



HOT TOPICS

Oshkosh Fire Department



CHIEF'S CORNER



The month of May typically brings new growth to the world around us. It has brought changes to the Oshkosh Fire Department as well. Our four new firefighters have graduated their academy and are now working their first shifts in the fire stations.

We wish them a long, happy, healthy, and safe career. In the past couple of months we have had the opportunity to promote several of our members. They take on new challenges and added responsibilities as Equipment Operators, Lieutenants, and Captains. We are very proud of them as they continue to advance as leaders in our department. There is no doubt that they are ready to take this next step and rise to the occasion.

The need for promotions and hiring of new firefighters exists because of retirements. While we are glad to welcome new faces, it is always hard when familiar faces leave. While we are sad to see them go, we are happy that they have reached the well-deserved opportunity to retire and start the next chapter of their lives.

This month celebrate whatever new beginnings are happening in your life. A new job? A new car? A new day? Take the time to enjoy it. Stay safe.

--Chief Mike Stanley

METRICS MATTER

by MJ VanGompel, Management Analyst

May is Stroke Awareness Month. According to the Center for Disease Control (CDC), someone in the U.S. has a stroke every 40 seconds; every 4 minutes someone dies of a stroke. Strokes not only impact us in our work as providers but may impact our family, friends or neighbors.

In our EMS service area of Oshkosh and surrounding communities, strokes have made up only 1.2% of our EMS calls (Data from 1/1/2018 to 5/14/2021). Just slightly over 30% of the calls that were dispatched as a stroke were actually believed to be stroke by the EMS providers on scene.

Over 40% of total calls with a 'primary impression' of stroke were dispatched as **something else**. For example, 7.4 % of calls were dispatched as "Sick" and over 5% were dispatched as "Fall". "Unknowns" and "Unconscious" each made up around 3% of those calls.

So next time you hear a "Falls" call or "Sick" call overhead, it may be something more. This is a great indication for completing a thorough neurological assessment on all patients.

Continued on page 2

METRICS MATTER

Continued from page 1

Year	Dispatched as Stroke	Dispatched as Stroke AND Primary Impression	%	Dispatched as XX AND Primary Impression	Total EMS Calls	Stroke as a % of Total EMS Calls
2018	150	49	32.7	89	7,513	1.2
2019	178	61	34.3	107	7,625	1.4
2020	178	49	27.5	73	7,885	0.9
YTD 2021	62	16	25.8	28	2,568	1.1
TOTAL	568	175	30.8	297	25,591	1.2

Data from 1/1/2018 to 5/14/2021

Time and early action is of the essence in helping a stroke patient. According to one CDC survey, only 38% of stroke respondents in a national behavioral health study were aware of all major symptoms and knew to call 9-1-1 when having a stroke. Patients who arrive at the emergency room within 3 hours of their first symptoms often have less disability 3 months after a stroke than those who received delayed care. This is just one reason why turnout time and response time are critical. Our community is depending on it.

Stroke Symptoms



Stroke risk increases with age, but strokes can occur at any age. In the past 3 years, 18 of our diagnosed stroke patients were under the age of 50. As you can see from this chart, over 80% were 60 and older.

Up to 80% of strokes could be prevented through healthy lifestyle changes. Some risk factors for stroke include: Smoking, drinking, high blood pressure, high cholesterol, diabetes, and bad eating habits.

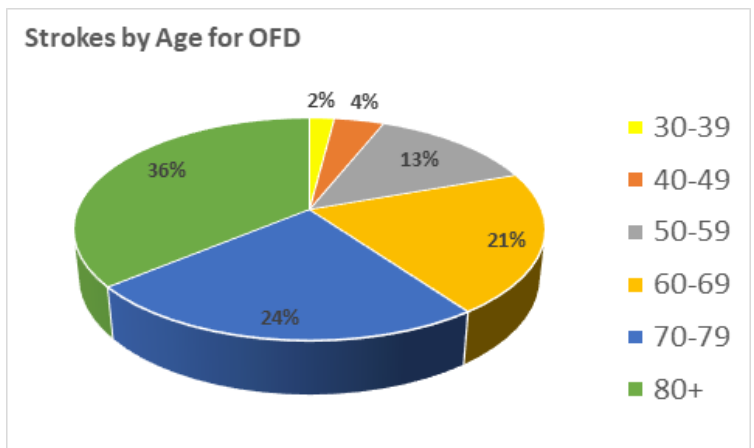
The human brain is a remarkable organ.
Keep it healthy!

Other Resources:

American Stroke Association
Center for Disease Control

National Institute of Neurological Disorders and Stroke (NINDS)

Keep Sharp: Build a Better Brain at Any Age, Sanjay Gupta, MD, January 2021



MEDICAL DIRECTOR MINUTE

by Dr. Kerry Ahrens, Medical Director

Let me tell you the tales of three hypothetical people.

First there is a 50 year old person who's family called 911 because they found the patient on the ground. When EMS arrived, this person was showing decorticate posturing on both sides. The EMS service placed an iGel with appropriate medications and then transported this patient to the nearest neurosurgery/thrombectomy-ready stroke center. The patient was found to have had a hypertensive stroke with a large right basal ganglionic hemorrhage which needed emergent surgery to treat the ever-increasing brain pressure from this head bleed.



Second, a 54 year old person who went to bed normally, then woke up with right-sided weakness, difficulty speaking and right-sided facial droop. 911 was called, the EMS system performed a LAMS stroke scale and the patient scored a 4 (LA Motor Scale); a 'code stroke' was called and patient was transported. At the hospital an NIHSS (National Institute of Health Stroke Score ranges 0-42) 7 was given and tPA was started 38 min after EMS arrival (national standard is 45 minutes). The next day an MRI was performed and showed the patient did have a stroke BUT given expediency of the patient's initial care, this patient left the hospital with an NIHSS of 0 (0 = no deficits) and was discharged to home.

Lastly, 911 was called for an elderly patient after the patient had a fall. EMS noted the patient had slurred speech, left-sided facial droop and could not verbally communicate with the paramedics. The patient was taken to the appropriate hospital where a treatment known as thrombectomy was performed within 30 minutes of arrival. At patient arrival the initial scored NIHSS was 18. The next day, the patient was able to communicate and eventually discharged with an NIHSS of 5.

None of these above cases are about true people, but are rather a depiction of similar patients you all have cared for. What is amazing to me is the care you provide to our patients no matter how varied any given patient's presentation may be. The above fabricated patients had such diverse presentations but all were suffering from the same disease: a stroke.

A 'stroke' is defined by Webster's Dictionary as "a sudden change in the blood supply to a part of the brain, sometimes causing a loss of the ability to move particular parts of the body". The damage inflicted by a stroke occurs in the brain only.

There are 2 types of stroke - a hemorrhagic (often from a bleeding aneurysm) and an embolic stroke where an artery to the brain is clogged. Prior to 25 years ago there really was no treatment for stroke. Now, we have tPA (a chemical that can dissolve a given clot in the brain for the appropriate patient) and more recently 'Thrombectomy' where specially trained physicians can actually lead a small wire to the clogged blood vessel in the brain and remove the clot, opening up the vessel.

Continued on page 4

MEDICAL DIRECTOR MINUTE *Continued from page 3*

Also for hemorrhagic stroke, physicians can place clips or coils to decrease the likelihood the aneurysm vessel will bleed. Only certain hospitals have these specially trained physicians; and our paramedics understand by using the OFD stroke protocol, when to transport patient's to these specialized facilities rather than to the closer hospitals.

The purpose of the above discussion is three fold:

- First is to illustrate how well OFD paramedics identify and initiate care for stroke patients, often making the appropriate and rapid medical decision to transport to a distant, but more specialized hospital.
- The second purpose is to illuminate to other, non-medical, readers the degree of decisions being made by paramedics in Oshkosh, and nationwide. They use their training, intelligence and breadth of knowledge solely to make the best medical decisions impacting the outcomes and health of our population.
- The final purpose is to illuminate the most important point: ALL strokes, no matter how/where /when they occur are ALL time-sensitive. If you have ANY symptoms where you have loss of function movement in an arm or leg, slurred speech not caused by too many beers, walking like a drunken sailor without imbibing alcohol please, PLEASE call 911 to be transported immediately to the nearest, appropriate hospital. Because, if you wait 1 or 2 days thinking it will get better, (it likely will not) you will have lost the opportunity to obtain optimal treatment for your stroke.



This is an example of a patient with facial droop. If you or a loved one displays this lopsided look, call 9-1-1- immediately!

911

CONGRATULATIONS!

Last week the City of Oshkosh Fire Department received a Certificate of Recognition from the Wisconsin Coverdell Stroke Program and Wisconsin Department of Health Services in recognition of "Excellence in Performance Improvement"



The Oshkosh Fire Department was recently recognized with the 2021 Educational Leadership Award by Lakeshore Technical College. The partnership award recognized us for continuing to safely keep our department open for their clinicians to complete their training during the pandemic.



Congratulations to Scott Abbrederis. He was promoted on April 11 from Lieutenant to Captain.



Congratulations to Eric Schallhorn. Eric was promoted from Equipment Operator to Lieutenant on April 11, 2021.



Congratulations to Zach Beatty. He was promoted from Firefighter/Paramedic to Equipment Operator on April 11.

KITCHEN TABLE TRAINING

by Lt. Instructor Greg Stelter

Here are some tips in case it's been a while since you operated Q219.



Apply the parking brake and front wheel lock. You need to hold the front wheel lock down for several seconds to get it to engage.

If you need to use the Aerial controls on the pump panel, the Nozzle Master switch (red circle) must be in the left position. This will cause the orange light to illuminate and you can control the ladder. If you need to control the nozzle, flip the Nozzle Master switch to the right. The orange light will turn off and you will be able to operate the nozzle.



The Nozzle Master switch on the Aerial platform must also be in the up or forward position



The Aerial Diverter switch must be set to "Stabilizer" to extend the outriggers. When they are set, switch over to "Aerial" to control the ladder

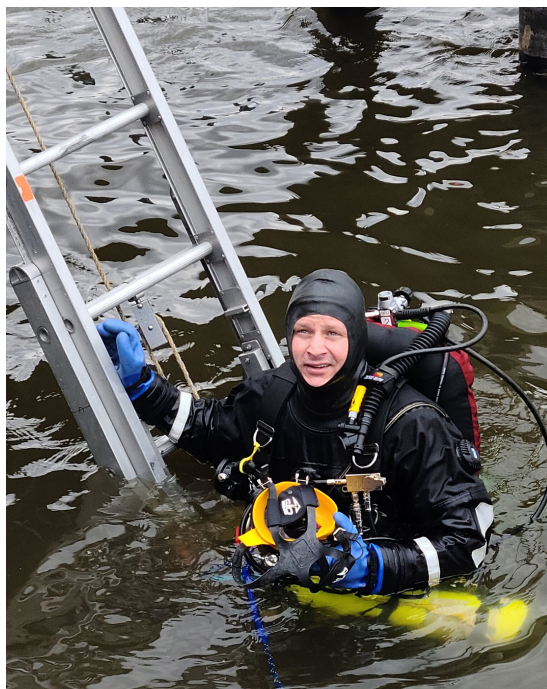
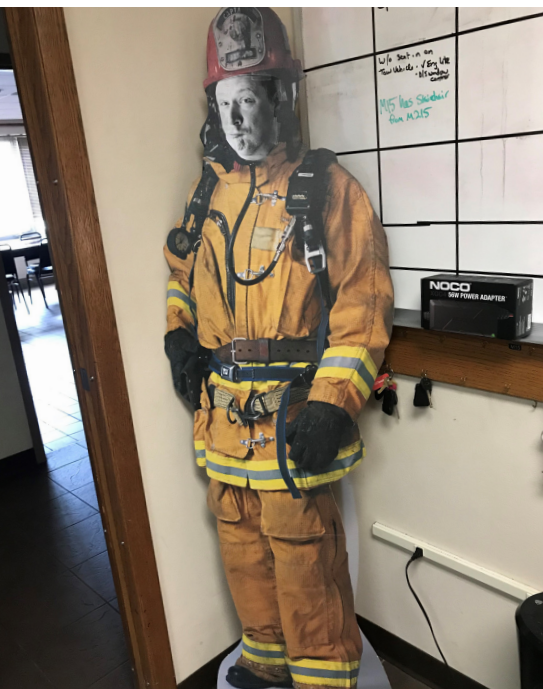


If you need to use the aerial ladder, engage the Aerial Master, Aerial PTO and High Idle Switch in the cab.



Happy EMS Week

CARING FOR OUR
COMMUNITIES
MAY 16- 22, 2021



EVERYONE GOES HOME

by Lieutenant Drew Jaeger

Life Safety Initiative 7 recognizes the importance of research. What aspects of the fire service need study at the national or international level? One example was the research conducted by the National Institutes of Standards and Technology on fire flow paths and the movement of air currents and temperature reduction by application of water from an exterior firefighting position. The resulting development is what we now refer to as a “transitional attack” strategy or SLICERS (Size Up, Locate the Fire, Identify and Control the Flow Path, Cool the Space, Extinguish the Fire, Rescue and Salvage as able).



These ideas were the subject of many a firehouse coffee table argument about the fog versus smooth bore; questions of whether we “push” fire with our hose streams and other concepts that were viewed as immutable laws of the fireground by many across the firefighting world. When scientists collaborated with firefighters, research showed that ventilation was much more significant than fire stream type; we actually improve the conditions in buildings when we effectively apply fire streams through exterior openings, and we don’t “push” fire the ways that we thought. It is hard for me to describe how profoundly leading fire service experts were sure that exterior application could potentially cause dangerous steam production, harming firefighters and potentially citizens. I can recall specific fires in my career when we were directed not to apply water from the exterior, only to attempt an interior attack and get pushed back fire conditions. Now, based on research, our views have evolved on the topic.

Have you ever formed an opinion about a person or idea, based on initial impression that turned out to be wrong? Psychologist Adam Grant recently wrote a book entitled “Think Again, The Power of Knowing What You Don’t Know.” The book examines the way that we tend to form beliefs and continually “choose the comfort of conviction over the discomfort of doubt.” We surround ourselves with ideas and friends with like ideas in an echo chamber of similar perspectives.

It is extremely hard to let go and unlearn old habits of thought and behavior, even when faced with overwhelming evidence to the contrary. In fact, his research shows that folks that have the hardest time are those we would consider highly intelligent or educated. The problem is that, similar to pursuing a physical workout regimen that never stresses the body, so we never improve, never challenging your thoughts and beliefs can become similarly self-limiting.

Dr. Grant suggests that the cure is to challenge your questions with a perspective of curiosity. It does not mean sacrificing your core values, but more a willingness to learn more about an area where you have a gap in knowledge. Rather than approach difficult and often complex subjects with dogged insistence that our way is the correct one, he suggests that if we approach the subject with a sincere curiosity to learn more, we are more likely to gain cooperation from those with whom we might initially disagree.

I know, I can hear the “You are wrong, and I’ll tell you why” still echoing in my brain from conversations of the past. Consider framing your next ‘stuck’ conversation from a point of curiosity.

Continued from page 2

EVERYONE GOES HOME *Continued from page 8*

Just as colleagues from the past were certain that they knew that we would harm people by external application of water, maybe there are other areas where we are stuck in our thoughts or patterns.

As an example. I became stuck on an idea but decided to approach it from curiosity, rather than what I thought to be true. I was upset when the recent feedback was shared via the chain of command that we need to place a renewed focus on turnout times. My thought was that we respond quickly, and that any insinuation that we are do anything less than the best possible was insulting and unreasonably nitpicky. But I didn't know for sure, I just had an opinion. So, after a few conversations with the crew about what was controllable versus what is out of our control, we started tracking our company individual turnout time ourselves.

I only have a couple weeks of data so far, but I was unpleasantly surprised to find out that even on calls where we walk directly to the truck, we fall short of our response goals. I shared the initial data with the crew and we are looking at subtle changes on things such as garage door opening, how we place our gear to facilitate rapid donning, and even just improved status updates, such as being aware when one of us might be momentarily delayed after a workout, the other folks can do things such as start the truck. We have all been trained to wait for the electronic system of the truck to boot up before pushing the ignition switch, but I also believe that the manufacturers training was that we could override that on emergency calls.

Are subtle things like that delaying our response? We won't know if we don't measure. What research are you willing to do to challenge the areas where you or the fire service are stuck? Stay curious, my friends.

The future belongs to the curious. The ones who are not afraid to try it,
EXPLORE, POKE at it, QUESTION it and TURN it inside out.

-- Anonymous



For more information, please visit
www.wcvaccine.org/

PREVENT, PREPARE, PRACTICE

by John Holland, Public Information Officer

Boating season is here. Before you head out on the water with family and friends, make sure to review water safety precautions. First, and most importantly, make sure there is at least one life jacket on board for each person on the boat and that the jacket is the correct size. Adult sized life jackets are worthless for children. According to the State of Wisconsin Department of Natural Resources (DNR), there were 22 boating fatalities in the state last year. Only four of those 22 individuals were wearing life jackets.

It's also important to have a floating pouch containing a working cellphone, maps, flares, and a first-aid kit. Make sure you check the weather forecast before you head out and stay alert for changing weather conditions. If bad weather is approaching, get off the water and avoid long lines at the boat landings.



Tell someone where you are going and when you plan to be back and then stick to the plan. If something goes horribly wrong, this could be vital information. Follow all water navigation rules including slowing down in no wake zones, safely passing/meeting other watercraft, and staying in the safe boating channel of the waterways.

Finally, never use drugs or alcohol before or while you're operating a watercraft of any kind. Alcohol's effects can be greatly exaggerated by exposure to sun, glare, wind, noise, and vibration leading to unnecessary tragedy. Whatever "floats your boat" this summer make sure you're doing it safely.

RUN /WALK FOR CANCER

by Kim Wallmuller, Administrative Assistant

August 21, 2021

My participation in the American Cancer Society Sole Burner 5K Run/Walk event started more than 15 years ago and I have the t-shirt collection to prove it. Walking with my cousins was a way to remember my Aunt who passed away from Breast Cancer in her mid-30's. Since then I've seen many other family and friends affected by different forms of cancer. Some have survived and other have not.



[Click here to REGISTER](#)

The ACS Sole Burner has been taking place for more than 37 years and has raised over \$7.2 million. This year our goal is to raise \$180,000! The money will help fund local programs, services and critical cancer research. Help us make a difference in the fight against cancer and help our families, friends and neighbors in their fight against cancer. Join the OFD team by registering now!

April 2021



667



78



140

LET'S CONNECT

