

# This Month's Working Fire...

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Volume 04-7: July 2004  
Approx. Program Length 61:45

## Incident Analysis

### FIRELINE

#### Old Kennett Road Head-On Crash Centreville, DE

Approx. length: 8:08

A two-vehicle head-on crash occurred on a narrow, remote country road. Eight occupants were involved, with four of them trapped in one vehicle. In addition, one of the cars had caught fire and was being attended to by a nearby homeowner when firefighters arrived. Also complicating the response was a language barrier as the trapped occupants could only speak Spanish. Vehicle extrication freed the trapped occupants by a roof removal; a number of extrication tools were used. The narrow road forced staging to be done at another location as apparatus had a tough time turning around at the accident scene. *For a report on the medical response to this incident, see this month's Fire Medics segment.* For more information, contact Captain Drew Outten, Hockessin Fire Company, 1225 Old Lancaster Pike, Hockessin, DE 19707 or call him at (302) 239-7159.

#### TGIFriday's Restaurant Fire Washington Township, NJ

Approx. length: 13:12

An apparent grease fire at a local TGIFriday's restaurant with truss-roof construction forced an evacuation of patrons and employees. Local police were of great assistance in the evacuation and clearing the parking lot for apparatus. An interior crew made an attack with large-diameter hose but were forced to go to smaller hose lines as the larger hoses were getting hung up in the interior. Fire had made its way in to a cockloft and finally, the roof. Sprinklers were only available in a storage room. Ultimately, the fire went defensive. The concept of Incident Management Systems for larger incidents is discussed. For more information, contact Chief Robert Borkowski, Jr., Hurffville Fire Company, 213B East Holly Ave., Sewell, NJ 08080-2642 or contact him at (856) 589-1242.

## Incident Analysis

### HANDS-ON

#### **Ice Rescue Training (Expanded Segment) Part II**

**Approx. length: 19:30**

This is the second of a two-part extended series on Ice Rescue training. This month we head out on the ice for actual evolutions: reach rescues, loop rescues, submerged rescues and self-rescues are covered along with using ice awls, coordination with shore haul crews, necessary equipment, lifting patients out of the water, and discussion of ice conditions. For more information, contact Assistant Chief Steve Rhinehart, Maryland Height Fire Protection District, 2600 Schuetz Road, Maryland Heights, M) 63043 or call him at 314-298-4400.

### FIRE MEDICS

#### **Old Kennett Road Head-On Crash - EMS Response Centreville, DE**

**Approx. length: 12:27**

We cover the EMS response side to the Old Kennett Road incident covered in this month's Fireline. This was a multi-casualty incident that involved initial triage, interpreters to communicate with the non-English-speaking patients, ground and air transport, and the activation of Code Delta, New Castle County's emergency alert system which automatically alerts hospitals to the need, summons additional units, and sets up additional resource operations. For more information, contact Deputy Chief Lawrence E. Tan, New Castle County EMS, Dept. of Police, 87 Reads Way, New Castle, DE 19720-1648 or contact him at 302-395-8184

### EVOLUTIONS 2000

#### **Kramer vs. Kramer: Health Department Notification**

**Approx. length: 2:00**

*Working Fire* and Professor/Chief Bill Kramer presents our Continuing Education segment that's worth one credit from the University of Cincinnati. This month, Bill debates whether or not it's the fire department's responsibility to alert the Health Department after a restaurant fire. For more information, contact the Open Learning Fire Service Program, College of Applied Science, 2220 Victory Parkway, ML #103, Cincinnati, Ohio 45206 or call 513-556-6583.

## Incident Analysis

### *From the Departments Involved...*

#### DISCUSSION QUESTIONS FOR THIS MONTH'S INCIDENTS

The departments involved in this month's incidents pose some discussion questions that you can use as discussion-starters in your own department's training sessions.

#### ***Old Kennett Road Head-On Crash / Centreville, DE Captain Drew Outten, Hockessin (DE) Fire Company:***

1. Do you do a quick discussion of roles or preplan while en route to an incident?
2. Do you have sizable ethnic groups in your jurisdiction who may not speak English? Will you be able to communicate with them?
3. How do you handle an incident in a remote location with limited access?
4. Do you review your equipment and insure its readiness on a regular basis?

#### ***TGIFriday's Restaurant Fire / Washington Township, NJ Chief Robert Borkowski, Jr., Hurffville (NJ) Fire Company:***

1. Upon noticing that the structure has truss construction, do you command the incident differently?
2. If patrons or citizens are involved, do you call for police assistance and/or extra EMS?
3. What is the code in your jurisdiction for sprinklers? Do you know which buildings don't have them?

# Expanded Training

## Ice Rescue Training, Pt. II

### Objectives

After watching this program the student shall:

1. see ice rescue techniques in live scenarios
2. acquire knowledge about ice conditions, equipment, and patient handling
3. understand the need for Incident Command to manage such a rescue.

### Standards and Regulations

This training is consistent with NFPA 1500 and appropriate OSHA regulations and practices.

### Training Outline

#### I. LIVE SCENARIOS

##### A. Skilled Evolutions:

1. Rescuer decides which method to use based on assessment of situation and patient.

##### B. Preparation:

1. Rescuers on ice
2. Haul team on shore
3. Have haul ropes ready; usually 75' long
  - a. Have longer lengths ready
4. One haul rope on each rescuer
5. Additional shore team further back on bank (in this case, up the hill)

##### C. Rescuer on Ice:

1. Shuffle across ice
2. Observe condition: thickness, water coming through, cracks that extend out.
  - a. Be prepared to take a knee.
3. As you will see, non-uniform ice that's 2-4" thick may still not support a rescuer.

#### II. RESCUE TECHNIQUES

##### A. Reach Tool Rescue:

1. In this scenario, we're using a Pike pole.
2. Approach low and wide using reach tool; extending body over the ice distributes weight

## Ice Rescue Training, Pt. II

3. Communicate with haul team using hand signals
  - a. Communicate to take up slack so rescuer won't slide into hole when patient grabs pole
4. Haul team then pulls rescuer and patient out of the hole, maintaining a safe 8' distance.

### **B. Loop Rope Rescue:**

1. In this scenario, rescuer approaches patient using ice awls. It's the rescuer's choice in a real incident.
2. Communicate with patient: "Are you okay?", "Don't panic", "Don't grab on to me", etc.
3. The challenge is to encircle patient with the loop of rope and get close enough without the ice failing.
4. On shore, there's a length of rope problem. Normal 75' rope wasn't long enough.
  - a. Advanced preparation meant another length of rope was available; it was connected to rescue rope with very little delay in the rescue.
5. Rescuer gives patient his rope to hold on to.
6. Rescuer then swims a large circle around patient and forms a tension loop around patient
7. Communicates with haul team using hand signals to take up slack.
8. Rescuer positions himself behind patient; with hand between the legs he/she assists in lifting patient up on the ice.
9. As it happens, the ice breaks – rescuers should be prepared for this.
10. Rescuer continues to kick and push/lift patient from behind until patient slides up and across good ice.
  - a. You may need a second rescuer to help with the lift.

### **C. Loop Rope Rescue - Panicked Patient::**

1. Rescuer doesn't communicate well with patient; patient grabs rope from rescuer.
2. Rescuer communicates with haul team to take up slack.

PREPLAN THE RESPONSE – ANTICIPATE SUCH ACTIONS!

3. Since patient is preoccupied with holding the rope, rescuer makes closer contact with patient from behind.
4. Rescuer communicates with shore to haul; lifts from behind as patient is pulled out; rescuer comes with patient.

### **D. Self-Rescue with Ice Awls:**

1. Use ice awls located in the sleeve of rescue suit.
  - a. Used to advance a rescue without ropes pulling rescuer backwards

Answers to the quiz on page 7:

1. True 2. False 3. True 4. a. 5. d.

## Ice Rescue Training, Pt. II

2. Rescuer can plant awls, kick the feet, and pull him-/herself back up on the ice shelf.
  - a. Take small bites at a time and scoot forward like an inchworm
3. Once out of the hole, stay kneeling to keep weight distributed – don't stand up!
4. When finished, tuck ice awls back into sleeves of rescue suit.

### E. Submersion Drill:

1. In this drill, assume a submerged patient. The local dive-rescue team has been called but prior to their arrival, rescuers can search for the patient using tools: use pike poles if the water is fairly shallow.
2. Start where the patient was last scene.
  - a. Don't jump around with the pole.
  - b. Use small movements, to the right and the left.
3. Lie on the ice at the edge of the hole and probe with the pike pole using small circular motions in a systematic search. You can do this from a position in the water as well.
4. Probe under the ice shelf; you may or may not be able to search directly in front of where the patient was last seen, depending upon the condition of the ice.
5. Wrap a noodle or some flotation device connected the tool in case you drop it.
6. Upon finding the victim, communicate with the shore team.
  - a. In this scenario, we are using a five-gallon paint can as our simulated victim. This makes for a heavy patient.
7. To lift the patient, the rescuer may want to employ a flotation device or a second rescuer.
8. As customary, communicate with haul team to take up slack and haul.
9. Be secured to patient when he/she comes out; should the ice break, you'll have a line on the patient.

## III. SHORE OPERATIONS

### A. Staffing:

1. Several people on shore supporting just two people in the water.

### B. PPE & Gear:

2. Usually wouldn't wear turnout gear; it depends on the weather; wear hoods and stocking caps if necessary.
3. Wear Personal Flotation Devices (PFDs) must be worn by all personnel within 15' of the water; regardless of any other PPE or gear worn.

## Ice Rescue Training, Pt. II: Quiz

Date \_\_\_\_\_

Chief/T.O. \_\_\_\_\_

Firefighter (print) \_\_\_\_\_

Education Credits/  
Hours/Units \_\_\_\_\_

Signature \_\_\_\_\_

### Select the best answer:

1. True or False: If a patient grabs your rope, you may be able to execute a Loop Rescue.
2. True or False: Cold weather shouldn't demand more personnel because people sweat less in the cold.
3. True or False: Probing under the water may come up with a lot of "false positives."
4. Which of the following would you NOT need on an ice rescue?
  - a. Tape to repair cracks in the ice
  - b. Warm, water-tight, PPE
  - c. Communication with shore crew
  - d. Ice awls
  - e. None of the above
5. According to the video, what is one of the hardest maneuvers for an ice rescuer?
  - a. Ascertaining ice conditions
  - b. Controlling water temperature
  - c. Probing with a Pike pole
  - d. Lifting the patient on to the ice shelf
  - e. None of the above

*(Answers can be found at the top of page 6.)*

# Fire Medics

## Old Kennett Road Head-On Crash

### Objectives

After watching this program the student shall:

1. learn procedures for handling a multi-casualty incident
2. understand the parameters and analysis for decision-making
3. become familiar with protocols that can assist in anticipating such an incident.

### Standards and Regulations

This training is consistent with NFPA 1500 and appropriate OSHA regulations.

### Training Outline

#### I. SIZE-UP

**A. There were a total of eight occupants between the two vehicles.**

1. Four were trapped (see Fireline account of crash)
2. Five were initially triaged as Priority 1.

#### II. STRATEGY / TACTICS

**A. Additional resources responded based on size-up.**

**B. A second EMS IC to handle resources**

**C. Staging was established.**

**D. Language barrier was dealt with.**

1. Interpreters were used.

**E. Code Delta was activated.**

1. A preplan for mass-casualty incidents
  - a. Early request for services
  - b. Communications with receiving hospitals are established.
  - c. Hospitals gather census and broadcast available capacity to receive
  - d. Operations plan that permits the reallocation of additional resources.

Answers to the quiz on page 10:

1. False 2. True 3. True 4. c. 5. b.

## **Old Kennett Road Head-On Crash - EMS Response**

### **III. EVENTS**

- A. Additional resources responded based on size-up and initial triage**
- B. A second EMS IC added to handle resources**
- C. Access to accident scene was limited.**
  - 1. Road was narrow; hard for ambulances to turn around
  - 2. Impacted staging of ambulances
- D. Life Flight helicopter was used.**

### **IV. LESSONS LEARNED**

- A. Don't wait to call for additional resources; you can always send them back.**
- B. Develop a plan similar to Code Delta which instantly puts certain initiatives in motion during an MCI.**
- C. Need for continuity in command during an MCI; transfer command as incident grows.**
- D. Transport patients using appropriate personnel & equipment.**

## Old Kennett Road Head-On Crash -EMS Response: Quiz

Date \_\_\_\_\_

Chief/T.O. \_\_\_\_\_

Firefighter (print) \_\_\_\_\_

Education Credits/  
Hours/Units \_\_\_\_\_

Signature \_\_\_\_\_

### Select the best answer:

1. True or False: Always bring ambulances straight to the scene.
  
2. True or False: If some patients are trapped, first triage those who aren't.
  
3. True or False: If helicopter transport will help meet Golden Hour need for some patients, call one in.
  
4. Which of the following did this incident NOT reinforce?
  - a. A good size-up, both rescue and medical, including number of patients and severity.
  - b. On-going communications with hospital via Code Delta
  - c. Hispanics are harder to treat than other ethnicities.
  - d. An operations plan that permits reallocation of resources.
  
5. Based on this incident, which triage process is correct?
  - a. Assessed non-entrapped patients first – communicated with hospital – found 4 patients trapped – transported patients
  - b. Found 4 patients trapped – assessed non-entrapped patients first – communicated with hospital – transported patients
  - c. Assessed non-entrapped patients first – transported patients – found 4 patients trapped – communicated with hospital
  - d. All of the above

*(Answers can be found at the top of page 9)*

# **Evolutions 2000**

## **University of Cincinnati Continuing Education Program**

### **Health Department Notification**

If you're enrolled in the **Open Learning Fire Service Program** at the **University of Cincinnati**, here's your opportunity this month to earn one college credit hour for watching *Working Fire*.

#### **VOLUME 04-7**

#### **Health Department Notification**

**Complete written responses to the following three essay questions:**

1. Should the Fire Department be involved with Health Department notifications at restaurant fires? Why or why not?
2. Is concern for "public health" a logical extension of the Fire Department Mission? Why or why not?
3. Provide some protocol guidelines regarding health department notification that are used or should be used by fire departments.

**Submit your responses to:**

**Mr. Bill Kramer  
University of Cincinnati  
College of Applied Science  
2220 Victory Parkway, ML #103  
Cincinnati, OH 45206**

#### **ENROLLMENT INFORMATION:**

For more information on enrolling in the Open Learning program to gain college credit, call *Working Fire* at 800-516-3473 for a brochure or, to register directly, call the University of Cincinnati at 513-556-6583. Associate and Bachelors programs are available. Call to have your transcripts evaluated.