

VFIS NEWS

Bringing important information to emergency service organizations.

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PLUS 2 SPECIAL INSERTS

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We welcome comments, suggestions and questions from our readers.

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Dear Reader,

“Everyone Goes Home” — this simple three-word slogan developed by Ron Sarnicki clearly communicates the mission of the National Fallen Firefighters Foundation. We at VFIS strongly endorse this mission and in fact encourage all emergency service organizations to embrace and expand the goal to **“Everyone Goes Home Healthy!”** The additional word emphasizes the VFIS goal of reducing disabling injuries as well as deaths.

The foundation’s initiative, of encouraging actions that reduce the likelihood of line of duty death, will also reduce disabling injuries. With an average of 25 firefighter deaths per year (not counting ambulance and rescue squad personnel), vehicle safety is paramount. In Todd Thompson’s article he reminds us of some basic points: 1) emergency vehicles are bigger and handle differently than our civilian cars and pickup trucks; 2) the public response to lights and sirens is unpredictable; and 3) as a driver you are responsible to safely operate the vehicle. Just focusing on these three issues can help ensure that **“Everyone Goes Home Safely.”**

What happens if someone *doesn’t* go home or suffers a disabling injury? Do you know the details of your state’s workers compensation program for career members? How about volunteers? You would be surprised at the number of volunteers who, after suffering a disabling injury in the line of duty, realize the inadequacy of workers compensation benefits. How do you explain to a volunteer’s family and members of your department that the disabled member is suffering financial hardship as a result of his volunteer activities? Emergency service leaders need to know how features common in state workers compensation statutes such as waiting periods, maximum benefits, and heart restrictions could cause severe financial hardship.

Many emergency service organizations (ESOs) recognize these gaps and have invested in the VFIS Accident & Sickness program to ensure that volunteers and career personnel injured in the line of duty have supplemental benefits to fill some of the gaps in workers compensation. In states where volunteers are not covered by workers compensation, the A&S program might be the volunteer’s only income replacement program. Sadly, many other ESOs find out too late the devastating results of relying solely on workers compensation when an emergency service worker suffers a line-of-duty injury. I encourage ESOs without a VFIS supplemental A&S program to contact your VFIS insurance agent for more details. ***Aren’t your volunteers worth the investment?***



David Wyrwas

Dave Wyrwas, CLU, CHFC, CIC, APM
President, VFIS

Everyone Goes Home



Back to Basics

*Remember,
arriving at the
emergency incident
safely is your goal.*

Driving an emergency vehicle is an extremely difficult task. The stress of the emergency incident is constantly on our minds while operating the vehicle. A confused and possibly uncooperative public and, at times, high volumes of traffic are all factors that provide considerable challenges when we are driving an emergency vehicle. Is there one thing that we can do to make the response easier? NO. But we can begin every response by mentally reviewing the basics for a safe response.

Let's start before we even get into the vehicle and out on the road. The vehicle itself is much bigger, heavier and longer than any of the civilian vehicles that we drive off the job. That means some driving maneuvers that we attempt and complete in civilian driving should not be attempted in emergency vehicle driving. Emergency vehicles on average weigh 40,000 to 50,000 pounds. Box-type ambulances weigh 10,000 to 15,000 pounds. Compare those weights to your normal everyday vehicle, which weighs around 2000 to 3000 pounds. That's 20 times heavier. This difference affects every aspect of driving an emergency vehicle. From our response speed to braking, we need to consider this weight difference before reacting. We should consider the increased weight of the

emergency vehicle in any driving decisions made during the response. The best advice is to consider slower speeds, increase your following distance and try to stay away from scenarios that might force you into making split-second driving maneuvers that could cause the vehicle to roll over.

Another challenge that we face in every incident when driving or operating an emergency vehicle is the public. They are out there and you will face them on every run, both non-emergency and emergency. You may believe that the public is part of the problem during a response. (If only civilians would follow the rules and laws to allow emergency vehicles clear passage!) It's a guarantee that on every response the public will not provide clear passage. Accept it. Your attitude must incorporate this basic philosophy and not let the public negatively affect you. You should understand that your vehicle is

being watched on every response.

The public is not evaluating itself, it is evaluating you, the emergency vehicle operator. Accept this premise. Adjust your driving attitude for the public's attitude. Remember, arriving at the emergency incident safely is your goal. If you don't get to the incident, you can't provide help.

Last but not least are your responsibilities as a driver. These are simple and singular. Your responsibility is to drive the emergency vehicle. The vehicle must travel from the station to the incident safely. During that time period, nothing must distract your concentration from the response. Any communication from the officer in the right-hand seat should be solely limited to warning of hazards and giving directions to the incident. Embrace your responsibility, as it is an enormous task. The passion that emergency workers have for helping the public should also include emergency vehicle driving.

The above points are basic principles that you as an emergency response driver can use to prepare yourself prior to and during every response, whether it is an emergency or not. The theory is simple, but the practice is extremely difficult.

Get back to basics when driving emergency vehicles. 🚓

Line of Duty Death Prevention Project Continues to Move Forward

By Ron Sarnicki, Executive Director, National Fallen Firefighters Foundation

The National Fallen Firefighters Foundation continues to make steady progress in its efforts to promote the 16 Firefighter Life Safety Initiatives (see www.firehero.org) and support their implementation throughout the American fire service. The Foundation is committed to work tirelessly to reduce firefighter Line of Duty Deaths (LODDs) and is developing a range of deliverables to support that critical mission.

In February, a mini-summit was held in San Diego, California, hosted by the Firehouse World Conference. This was the first of four such meetings scheduled for 2005, each directed toward a particular segment of fire service or activity area. Each mini-summit will help sharpen the focus of efforts to implement the 16 initiatives within a particular target area. These meetings will be held in different geographic areas in conjunction with major fire service conferences and events during the year.

The San Diego summit addressed the wildland firefighting community and brought together representatives of agencies and organizations having a particular interest in reducing the number of firefighter deaths related to wildland operations. The participants spent a full day discussing ideas, concerns, and suggestions to help the Foundation identify the key issues, establish priorities, and refine the approaches that will most effectively deliver the message to this large component of fire service.

The second mini-summit was held in Indianapolis, Indiana on April 13, 2005 as part of the Fire Department Instructors Conference. The primary topic of this one-day gathering focused on training elements that could be utilized to reduce the risk of firefighter deaths; however, it also examined the problem of how

training activities themselves could be made safer to ensure that no deaths occur during these controlled activities. More than 10% of firefighter deaths that occurred in the United States in 2004 occurred during training activities. Training exercises and drills must be conducted under safe, highly controlled conditions.

The third mini-summit scheduled for this year will be held in July as a part of the Firehouse Expo gathering in Baltimore, Maryland. The topic for this summit will be fire suppression operations in America. Participants will have the opportunity to take a hard look at elements related to this service that contribute to the death of firefighters engaged in structural firefighting operations.

Finally, the Foundation has been successful in obtaining a Fire Act Grant to provide the funds needed to manage this program. The Department of Homeland Security has officially made this award to the National Fallen Firefighters Foundation and, as a result, work is underway to accomplish six specific objectives in support of the program for 2005.

These objectives are:

- Produce and distribute 30,000 CD/DVD LODD prevention training and information packages directly to U.S. fire stations
- Create an official "Everyone Goes Home" website
- Implement a National Awareness Campaign related to LODD prevention
- Establish two research centers to study LODD prevention projects
- Conduct four mini-summit gatherings
- Support five demonstration projects that exhibit and support the 16 Firefighter Life Safety Initiatives

Now that the grant funding has been made available, the Foundation will be able to begin implementing many of the objectives identified to support the 16 Firefighter Life Safety Initiatives.

Anyone wishing to learn more about this project and the National Fallen Firefighters Foundation can visit the NFFF website at www.firehero.org.



Preventing Line Of Duty Deaths to Firefighters in Acquired Structures During Live Fire Training

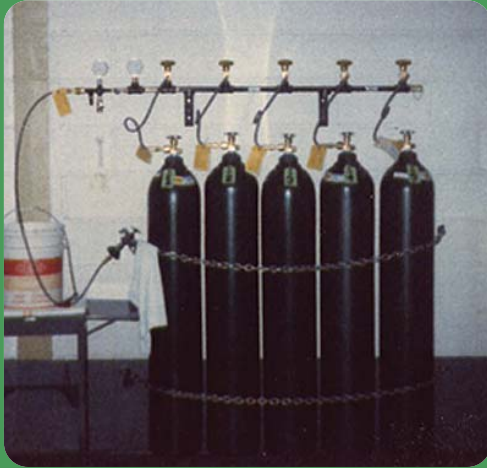
By William Jenaway, Executive Vice President of ESECG

Line of Duty Deaths have occurred annually in training exercises as well as emergency situations. Firefighters face many dangers when participating in training exercises, and the risk increases when acquired structures are used. Qualified instructors and supervision, proper site set-up, site safety, and compliance with appropriate standard operating guidelines and state standards are key components in operating safely in live fire training exercises. In a recent edition of "Workplace Solutions" by the Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health, two incidents are described resulting in three deaths and two injuries in a live fire training exercise in an acquired structure. NIOSH specifically commented that "firefighters are subjected to many hazards when participating in live-fire training." They advised that "Training facilities with approved burn buildings should be used for live fire training whenever possible."

However, when acquired structures are used for live fire training, NIOSH strongly recommends that fire departments follow the national consensus guidelines in NFPA 1403, the standard on live fire training evolutions (NFPA 2002a) to reduce the risk of injury and death.

For more information, visit the NIOSH website at www.cdc.gov/niosh.

Management



Oxygen Cascade Systems

Richard W. Patrick, M.S., EMT-P

Using larger oxygen cylinders to fill smaller portable cylinders is a common practice in the emergency medical services arena. This process is similar to fire departments using large cylinders of air to fill self-contained breathing apparatus or air packs. Both of these processes are known as cascading or transfilling.

Although guidelines exist in National Fire Protection Association (NFPA) 1901, 1500, and 1404 for air cascade systems, they do not address oxygen systems. Only oxygen cascade systems used for medical purposes are federally regulated. The Food and Drug Administration (FDA) considers an agency (in this case an emergency medical service) that takes medical oxygen from larger cylinders and transfills smaller cylinders via a cascade system to be a “drug manufacturer,” and thus regulated. Compressed air used in self-contained breathing apparatus is not regulated by the FDA since it is not used for medical treatment.

Oxygen and air cascade systems encompass a group of large cylinders, such as the size H or K cylinders, and connects them through a manifold that is connected by high-pressure hoses with regulators. This transfilling or cascading system allows many smaller cylinders (commonly D and E) to be filled for portable use outside the hospital environment. The financial savings to an emergency service organization over the course of a year can be in the thousands of dollars.

The Compressed Gas Association sets the standards for all compressed gases, and considers compressed medical gases, including compressed medical oxygen and liquid oxygen, as drug products regulated under 21 CFR 210 and 211.

A May 2003 draft edition of “Guidance for Industry: Current Good Manufacturing Practices (CGMPs) for Medical Gases” has led to the FDA acknowledging that only specific areas of the CGMPs apply to emergency medical services. Although still a draft, the following areas are considered specific to emergency medical service operations: CGMP training, operating procedures, procedures for accurate

labeling, receiving oxygen from reliable sources, performing pre-fill inspections, and traceability, so that a recall can be performed if needed. These are non-binding recommendations from the FDA. Even though the 2003 edition is a draft, the FDA maintains certain EMS criteria under the Center for Drug Evaluation and Research (CDER).

According to FDA’s CDER, emergency medical services can include fire departments, ambulance companies, rescue squads, etc. and are defined as those that:

- 1) are usually government-affiliated emergency services;
- 2) transfill Oxygen U.S.P. only for their own use; no other gases may be filled on site;
- 3) administer Oxygen U.S.P. to patients, victims, etc., in an emergency situation;
- 4) charge no specific fee for the administration of Oxygen U.S.P. nor receive any reimbursement from Medicare or Medicaid.

At the current time, the CDEF is not requiring emergency medical services to register or list with the FDA as long as the following minimum requirements are established and implemented: a) written procedures covering all operations including distribution within the organization, recalls, labeling, training, etc.; and b) records documenting the above. For specific details, refer to the previously discussed sections of the CGMPs for further information.

The CDEF cautions that any emergency service failing to comply with (a) and (b) above would be subject to the full CGMP requirements, would be required to register with the agency, and would be inspected.

Considerations

Whether you have an existing cascade or you are contemplating the addition of a cascade system, the following actions are important:

- *Conduct a needs analysis* - How many medical responses do you handle? How many of these calls require the use of oxygen? What is your current oxygen expense? How many cylinders do you have that require transfilling?

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Oxygen Cascade Systems

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- Perform a risk-benefit analysis - Are the associated risks worth the end goal?
- Evaluate the system design and location.
 - Can you place the system in an area away from high traffic flow? (pedestrian and vehicle)
 - Consider an explosion-resistant design.
 - Is the location environmentally friendly?
- Plan cylinder separation and identification areas (full, empty).

Safety Concerns

From a risk-control perspective the emergency service organizations should be concerned with oxygen testing and quality standards. Basic questions the organization should address include: Is oxygen testing conducted on a semi-annual or quarterly basis? What is the quality of oxygen?

Does the organization fill cylinders for other departments? Where is the unit installed? It is preferable to have the system installed in a safe and secure location away from



CASCADE SYSTEMS: Insurance Coverage

This is where coverage can be found in the VFIS program, should the equipment be lost or damaged.

Paul Hill, VFIS Product Manager

In-House Cascade Units: The value of this stationary equipment should be included in the amount you carry on your building. Our definition of real property specifically includes cascade units not designed for off-premises use.

Mobile Cascade Units: Coverage for mobile cascade units is provided by the blanket Portable Equipment coverage portion or, if mounted on trailers that are required to be licensed for road use, scheduled for Auto Physical Damage. Limited coverage for these units may be available under the contents coverage of your Property policy, subject to the limit you have chosen, but it applies only when (1) the loss occurs at the station, and (2) the unit is not installed on a trailer that is required by law to be licensed for road use.

Portable Cylinders: These individual units are virtually always used away from the station. We recommend that you carry blanket Portable Equipment coverage on them.

vehicular traffic (i.e., limited access and sufficient protection from possible striking or backing into the system).

Inspection and Testing

Under the CGMPs, a firm is required to perform many procedures on each and every cylinder. Some, but not all, of these requirements are listed here:

- **Hydrostatic testing date** [cylinder markings] - Steel cylinders are tested every five years, unless an asterisk (*) follows the testing date, which means the cylinder may be tested every ten years. Aluminum cylinders must undergo testing every five years.
- **External examination** - Each cylinder should be inspected for dents, arc burns, dings, oil, grease, and other signs of external damage, including fire or thermal damage that might cause a cylinder to be unacceptable or unsafe for use.
- **Color** - The correct color must be used for the corresponding medical gas. For Oxygen USP, that would be green. The medical gas industry uses a color code system to aid

in the identification of medical gas cylinders, but emergency responders should not rely solely on this color coding for identification of the medical gas to be filled. Instead, the drug product label should be the definitive identification.

- **Labels** - Old labels need not be removed if they are identical to currently acceptable labels, in good condition, and applicable to the product being filled. However, obsolete labels or labels containing old lot numbers should be removed; one label may not be applied on top of another.

Transfilling

Cascading or transfilling is a cylinder filling system consisting of a supply cylinder unit (commonly referred to as a “bank”), such as a group of H- or K-sized cylinders, a receiving cylinder unit, such as a filling manifold, and a vacuum evacuation unit. The first (lowest pressure) supply cylinder’s valve is opened and the gas flows into the smaller cylinders until equilibrium is reached. This continues until the desired pressure is reached in the smaller cylinders. Individual bank (supply) cylinders are replaced sequentially as their respective pressures are diminished to levels that are ineffective for the transfer operation. When this occurs, the first supply cylinder’s valve will be closed and the second cylinder’s valve will be opened, allowing the gas to flow into the smaller cylinders. This continues until the smaller cylinders are filled.

During the filling operation, the filler is required to perform a heat of compression check which is accomplished by lightly touching the exterior of each and every cylinder being filled. A warm cylinder indicates the cylinder is filling properly, while a cool or cold cylinder may not be filling properly, and should be investigated and addressed.

Temperature and pressure are critical during the transfilling process. A gas in a closed container, such as a high-pressure cylinder, will increase in pressure as the temperature of the gas rises. Overfilled cylinders could reach dangerously high pressures if exposed to elevated

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Oxygen Cascade Systems

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temperatures, even if their pressure at room temperature is safe. This temperature rise must be properly compensated for during filling to assure that the authorized pressure is not exceeded and the content meets or exceeds the net content statement listed on the label.

Since temperature and pressure are directly proportional, a temperature pressure chart or other temperature-pressure calculation algorithms must be used to adjust the filling pressure so that the proper contents are achieved (generally stated as the pressure at 70 degrees F with appropriate tolerances). Filling temperatures measured on the wall of a cylinder cannot exceed 130 degrees F for safety reasons. If a firm is filling one cylinder at a time via the cascade method, then a thermometer must be attached to each cylinder filled. Prior to shutting off the gas flow via the valves, the temperature and pressure reading should be recorded on the record keeping form.

Oxygen and Air Quality Testing

Each batch of cylinders supplied should have a Certificate of Analysis (COA).

The emergency service organization should assure that the oxygen supplier

provides a copy of the COA upon each delivery. This will eliminate the need for the entity to conduct a purity analysis on each batch of cylinders. The emergency service organization should establish a testing process using handheld oxygen analyzers prior to each filling session.


Record keeping should include, at minimum, transfilling documentation, (including the user's name or ID, date, time, cylinder number, start PSI, ending PSI, and test readings), individual batch IDs, COA documents, instrument calibration, and training/retraining verification.

Action Steps

- Conduct the needs and risk assessment to determine which approach may work best.
- Develop standard operating procedures (safety, security/system access, product supplier, service, product identity, purity, quality, system use and training).
- Conduct training on proper system use.
- Only use and transfill approved oxygen cylinders.
- Implement labeling system.
- Only fill your department's cylinders.
- Keep area clean and free of corrosives, pesticides, and debris.

Summary

Transfilling or cascading of oxygen from large cylinders to smaller portable cylinders is a relatively common practice in the emergency services environment. Every emergency service organization should base its determination of the need for an internal cascade system on a needs and risk assessment. The potential cost savings may not outweigh the expense of system design and implementation. Remember that everyone authorized to use the system must have appropriate training on all applications. Even though the concept of cascading is the same between air and oxygen systems, only the oxygen systems are regulated by the FDA. Follow the standards and best practices referenced in the FDA documents to ensure appropriate, effective and efficient function of any oxygen transfilling system.

Until next time... Be Safe! 

Sources

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3. <http://www.fda.gov/cder/dmpq/freshair.htm>.

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1. Lawrence, Peter H. "How to Meet FDA Oxygen Transfilling Requirements, Best Practices," July 2004.
2. "Fresh Air 2000", "A Look at FDA's Medical Gas Requirements".



Firefighter Injury Reduction

Dr. Bill Jenaway of VFIS is assisting in USFA and NFFF research regarding the development of techniques to enhance firefighter safety and reduce firefighter injuries. Bill is seeking input to identify leadership, management, or supervisory "Best Practices" that make a difference in reducing the incidence of line of duty deaths and injuries. This initiative relates to Health/Fitness/Wellness, Prevention and Public Education, Vehicles, Structural Firefighting, Wildland Firefighting, and Training and Research. Bill invites any input about the project, including samples, commentary, and specific best practices. Appropriate references will be given to the provider of this information. Please forward your input to Bill at wjenaway@vfis.com.

VFIS' Jenaway Chairs PA's Senate Resolution 60 Commission

Dr. William Jenaway, Executive Vice President of ESECG, a division of VFIS, chaired the Senate Resolution 60 (SR 60) Commission. The 25-member bipartisan commission was established under the provisions of SR 60 of 2003 to study and report on the status of Pennsylvania's first responders. Senate leaders agreed that the SR 60 Commission provided the Senate with valuable background information, and commended its efforts.

At a press conference in Harrisburg's capitol building, Dr. Jenaway (who also serves with the King of Prussia, PA, Volunteer Fire Company) reported that "the issue of fire and emergency medical services is not just a fire department or ambulance squad problem, it involves the municipal leadership in our cities, townships, and boroughs as well, and the leadership of both the

public entity and the emergency service must work together to provide a cost-effective and efficient service in the future that will be different than it is today."

"We are looking at three main focus areas: existing systems; existing funding programs; and future innovations," said Senator Mike Waugh (R-York), a former volunteer firefighter who serves as Chairman of the Senate Fire and Emergency Service Caucus.



Dr. Jenaway accepts an award on behalf of the SR 60 Commission.

Parade Season Prep

Everyone in the community and in the emergency services enjoys being involved in Spring and Summer parades. It's a great time for the emergency service organization to show off its apparatus, equipment, and personnel to the public. The impression made by participating in the parade can have a lasting effect on how your community receives your request for help in the future.

Getting ready for the parade entails more than just cleaning and shining the apparatus and having the parade uniforms cleaned and pressed. Let's look at some ideas that should be considered by your organization. These guidelines will help ensure that your resources, as well as the public's, are protected.

Do you have a contingency plan in place? Your organization will have an important piece of equipment plus personnel resources away from your community for an extended period of time. How will the organization compensate for those resources in the event of an emergency in your community?

Consider some of these guidelines:

- Never leave your community with inadequate equipment or resources to respond to the average emergency incident in your community.
- Take the apparatus that will be attending the parade out of service.
- Have a stand-by

crew scheduled or available to respond to an emergency in your community while the apparatus is out of service.

Below are suggestions for the parade season. Remember, have fun, be proud of your equipment and organization and make a good impression on your public. 🌟



Personnel Safety Guidelines:

- ✓ No personnel should ever be allowed to ride on the back of the apparatus or on the hose bed before, during, or after the parade. All personnel should be seated and belted during these times.
- ✓ If alcoholic refreshments will be available to the participants after the parade, make sure you designate a qualified driver for the return trip.
- ✓ Do not allow any of the parade participants who have consumed alcohol to respond to an emergency.

Public Safety Guidelines:

- ✓ Have some of your personnel walk alongside of the apparatus during the parade to ensure that children and adults do not get too close.
- ✓ If handing out either candy or other items, have the personnel walking hand it out. Do not throw candy from the apparatus during the parade.
- ✓ If you must leave the parade to respond to an emergency, do it carefully and safely. Remember, the public is watching how you perform.

Fire Hose Update

In the last edition of the VFIS News, we noted that fire departments need to make a daily habit of securing equipment on fire apparatus, referencing the tragic incident in Coraopolis, PA where a fire hose unraveled from a fire apparatus and struck two 10-year old girls, killing one and injuring the other. Fire officials at the Annville Fire Department (PA) are proactively responding to this incident and have installed cargo netting to keep their hose and other equipment secured. This patent pending netting safely secures fire hose and other equipment. For additional details, contact Rick Patrick at rpatrick@vfis.com.



Courtesy of Richard Patrick

First Responder Institute Offers Grant Program

The First Responder Institute (FRI) is accepting grant applications from fire departments in the United States. The grants will enhance the safety of communities through the purchase of life-saving equipment. The national grant program was created in 2003 by GlaxoSmithKline Consumer Healthcare.

U.S. fire departments can apply for grants, ranging from \$2,500 to \$10,000. There is no deadline for applications. Every quarter, the FRI board of directors will review the applications and determine who will be funded. The grant application can be filled out online at the FRI website. For more information, and to download the grant application, visit <http://www.firstresponder.org>.

More News You Can Use on back page...

News You Can Use

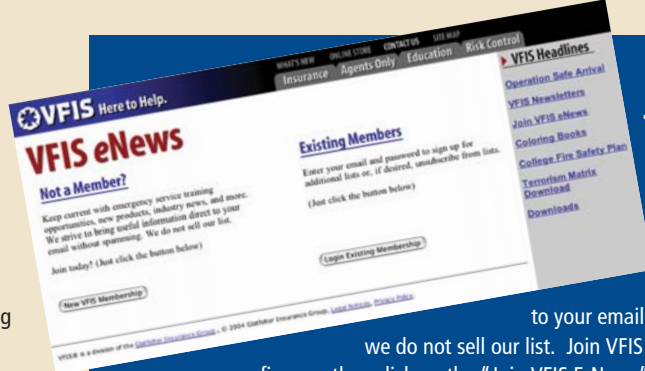
DISCONTINUED ITEM: Back Reaction Program

Eliminate back injuries while participating in emergency service duties! This program, by J.J. Keller and Associates, features situational lifts and specialized exercises for the firefighters of America. The program contains a training video, exercise booklet, and laminated exercise cards for easy reference. VFIS is discontinuing this item, but a limited number of programs remain available. To order the Back Reaction Program (Item C10:040), call VFIS Sales Support at (800) 233-1957. The cost of the program is \$89.00 for an insured and \$99.00 for a non-insured emergency service provider.

Now Available!

MUTUAL AID by VFIS

MUTUAL AID by VFIS is a series of self-evaluation forms that are used to determine your organization's strengths and weaknesses in the areas of emergency vehicle operations, property exposures, liability to others, management liability, EMS practices, and organizational programs. After you complete the self-evaluations, VFIS will respond to your request for assistance in the form of technical support, materials, and/or educational programs. These resources will assist you in implementing measures to improve your organization's safety, loss control, and training programs. By using the self-evaluations and calling in our MUTUAL AID, you will not only help control your department's insurance costs, but, more importantly, will reduce the risk of damage to your property and equipment, comply with laws and standards, and lessen your liability exposures. Call in MUTUAL AID today. To request the self-evaluations, call our toll-free number, 800-233-1957, and ask for the VFIS Sales Support Department.



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