MARCH 2021 | VOL 7

HOT TOPICS

Oshkosh Fire Department

CHIEF'S CORNER

I'm incredibly proud to announce that the Oshkosh Fire Department has received an Insurance Service Organization (ISO) Public Protection Classification of 1 for the first time in its history.

The ISO rates nearly 40,000 fire departments all across the country on a scale of 1-10, with 1 being the very best. In 2020 only 388 departments nationwide received a rating of 1. Of those, only 8 were in the State of Wisconsin.

This rating represents the effectiveness of the fire protection in a community. With the apparatus, equipment, training tower, and several other areas being evaluated the ISO concluded that the men and women of the Oshkosh Fire Department are prepared and ready to provide the highest level of fire protection to the community they serve.

We have always known we are a first class department. Our efforts are now formally recognized as such.

Congratulations Oshkosh on this amazing accomplishment!

--Chief Mike Stanley

ISO RATINGS

by Lieutenant Dave Neuber

Although ISO doesn't give a full service Fire Department such as ours a detailed look at all the services we provide, ISO does concentrate on our firefighting capabilities which is something we should all be proud of. So what is ISO and how did we achieve this extraordinary rating?

ISO stands for Insurance Services Offices which is a subsidiary of Verisk Analytics. They are an independent company that measures the effectiveness of fire department suppression efforts. ISO has provided audits for 39,850 Fire Departments across the country.

The Public Protection Class is based on a 100 point grading system. The rating is then assigned based on the total overall score. Class 1 (90-100), Class 2 (80-90), Class 3 (70-80), and so on.

The score is derived from the Fire Suppression Rating Schedule which assigns points in three areas:

- Fire Department: 50 points.
- Water Department: 40 points.
- Communications Center: 10 points.

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ISO RATINGS *Continued from page 1*

Insurance companies use the Public Protection Class rating to assign insurance rates to property owners. The more well-equipped the fire department is to put out a fire, the less likely your property is to burn down. Which consequently makes your property less of a risk, and therefore less expensive to insure.
The Fire Department is largely graded on deployment analysis, staffing, and training. Engine companies, aerial apparatus, and reserve equipment account for the remaining portion of the overall score. Community Risk Reduction is a bonus and can add up to 5.5 additional points.

There are also Divergence points which are negative points that recognizes disparity between the effectiveness of the fire department and the water department. The Divergence factor reduces the score based upon the relative difference between the fire department and water supply scores.

The City of Oshkosh had an overall score of 93.66 which makes us one of only 388 cities in the country and 8 in the State of Wisconsin to achieve the Class 1 rating.

- Fire Department 42.21
- Water Department 39.40
- Communications Center 9.70
- Community Risk Reduction 5.17
- Divergence - 2.82

Dave wanted to thank every individual of this department for their outstanding efforts. "Your attention to detail and commitment to making this department exceptional does not always get noticed. The Fire Protection Class 1 rating is validation for the tireless work each and every one of you contribute to making the City of Oshkosh a safer place to live and enjoy."

Editors Note: Lieutenant Inspector Dave Neuber led the charge for the ISO Certification Process. Thanks to his work ethic, tenacity and dedication to the department we were able to move up to Level #1. Congratulations Dave and thank you for all you do to keep our community a safe place.

EVERYONE GOES HOME

by Lieutenant Drew Jaeger

Life Safety Initiative 3 deals with risk management. The Oshkosh Fire Department has made several recent improvements to standardize the way we make decisions dealing with risk. Over the last year, our department has certified chief officers and captains in the Blue Card curriculum of incident management. We have also shared the core concepts department wide, and are working toward certifying more officers this year.

This curriculum is designed to provide a standardized template for use of the Incident Command System (ICS) on local level events. It focuses on conducting a standard size up and assumption of command by the first arriving officer, using standard language and specific critical factors in our analysis of the fire problem to make sure that we have a shared common operating picture to begin our work.

One principle of this curriculum is that standard responses to standard conditions will lead to standard outcomes. We have been practicing with videos, computer scenarios, and command tactical worksheets so that we all get better at recognizing conditions that might suggest an immediate need for more resources, or a defensive attack strategy. By practicing size ups more frequently, we should all get better at both making risk management decisions, and effectively communicating them to all members on scene.

Once old man winter relaxes his grip on our training facility, we will be able to incorporate some live action scenario drills as well. Some of the ideas in the program may require some department discussion and potential SOP revision. For example, vertical ventilation is considered an unreasonably risky tactic with poor results by the program authors. The attached link to a line of duty injury to a firefighter in Los Angeles shows how many departments are asking serious questions about the true risk benefit of what have been considered core firefighting tactics for generations.

Watch this video: https://www.everyonegoeshome.com/2020/10/13/nathan-espinosa-story/

Another change that we have made to address our risk is to include a blocking fire apparatus on all county EMS calls on Highway 41. This followed discussions with the fire chiefs of the involved departments, who are supportive of following best practices in terms of highway safety. They agreed that timely placement of blocking vehicles reduces risk to all responders.

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EVERYONE GOES HOME

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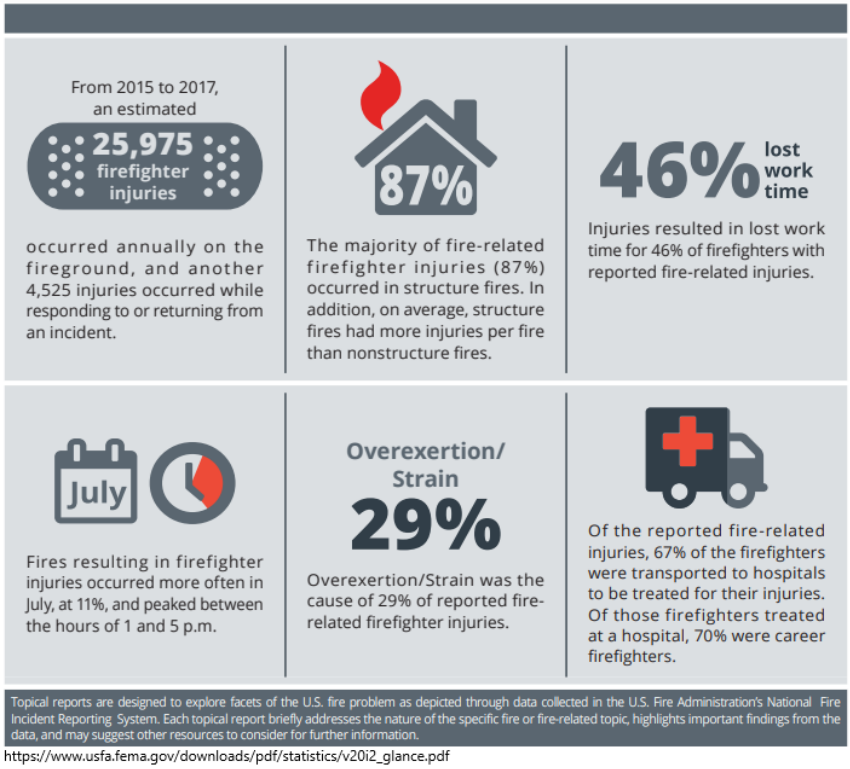
We are in the process of standardizing our risk management and size up process for the calls other than fires and routine EMS calls. Although we have a special operations book in all apparatus, many of the templates and tactical worksheets have not been updated in several years. The training division has plans to incorporate size up scenarios for HAZMAT, car accidents, trench rescue and others into a periodic rotation. Since these events are low frequency but potentially high risk, it is important that we acknowledge that we will likely be less proficient in our ability to make an accurate initial assessment. Standardized size up practices and development of tactical worksheets for incidents involving violence and events with multiple patients are another area of ongoing research by the OFD Safety Committee.

Over the last couple of years we have made changes to include the duty chief responding. This will ensure that we make better risk management decisions in some of our most dangerous and dynamic calls. These are but a few examples of our ongoing work to remain diligent and up to date with our use of and understanding of fire service best practices of risk management. Our members continue to make decisions every day that impact the safety of our citizens, firefighters, and fellow responders. As we become more proficient in the use of standard risk management tools, it improves our teamwork and service to each other and the public.

USFA/NFIRS INJURY REPORT

by Lt.Instructor Greg Stelter

This graphic drills down into fiiefighter injury data and offers some good insights:



https://www.usfa.fema.gov/downloads/pdf/statistics/v20i2_glance.pdf

WHAT'S NEW

25 Years of Service

Mike Rutter, A-Shift Battalion Chief, celebrated his 25th anniversary on Feb. 25. He has been in his role as a BC for nearly three years. Known as the "Master of Size Ups while sitting in the drivers seat," Mike is known as a hard worker, conscientious and dedicated to his job. "I like working with Mike," said, BC Boettcher. He is a very smart, capable guy; mechanically inclined." Chief Stanley said, "Mike contributes to the department in so many ways. He is dedicated, motivated, and always seeking ways to become a better leader. "

Training Battalion Chief Tim Heiman recently completed the National Fire Academy (NFA) Health and Safety Program. Around 25 leaders from across the State of Wisconsin attended this two-day training in Green Bay. The training covered NFPA and OSHA standards in addition to best practices surrounding safety in the workplace and changing the safety culture of the fire service.

Management Analyst MJ VanGompel recently completed the Center for Public Safety Excellence (CPSE) Quality Improvement Through Accreditation Workshop and the CFAI Peer Assessor Training. MJ will be leading *The Accredibles,* an OFD accreditation team, to work on initiatives related to accreditation.

PREVENT, PREPARE, PRACTICE

by John Holland, Public Information

Hopefully we'll be back to doing car seat inspections and installations soon. In the meantime, here is some information to keep your most precious cargo safe while you travel.

Wisconsin's law for safe transportation of a child says that children must be in a car seat until they reach age 4 and 40 pounds, and in a booster seat until they reach age 8, more than 80 pounds in weight, or more than 4 ft. 9 in. tall.

- Less than 1 year old, or less than 20 lbs. must be in a rear-facing child seat in the back seat*.
- If at least one year old and 20 pounds, but less than four years old or less than 40 pounds, must be in a forward or rear-facing child seat in the back seat.*
- Age 4 to age 8, and between 40-80 lbs., and no more than 4 ft. 9 in. must be in a forward or rear-facing child seat in the back seat* or a booster seat.

*If the vehicle has one.

The penalty for non-compliance depends on the age of the child:

- If less than four years of age, the total penalty is $175.30.
- If between ages 4 and 8, the total penalty is $150.10 for the first offense, $200.50 for a second offense, and $263.50 for third and subsequent offenses.

This law is a great start but the safety experts from *Safe Kids Worldwide* have additional recommendations in keeping your children protected in the event of a crash.

A**ll infants and toddlers should ride in a rear-facing car seat as long as possible and** until they reach the highest weight or height allowed by their car seat manufacturer. Most convertible seats have limits that permit children to ride rear-facing for 2 or more years. As your child grows, you might have to switch from using a smaller rear-facing-only car seat to using a bigger rear-facing convertible car seat that can hold a larger child, first rear-facing then forward-facing. If the seat is rear-facing, the harness should be at or below his/her shoulders. After you turn the seat forward, adjust the harness to at or above the shoulders, make it more upright, and attach the top tether.

Why keep your child in a rear-facing seat for as long as possible? If you are in a front-end crash (the most common type of crash) a rear-facing car seat allows your child's head, neck, and spine to move evenly into the seat, not away from it. Children who have outgrown the rear-facing weight or height limit for their car seat should move to a forward-facing car seat with a 5-point harness and top tether. Use this seat for as long as possible, up to the highest weight or height allowed on the seat's label.

After your child has outgrown the car seat with a harness, move to a booster seat. Use the car's lap and shoulder seat belt to secure your child and the booster seat in the vehicle. The shoulder strap should fit across the chest and on the shoulder, not across the face or neck. The lap belt should lie on the top of the legs or low on the hips, not across the stomach.

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CAR SEATS

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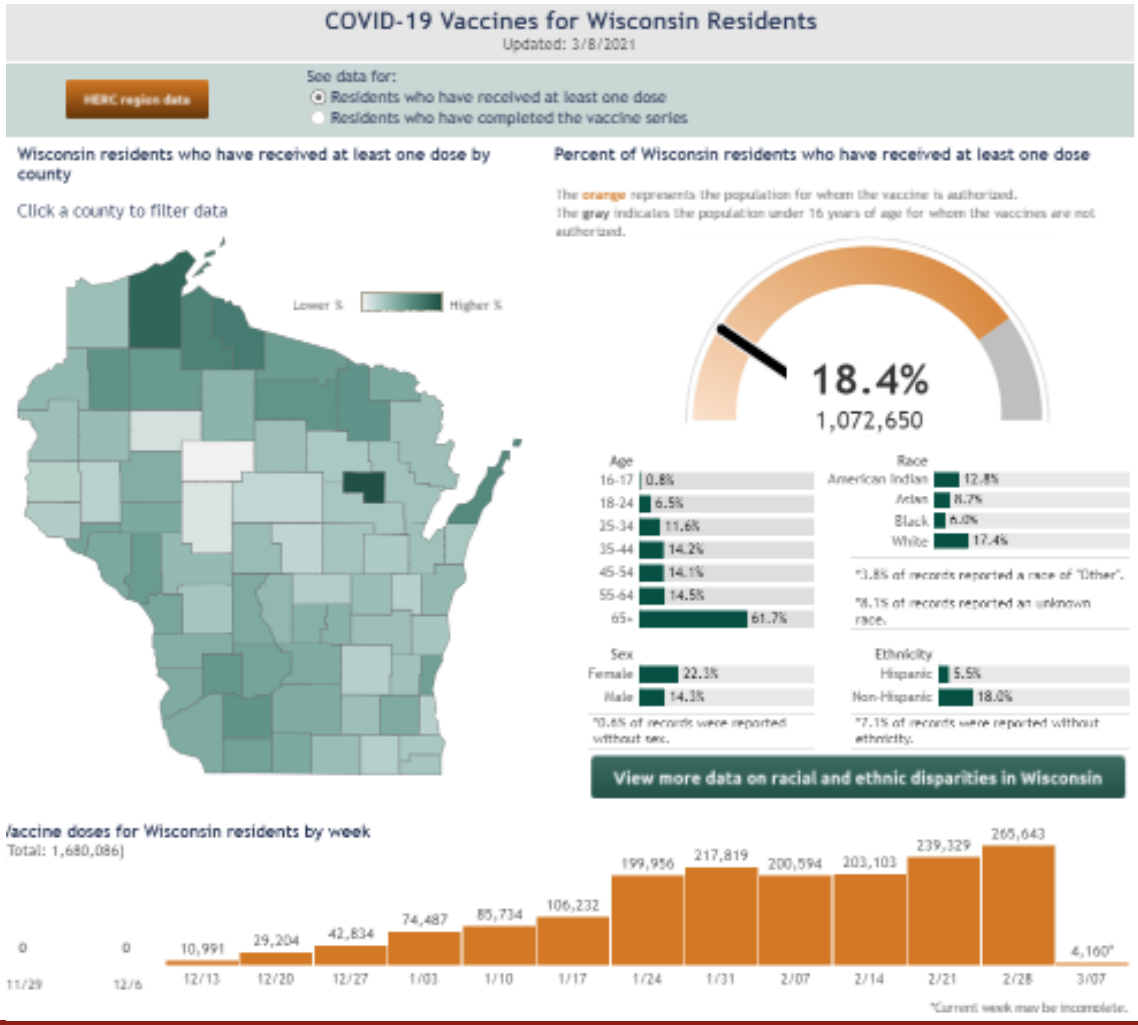
Once your child outgrows the top height and weight limits on the booster seat that doesn't mean that s/he should sit in the front seat. The back seat is the safest place for all children under the age of 13. Use your current car seat until your child reaches the maximum weight or height limit listed on the label of the seat. Install the seat correctly. The two most important things for proper installation both have to do with tightness and are the most frequent mistakes.

- **Tight in the vehicle.** This can be done using either the seat belt or the latch belt on the car seat with the anchors in the crack of the vehicle seat. This is an either or proposition. You should never use both at the same time. Pay attention to the weight limits on some latch systems. Once the seat is secured there shouldn't be more than an inch of wiggle side-to side or back and forth. If the seat is forward-facing the top tether should also be used and tightened similarly to the latches or seat belt.

- **Tight in the seat.** Once s/he is buckled in the harness do the "Pinch Test". Pinch the harness at the shoulder. If the harness is snug, you shouldn't be able to pinch the harness straps. If you can, the harness needs to be tightened up.

Always check the manufacturer's instructions **and** your vehicle's owners' manual. Important information can be found on the side of the car seat.



MEDICAL DIRECTOR MINUTE

by Dr. Kerry Ahrens

Vaccine or no vaccine…that is the question. A good percentage of first responders have decided against the new COVID-19 vaccine despite being placed nearly first in line. I myself thought long and hard about getting the vaccine. I did some literature searching and watched some educational discussions (links are included at this article's end) and decided ultimately to get my Covid vaccine this past December. There are several arguments against COVID-19 vaccination, including:

- **It changes your genetic make up to create an immune response. FALSE**. The vaccine has fat 'micelles' that are absorbed into your cells which release the plans for making the protein (mRNA) for Covid-19. Your cells start making and releasing that protein and your body mounts an immune reaction to this 'foreign protein'. There is NO alteration of your DNA whatsoever. So no, you will not begin to look like a zombie from *I Am Legend* or *the Living Dead* (*1). Also, no human cell lines were used in Pfizer or Moderna vaccine productions.

This is VERY new technology and I don't want to be a guinea pig. FALSE
Actually this has been around since 1990s (pioneered By Dr. Katalin Kariko initially at UW Madison (Go Bucky!) and utilized initially for experimental immunotherapy cancer treatments in the most vulnerable of populations. The creation of synthetic messenger RNA (aka mRNA) led to the creation of the company Moderna (by Harvard PhD & MD researchers Drs Rossi, Langer, and Afeyan - Moderna combines 'modified' and 'RNA')(*2).

- **I do not know what the ingredients are.** If you can eat a bag of Cheetos, that argument is disingenuous. The Moderna vaccine has the following 9 ingredients: mRNA, fats SM 102 and PEG2000-DMG, acetic acid (vinegar), Tromethamine hydrochloride, sodium acetate, and sucrose.

The Pfizer vaccine ingredients include: mRNA, lipids including (4-hydroxybutyl) azanediyl)bis(hexane-6,1-diyl)bis, (2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-snglycero-3- phosphocholine, cholesterol, potassium chloride, mono basic potassium phosphate, sodium chloride, dibasic sodium phosphate dehydrate, and sucrose. Yes, some of these ingredients are questionable, but no more than the Miralax one may take for constipation.

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MEDICAL DIRECTOR MINUTE

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- **There are several side effects people have experienced.** If you evaluate VAERS site (Vaccine Adverse Event Reporting System) the majority of side effects were headache 22.5%, fatigue 16.5%. A total of 113 deaths were reported, 65% of those from long term care facility residents; however, autopsy reports, medical records and descriptions did not suggest a causal relationship between vaccination and death.

  Anaphylaxis is a known side effect of ANY vaccine; only 4.5 cases per 1,000,000 doses administered. Keep in mind both vaccines had vigorous initial trials since July 2020. Pfizer tested 43,000 people plus 23,000 placebo given in addition to those of us who have already received it. Moderna tested 28,000 (14,000 placebo) with 10 reported cases of anaphylaxis up to January 2021(*4).

- **I'd rather risk COVID-19 than get the vaccine.** Would you truly? Consider vaccine side effects compared to the data of those who suffer from post-COVID-19 infection syndromes 'Post-Acute COVID', and 'Chronic COVID' aka 'Long COVID' symptoms lasting more than 12 weeks (*5). Several studies have assessed for ongoing symptoms following COVID-19 infection. In one study, 53% of Italian patients had ongoing fatigue, 43% had shortness of breath, and 22% had chest pain after 2 months (*5). Halpin et al reported that after 4–8 weeks, ongoing fatigue is present in more than two thirds, followed by breathlessness and symptoms of post-traumatic stress disorder (*6) .

  One risk of Covid is myocardial injury. A study in Wuhan found 82 of 416 hospitalized COVID-19 patients, had cardiac injury; not all were old (*8). In addition, a German study showed 78 of 100 patients had cardiac abnormalities on MRI after experiencing mild COVID-19 symptoms; 60% had ongoing myocardial inflammation (*9). There are several more reported side effects which seem far more prevalent than the reported vaccine side effects. You may roll the dice and rather have a 'good old COVID infection' the natural way and find out if you are the unlucky recipient of one of the above chronic disorders that haunt people several weeks/months after their infection. OR you can risk the vaccine which has been reported to prevent these side effects.

Don't forget to look at the benefits of these vaccines. Both are 95% effective from preventing severe disease. A vaccinated person has far lower risk of getting severely sick, being hospitalized, or dying from COVID-19 no matter which vaccine they get.

But Doc, I've already had COVID-19. I don't need the vaccine. Actually, the vaccine is still recommended as it has been demonstrated to enhance your immune response to future COVID-19 (and is variants) exposures. If you have not yet received your vaccine, please reconsider. The benefit of the vaccines far outweighs the harm of having a COVID-19 infection.

Don't roll the dice with your life, or the lives of the people you love.

References:

1. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html
2. https://www.statnews.com/2020/11/10/the-story-of-mrna-how-a-once-dismissed-idea-became-a-leading-technology-in-the-covid-vaccine-race/
3. https://www.hackensackmeridianhealth.org/HealthU/2021/01/11/a-simple-breakdown-of-the-ingredients-in-the-covid-vaccines/
4. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html
5. Chan et al. The Coronavirus Pandemic Epidemiology (COPE) Consortium: A Call to Action. Cancer Epidemiol Biomarkers Prev. 2020 Jul; 29(7):1283-1289.
6. Halpin et al. Postdischarge symptoms and rehabilitation needs in survivors of COVID-19 infection: A cross-sectional evaluation. J Med Virol. 2021 Feb;93(2):1013-1022.
7. Dani et al. Autonomic dysfunction in 'long COVID': rationale, physiology, and management strategies. Clin Med (Lond). 2021 Jan; 21(1): e63-e67

NARRATIVES

by Chuck Hable, EMS Battalion Chief

I don't ever remember seeing Johnny or Roy doing reports on Emergency! They went on exciting calls, made dinner at Station 51, got supplies at Rampart General and made sure their equipment was ready to go. How much more fun would this job be if we didn't have to do reports?

From an EMS perspective, reporting is one of the toughest parts of the job. But it's a necessary evil that is so important. Reporting on the calls to which we respond accomplishes three goals:

- Most importantly, it is a communication tool that is used to allow current and future caregivers know what happened to our patient and the care we provided.
- Secondly, it provides a legal record of what we did. It might protect you if our care is called into question, but most often it is used by others as they determine liability in court cases.
- Lastly, the written report allows us to bill for the services we provide.

Some of us have a great gift of putting our thoughts to paper and telling the story of the call. For others, English wasn't our favorite class in high school and it hasn't gotten any more entertaining. Fortunately, we have guidelines available on the requirements for our medical reports and specifically, the narratives.

The goal of a narrative is to paint a picture with words. Describe the situation so the reader can visualize what happened to the patient:

- Response?
- How was the patient found?
- What your assessment?
- Treatment?
- How they were moved?
- Describe the interventions you provided and why you did them.

If you struggle writing narratives, review the policy that describes how one should flow or contact one of the EMS Coordinators. Write the different aspects of a call in their own paragraphs ... response, how the patient was found, assessment, treatment, movement, etc. Consider having a cheat sheet of the information needed in a report nearby so you can refer to it. Very soon, it will become second nature and you won't need to refer to it at all. As you finish, re-read the report and ask yourself, if someone who wasn't there is reading this, will they be able to visualize what happened on the scene?

Review your partner's reports and provide feedback to them, and ask them to do the same for you.

> The measure of intelligence is the ability to change
>
> *--Albert Einstein*

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LET'S CONNECT