

# HOT TOPICS

Oshkosh Fire Department

## CHIEF'S CORNER



March is National Women's History Month. This gives us an opportunity to look back, but also presents an opportunity for us to look forward as well. What we do now shapes our future, and tradition starts today

One of the initiatives that was identified in our recent strategic plan was recruiting. The Oshkosh Fire Department needs to recruit and retain qualified and talented people to meet our staffing needs now and in the future. The department also needs to develop talent and foster opportunities in our own community and introduce firefighting as a career option to those that otherwise may not have considered the field. Women represent approximately 8% of the membership of fire departments in this country. When considering how many women are employed as a firefighter as their primary career, that number drops to 4%. At this time, the Oshkosh Fire Department finds itself below that national average.

The Oshkosh Fire Department is always seeking new ways to recruit members to our team and to further foster an inclusive culture. I am proud to say that the department has joined Women in Fire, an interactive non-profit network that provides education, support and advocacy for fire service women and provides resources for fire service leaders. This is just one of many proactive steps we are taking to advance our recruitment and retention initiative and to achieve our vision for the future.

--Chief Mike Stanley

WE  YOU

NARCAN  
SAVES LIVES



## EMS RISK REDUCTION

by Chuck Hable, EMS Division Chief

The Oshkosh Fire Department, in collaboration with the Winnebago County Health Department, started a new program on February 14th. Paramedics and fire fighters are now leaving Narcan with citizens who may be at risk for an opiate overdose. We are happy to be a part of this life saving project!

There are misunderstandings when it comes to substance use and addiction. Some feel that programs such as leaving Narcan with at-risk citizens or needle exchanges only enable those with substance use issues. Studies have demonstrated that this is not true. Regardless of the presence of Narcan or the availability of a clean needle, addictions cause people to use their substance of choice when they have the craving. Nothing stops them at that moment. For many, the craving is as much avoiding withdrawal as it is the high they experience. Sometimes, the high they experience might be their 'medicine' for trauma in their lives. Whether that pain is physical or emotional, mind altering substances are the only relief they have from their pain.

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# EMS RISK REDUCTION PROJECT (Continued from page 1)

No one chooses to become addicted. No one chooses to overdose. For many, substance use is simply a way of life. Whether it be alcohol, marijuana or harder drugs like cocaine or heroin, these substances have been in their lives since they were born. They watch family and friends routinely use drugs and alcohol. Many of them start at a very young age; sometimes 10 or 11 years old. It is a way of life.

**Oshkosh Fire Department carries NARCAN kits to distribute to those at risk of opiate overdoses**



Substance use disorder is a disease. But science has shown us that some people are predisposed to addiction if they ingest these dangerous substances. Treatment is available. If the person wants treatment, we have a small window in which we can provide resources. Next Monday at 9 a.m. doesn't work. It has to happen tonight. Within a few hours.

***Click on the image above to see the news story on WBAY TV***

We continue to work on developing resources so those who want help can access it quickly. But maybe right now is not the right time for them. Maybe next week will be. Or next month. That's where the Narcan comes in. We are so hopeful that lifesaving medicine like Narcan might allow for a situation in which a person with addiction seeks help for their illness.

It's so important that we never lose sight of the fact those with addictions are human beings. We choose EMS because we appreciate the opportunity to take care of people. The choices patients make, good or bad; their socio-economic status, wealthy or poor; their living conditions, in prison or a house on the lake... none of these factor into the care and compassion we show our patients when we treat them.

Over the past 100 years, the number of fires in our community has appreciably declined. Why? It's because of the risk reduction programs and activities that we have created for our communities: fire inspections, preplanning on building plans, fire, building and electric codes, outreach to schools, and fire prevention week. All of these measures have played a large role in the dramatic decrease in fires.

Our Narcan project is a step, as is our Falls Program, in risk reduction. Think of it as 'EMS Prevention.' From a prehospital care standpoint, we will continue to be champions for risk reduction and education. We will be the ones that offer the hand to help those who are down.....no matter how many times they need our help, no matter what the reason. It's what we do, and it's who we are.

# EVERYONE GOES HOME

by Lieutenant Drew Jaeger

Life Safety Initiative 12 deals with response to violent incidents. A violent incident may encompass a wide scope of potential scenarios, from an angry individual or bystander, active shooter to large scale civil unrest. The frequency of these types of calls has increased both nationally and in our community. This sad fact can lead us to feelings of frustration, or hopelessness. While these feelings are understandable, we can also be proud that our department personnel have remained dedicated to our duty to serve as best as we are able, and have provided rapid, effective care and transport in several incidents of violence in our community over the last couple of years



Prepare for what you can. In paramedic school, we repeated the phrase “the scene is safe” as part of our initial assessment practice. In class however, we rarely if ever practiced what to do if the scene was not safe. This still remains a critical step in your initial assessment at EMS calls, especially if there are clues from the dispatch information or your observations find something out of the ordinary. If something on the scene changes, from agitated patients to evidence of weapons, our team protection might need to change. This can include having crew remain alert at dynamic scenes such as at a crowded bar or party, calling for police, or even leaving the scene as a last resort.

Stage a distance from calls with violence clues in the dispatch information. Keep in mind that the police perspective on scene safety at a dynamic incident might be different than ours, especially when there is more than one patient. Take their radio advice that a scene is safe for entry as initial information, not a definitive and absolute guarantee. Continue to size up as you approach the incident and throughout the call.

Learn from others: Take a few minutes to discuss with your company about calls that you have experienced, and clues that you either noticed or missed during the course of the call. Review our department mass casualty and triage procedures. When you complete your map study of response areas, take a few minutes and look at the school maps. At least know where the primary entrances are, and that you have a school map book in your rig. In the event of a larger scale incident, our Life Safety MABAS card is probably the best way to get large numbers of ambulances enroute to help

In response to these trends, the Oshkosh Fire Department has issued body armor for all primary response vehicles. The instructions for the use, care and maintenance are in SOG 615. Chances are it has been a while since your company has checked this gear and practiced with donning it. I would encourage you to check the gear for signs of degradation or damage, and complete the recommended cleaning procedures. They are a little bit more complicated to put on than one might think.

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# CONGRATULATIONS!

Congratulations to Division Chief, Tim Heiman for recently receiving the 2022 Instructor of the Year Award from the Wisconsin Society of Emergency Services Instructors at their annual conference. The award recognizes individual accomplishment.

Tim was nominated by Chief Stanley and Assistant Chief Bending for his commitment to furthering the cause of the fire and emergency services through training.

Chief Stanley said, "Because of the significant advancements that Division Chief Heiman has made in the Training Division, our firefighters are better prepared to meet the challenges they face every day when responding to emergencies. He has made our community and firefighters safer. He is well deserving of this award."



Chief Mike Stanley, Division Chief Tim Heiman and Assistant Chief Brian Bending  
Fond du Lac  
February 18, 2022

Congratulations to Ashley Engeldinger, Tanner Harrington, and Ken Kiefer!

They recently completed the requirements to be ice dive certified!



# LEADERSHIP IN SUPERVISION

FVTC is hosting the National Fire Academy course, *Leadership in Supervision: Frameworks to Success*. This is one of a three part series on leadership. The two other courses in the series provide an overview of modern leadership principles. The session also provides you with a good opportunity to network with individuals from other fire departments. FVTC needs to have 15 individuals registered to run the course.

## To Register:

- Obtain a Student Identification Number (SID) from the National Fire Academy (if you do not have one).
- Complete an application. Lines 2, 3, 4, 7, 8b, 9a, 12, 14a, 17, 18, 19, 20 and 21d need to be completed.
- Email the application to Kelly White:  
whitek@fvtc.edu

## **F0648 - Leadership in Supervision: Frameworks to Success**

April 30-May 1, 2022 @ FVTC

Contact Jim Austad or Kelly White with any questions.

**Register by March 7th**

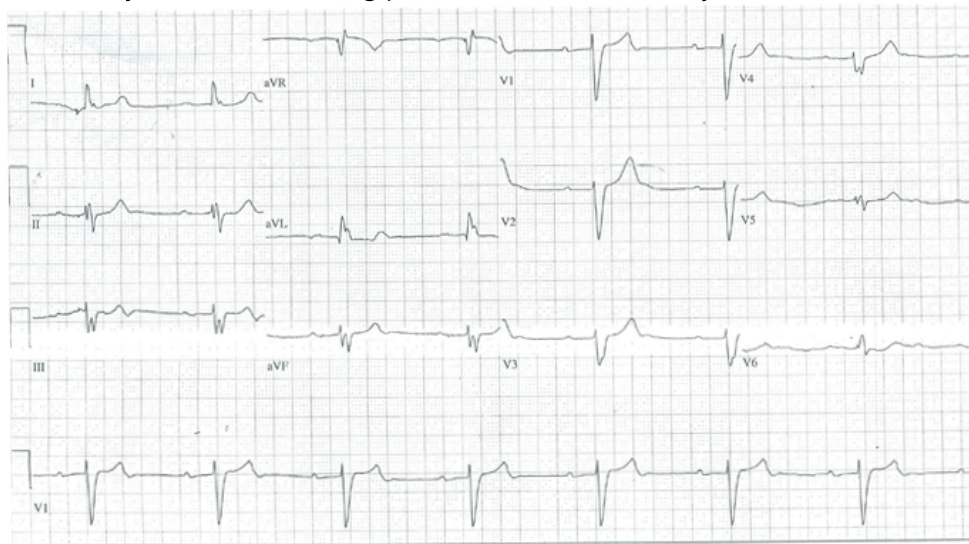




# MEDICAL DIRECTOR MINUTE

by Dr. Kerry Ahrens

You are called to the home of a 70 year-old male. Reportedly he has had episodic weakness where he would fall to his knees. He reports feeling more 'tired' than usual over the past few weeks. His wife was worried and called 911 today because of how pale he appeared and was concerned that he almost collapsed before calling. He has not had any falls. No chest pain, shortness of breath. No nausea or diaphoresis. No fevers, chills, abdominal pain, black/bloody stools. No headaches and no unanticipated weight loss. He is relatively healthy for being 70 years old but does have history of hypertension. You get VS: HR 56, BP 110/50, RR 18, Pulse ox 98% RA. Blood sugar is 103. You get a 12-lead because you are an amazing paramedic. Here's what you see:



What are your thoughts on this EKG? Is there anything concerning? How would you care for this patient en route? What would you communicate to your receiving hospital?

This patient has a subtle, but complete heart block. At first glance this person seems to be in a type I heart block. Rate is 52 beats per minute. In general, type one heart blocks do not occur with bradycardia below 60bpm - rather they tend to have rates in the 70s-80s. Second, look at the shape of the T-waves. They seem to have little shape deformities in them (look especially at the first and last beats in the V1 rhythm strip) - that is the p wave that is not being conducted through the AV node. This person's heart is only conducting every other beat giving you a rhythm that mistakenly appears to be in a sinus bradycardia, when in all truth because only every other beat is being conducted this person is in complete heart block...which is concerning.

Care en route: keep patient on the monitor especially when going into the hospital all the way until you transition the patient to the ED gurney (if he becomes unstable of course put pacer pads on and pace until arrival). Establish an IV (please) if time allows as this patient could become unstable at any point. Communicate the patient has a complete heart block, but at time of report has been

**Answer:**

# 3RD ANNUAL WISCONSIN HERD BOOTS vs BADGES

Join the us for the 3rd Annual Boots vs. Badges Game as the **Winnebago County Sheriff's Office** takes on the **Oshkosh Fire Department** in a hero basketball game before the Wisconsin Herd game.



This unique event will showcase local heroes, provide community and entertainment for the branches, their families and friends, and **raise money for the K-9 Unit and Dive Rescue Team.**

## SAT MAR 5

OSHKOSH ARENA | 1212 S. MAIN STREET

### SCHEDULE OF EVENTS

**DOORS OPEN** 12:00 pm

**BOOTS VS. BADGES WARMUPS** 12:15 pm - 12:30 pm

**BOOTS VS. BADGES GAME** 12:30 pm - 1:45 pm

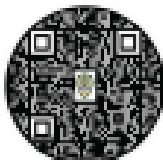
**CHECK & TROPHY PRESENTATION** 1:45 pm - 2:00 pm

**POSTGAME PARTIES** 3:00 pm - 4:30 pm

*Badges @ Gabe's Kitchen & Tap | Boots @ Jeff's on Rugby*

**DOORS OPEN** 6:00 pm

**HERD VS. CAPITAL CITY GO-GO TIPOFF** 7:00 pm



TO PURCHASE TICKETS, SCAN THE QR CODE  
OR VISIT **FEVO.ME/HERDBOOTSVSBADGES**

Contact Trevor Kroll at 920.744.0263 or [tkroll@wisconsinherd.com](mailto:tkroll@wisconsinherd.com) to learn more!

# EVERYONE GOES HOME

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I recommend that you remove your pocket knives prior to responding into correctional facilities. For the same reasons that law enforcement staff are required to remove their firearms prior to entering these facilities, we should not be bringing something that can be used as a weapon with us. The staff at these facilities do a great job of always following their security procedures, and the patients generally seem to be grateful for our care and professionalism. Don't let the lack of previous problems allow us to become complacent in this regard.

We still have areas related to our response to violence that could benefit from multiagency training and practice. I am hopeful that we will continue to pursue these opportunities and never become complacent as we continue to serve our community and ensure that *Everyone Goes Home*.

#1 Cultural Change	#2 Accountability	#3 Risk Management	#4 Empowerment
#5 Training & Certification	#6 Medical & Physical Fitness	#7 Research	#8 Technology
#9 Fatality Near Miss Investigation	#10 Grant Support	#11 Response Policies	#12 Violent Incident Response
#13 Psychological Support	#14 Public Education	#15 Code Enforcement & Sprinklers	#16 Apparatus Design & Safety

## LET'S CONNECT

