut into 4 pieces

1 tsp vanilla extract

1 tbsp crushed dried (unsweetened) banana chips (optional)

Pour milk and coffee into blender. Add frozen yogurt, banana and vanilla. Puree until thick and creamy. Pour into tall glasses and top each with a little crushed banana chips.

Makes 3 servings.

Nutritional values per serving: 120 calories, 0 g total fat, 0 g saturated fat, 26 g carbohydrate, 5 g protein, 1 g dietary fiber, 60 mg sodium.

Reprinted courtesy of the American Institute for Cancer Research. For more information, please visit aicr.org.



On the Job-
BeaufortMC
By Bryr

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MCAS Beaufort Battles Club Fire

By Brynne A. Burrough, EFO, Assistant Fire Chief/Operations, MCAS Beaufort F&ES



On 4 July 2013 at 0430, MCAS Beaufort F&ES crews were dispatched to Building 631, "The Sportsman's Club", for a reported structure fire. Chief 2 arrived first on scene and reported that the sportsman's club was fully involved and the roof and walls had already collapsed. Fire had consumed the entire structure. MCAS Beaufort

Engine 3 and Medic 2 were the first arriving units. Engine 3 assumed a defensive fire attack position utilizing a 2 1/2" inch attack line. MCAS Beaufort Rescue 1 and Ladder 1 were the following arriving units and they deployed two 1 3/4" hose lines to assist in the operation.

An additional hazard on scene was a downed power line that was located on the on the delta side of the structure which was initially energized. Crews maintained distance until the power was secured. Once power was secured, Engine 3 and Ladder 1 crews drowned the structure utilizing MCAS Crash Crew's water tender. Mutual aid from Burton Fire District, Engine 821, assisted in the rural water operation. Marine Corps Recruit Depot, Parris Island also assisted MCAS Beaufort by providing support and providing cover for the housing area while crews were operating on the fire ground

History of the Sportsman's Club

Originally built as a farm house in 1940, the Marine Corps purchased the structure in 1955 for \$8500.00. Since that time it has been the home to the Base' Rod and Gun Club, the Hunt Club, and (more currently) the Sportsman's Club.

CFAI Workshop



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Last DoD Focused Workshop in 2013

DoD Self Assessment and Community Risk - Quantico, VA 23 Sep 2013 0800 am – 25 Sep 2013 1700 pm

CFAI Self-Assessment Workshop (2 days)

CFAI Basic Standards of Cover (SOC) Workshop (1 day)

Early registration ends on Jun 30, 2013. Regular registration starts on Jul 01, 2013 and ends on Sep 20, 2013. Late registration starts on Sep 21, 2013

Wellness Corner What Is Cervical Cancer?

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Cancer is a disease that happens when body cells don't work right. The cells divide really fast and grow out of control. These extra cells form a tumor. Cervical cancer is cancer in the cervix, the lower, narrow part of the uterus (womb). The uterus is the hollow, pear-shaped organ where a baby grows during a woman's pregnancy. The cervix forms a canal that opens into the vagina (birth canal), which leads to the outside of the body.

Most cases of cervical cancer are caused by the human papillomavirus (HPV). HPV is a virus that is passed from person to person through genital contact, most often during vaginal and anal sex. You are more likely to get HPV if you have multiple partners. However, any woman who has ever had genital contact with another person can get HPV. Most women infected with HPV will not get cervical cancer. But, you are more likely to develop cervical cancer if you smoke, have HIV or reduced immunity or don't get regular Pap tests. Pap tests look for changes in the cervical cells that could become cancerous if not treated.

If the Pap test finds serious changes in the cells of the cervix, the doctor will suggest more powerful tests such as a colposcopy (kol-POSS-koh-pee). This procedure uses a large microscope called a colposcope (KOL-poh-skohp). This tool allows the doctor to look more closely at the cells of the vagina and cervix. This and other tests can help the doctor decide what areas should be tested for cancer.

Why should I be concerned about cervical cancer?

Cervical cancer is a disease that can be very serious. However, it is a disease that you can help prevent. Cervical cancer happens when normal cells in the cervix change into cancer cells. This normally takes several years to happen, but it can also happen in a very short period of time.

How can I help prevent cervical cancer?

Navy Fire & Emergency Services Newsletter

Two kinds of vaccines (Cervarix and Gardasil) can protect girls and young women against the types of HPV that cause most cervical cancers. Cervarix and Gardasil are licensed, safe, and effective for females ages 9 through 26 years. The Centers for Disease Control and Prevention (CDC) recommended that all girls who are 11 or 12 years old get 3 doses (shots) of either brand of HPV vaccine to protect against cervical cancer and precancer. (Gardasil also protects against most genital warts.) Girls and young women ages 13 through 26 should get all 3 doses of an HPV vaccine if they have not received all doses yet.

It is very important to get all 3 doses. No studies so far have shown whether or not 1 or 2 doses protect as well as getting 3 doses.

Gardasil is also licensed, safe and effective for males ages 9 through 26 years. Boys and young men may choose to get this vaccine to prevent genital warts.

People who have already had sexual contact before getting all 3 doses of an HPV vaccine might still benefit, but only if they were not infected with the HPV types included in the vaccine they received. The best way to be sure that a person gets the most benefit from HPV vaccination is to complete all three doses before sexual activity begins. Ask your doctor which brand of the vaccine is best for you.



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Wellness (Cont.)

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The vaccine does not replace the need to wear condoms to lower your risk of getting other types of HPV and other sexually transmitted infections. Women who have had the HPV vaccine still need to have regular Pap tests. By getting regular Pap tests and pelvic exams, your doctor can find and treat any changing cells before they turn into cancer. Practicing safer sex is also very important. Below are additional things you can do to help protect yourself against HPV and cervical cancer.

- Don't have sex. The best way to prevent any STI is to not have vaginal, oral, or anal sex.
- Be faithful. Having sex with just one partner can also lower your risk. Be faithful to each other. That means that you only have sex with each other and no one else.
- Use condoms. HPV can occur in both female and male genital areas that are not covered by condoms. However, research has shown that condom use is linked to lower cervical cancer rates. Protect yourself with a condom every time you have vaginal, anal, or oral sex.

How often should I get a Pap test?

Follow these guidelines:

- Have a Pap test every 2 years starting at age 21. Women 30 and older who have had three normal Pap tests in a row can now have one every 3 years.
- If you are older than 65, you may be able to stop having Pap tests. Discuss your needs with your doctor.
- If you had your cervix taken out as part of a hysterectomy, you may not need further Pap tests if the surgery was not due to cancer. Talk to your doctor.
- Talk with your doctor or nurse about when to begin testing, how often you should be tested, and when you can stop.

More information on cervical cancer

To learn more about cervical cancer, please visit the following Centers for Disease Control and Prevention websites:

cdc.gov/cancer/cervical cdc.gov/cancer/knowledge

For more information about cervical cancer, call womenshealth.gov at 800-994-9662 (TDD: 888-220-5446) or contact the following organizations:

- American Cancer Society Phone: 800-ACS-2345
- Gynecologic Cancer Foundation Phone: 800-444-4441
- National Breast and Cervical Cancer Early Detection Program, CDC, NIH Phone: 800-232-6348
- National Cancer Institute, NIH, HHS Phone: 800-422-6237

Reprinted courtesy of the U.S. Department of Health and Human Services. For more information, please visit <u>womenshealth.gov</u>.



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What's Happening

Call to Action

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The International Association of Fire Chiefs, under the leadership of its Safety Health and Survival Section (SHS), has announced a Stand Up for Safety campaign. Although the trend over the past 10 years has been a gradual but steady decrease in firefighter fatalities, 2013 has seen numerous multiple-firefighter fatalities. Failure to intervene immediately may easily result in this being the deadliest year for firefighters since 2001.

The section recommends that all fire departments take immediate steps to bring the safety of personnel to the forefront of everyday operations. Visit the Safety Support System webpage, where you can find a myriad of discussion topics and resource reports for company officers as well as suggested review steps that chief officers can take to increase personnel safety. An outstanding starting point is to incorporate the Rules of Engagement into daily operations, and utilize the information and lessons learned available on the National Fire Fighter Near-Miss Reporting System website.

In our line of work, there are no guarantees; even the best-trained, safety conscious personnel can fall in the line of duty. We owe it to our personnel, and the memory of those who have made the ultimate sacrifice, to do everything in our power to prevent the losses we can.

We're asking the fire service to take concrete steps to increase their members' situational awareness, as the genuine dangers that we face on a daily basis claim an alarming number of firefighter lives. Firefighters are inherently focused on the mission at hand, but officers must reinforce the role each firefighter plays in safeguarding their own lives as well as the lives of fellow emergency responders. The Stand up for Safety campaign can help company and chief officers set the tone by defining expectations predicated on safety.

Referenced links:

Rules of Engagement:

<<u>http://iafc.informz.net/z/cjUucD9taT0zMzQ0MjIyJnA9MSZ1PTEwMDQzNjY4NDQmbGk9MTc4NzM4MTU/index</u> .html>

Safety Support System webpage:

Stand Up for Safety

<<u>http://iafc.informz.net/z/cjUucD9taT0zMzQ0MjIyJnA9MSZ1PTEwMDQzNjY4NDQmbGk9MTc4NzM4MTQ/index</u> .<u>html</u>>

National Firefighter Near Miss Reporting System webpage;

<<u>http://iafc.informz.net/z/cjUucD9taT0zMzQ0MjlyJnA9MSZ1PTEwMDQzNjY4NDQmbGk9MTc4NzM4MTY/index.</u> <u>html</u>>

About the IAFC Safety, Health and Survival Section The <u>SHS</u> was established to provide a specific component within the IAFC to concentrate on policies and issues relating to the health and safety of firefighters.



Skin Cancer Awareness

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Protect Your Skin

When you're having fun outdoors, it's easy to forget how important it is to protect yourself from the sun. Unprotected skin can be damaged by the sun's ultraviolet (UV) rays in as little as 15 minutes. Yet it can take up to 12 hours for skin to show the full effect of sun exposure.

Even if it's cool and cloudy, you still need protection. UV rays, not the temperature, do the damage. Clouds do not block UV rays; they filter them – and sometimes only slightly. Remember to plan ahead, and keep sun protection handy in your car, bag or child's backpack. Tan? There's no other way to say it – tanned skin is damaged skin. Any change in the color of your skin after time outside – whether sunburn or suntan – indicates damage from UV rays. Using a tanning bed causes damage to your skin, just like the sun.

Types of skin cancer

Skin cancer is the most common form of cancer in the United States. The two most common types, called basal cell and squamous cell carcinomas, are highly curable, but treatment can be disfiguring. Melanoma, the third most common skin cancer, can be deadly.

Risk factors

Anyone can get skin cancer, but some things put you at higher risk, like having -

- A history of sunburns.
- Skin that burns, freckles, reddens easily, or becomes painful in the sun.
- Blue or green eyes.
- Naturally blond or red hair.
- A personal history of skin cancer.
- A family history of melanoma.

How to protect yourself

Take precautions against sun exposure every day of the year, especially during midday hours (10:00 a.m.-4:00 p.m.), when UV rays are strongest and do the most damage. UV rays can reach you on cloudy days, and can reflect off of surfaces like water, cement, sand, and snow.

- Cover up with clothing to protect exposed skin.
- Wear a hat with a wide brim to shade the face, head, ears and neck.
- Wear sunglasses that wrap around and block as close to 100% of both UVA and UVB rays as possible.
- Put on sunscreen with broad spectrum protection and SPF 15 or higher.
- Reapply sunscreen every 2 hours; after swimming, sweating or toweling off.
- Avoid tanning beds and sunlamps. The UV rays from them can be stronger than UV rays from the summer sun at noon.

Reprinted courtesy of the Centers for Disease Control and Prevention. For more information, please visit <u>cdc.gov</u>.

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ESAMS Summary

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ESAMS Corner

By Clarence Settle, ESAMS Fire Technical Support



June 2013 Statistics

DSAMS POWERED BY HOW

Prevention

Fire Inspections Completed – 3,537 Hot Work Permits Issued – 2,069 Building Evacuation Drills – 485 Public Education Contacts – 4,056

Proficiency, Skills, & Practice - 82%

DoD Certification -

Emergency Management -

Safety Training



Training



F&ES On Duty Mishaps Report

Mishaps Reported – 20 Total Lost Work Days – 57

92%

-81%

92%

