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# The Maltese Cross

FIRE SERVICE NEWSLETTER

## Community Emergency Response Teams

**D**oes your community have a CERT (Community Emergency Response Team)? All 50 states, the District of Columbia, Guam, U.S. Virgin Islands and Puerto Rico do. The range is from one CERT each in Delaware, District of Columbia, Guam and U.S. Virgin Islands to New Jersey with 429 teams, according to the Citizen Corps Web site.

Though the original CERT programs were designed to come to the aid of communities following major disasters, when first responders were either overwhelmed or unable to travel to or communicate with the affected areas, present-day CERTs do more.

The idea of communities taking care of themselves has expanded beyond just during major disasters. CERT members participate in special events like parades and may volunteer to be victims for training drills. They can help with traffic control and evacuations. A CERT could be an asset if the H1N1 flu hits as hard as some of the experts think is possible, if not inevitable. CERT members could assist with public education or mass immunization events.



CERT training includes disaster preparedness, disaster fire suppression—extinguishing small fires and sizing up the situation. CERT members do not become involved with large fires—two sessions on basic first aid, and light search and rescue operations.

The Web site says:

“The CERT course will benefit any citizen who takes it. This individual will be better prepared to respond to and cope with the aftermath of a disaster.

Additionally, if a community wants to supplement its response capability after a disaster, civilians can be recruited and trained as neighborhood, business, and government teams that, in essence, will be auxiliary responders. These groups can provide immediate assistance to victims in their area, organize spontaneous volunteers who have not had the training, and col-



FEMA's National Emergency Training Center is the site sessions that train CERT leaders from across the country.

Photo by Jocelyn Augustino/FEMA News Photo

lect disaster intelligence that will assist professional responders with prioritization and allocation of resources following a disaster.”

The site also has information about starting a CERT program, downloadable training materials for both students and instructors, including PowerPoint presentations.

All that information and more is at [www.citizencorps.gov/cert/about.shtm](http://www.citizencorps.gov/cert/about.shtm).

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# 1-800-BOARDUP Sponsors 2009 Firefighter Olympics

Each summer firefighters throughout California converge for the Firefighter Olympics. Governed by the California Firemen's Athletic Association, the week long event is held alternately in a different city in Southern California or Northern California each year. The 2009 Firefighter Olympics were held in Anaheim, California, and were hosted by the Anaheim Firefighters Association.

Despite the economy, this year's attendance was excellent, with approximately 2,000 firefighters in attendance, according to David Baker, a Captain with the Anaheim Fire Department and the Head Chairperson for the 2009 Fire Fighter Olympics. He says, "It's been great for our fire department. It's been great for our city. We've brought quite a few thousand people in to the city. It's been really

also bringing good attendance. According to Captain Baker, three new events were added to this year's Firefighter Olympics, including climbing, water polo, and a segment of the Carlsbad Triathlon. Gold, Silver and Bronze medals were awarded in each event.

The 2009 Firefighter Olympics were sponsored by 1-800-BOARDUP, a company that assists families after an emergency, such as a fire. They employ firefighters and work closely with fire departments in California to help displaced families. Larry Marshburn, the company's Director of Emergency Services explains, "We put them up and we take care of the family's needs for a few days, and then we work with the fire department and local agencies being able to help the family get back in their home."



year. The connections made also help the firefighters while on the job on strike teams during wildfire season. Dauler explains, "Usually you're away from home. You see somebody you haven't seen on a strike team, as an example, and you recognize them from the Olympics, and there is an automatic bond right then and there. And then even if you don't know the group that they are with, you are automatically bonded with those folks just because you know that individual."

The California Firemen's Athletic Association also governs the Winter Olympics each year, providing firefighters with skiing and snowboarding events.

*Reprint courtesy of www.fdnntv.com.*



Firefighters enjoy bringing their families to the Firefighter Olympics each year, and found this year's venue to be especially family friendly, as the Anaheim and surrounding areas offer many amusement parks, sports arenas, and popular tourist attractions. Ryan Maerklen, an Engineer with the Sacramento Metro Fire Department and a participant in the Basketball event says, "We all love sports so we get to do what we love,

good. It's brought our department together. We've had a lot of people step up and volunteer."

The competition offered 31 events held over a six day period with most events lasting between four and five days, although some events, such as stickball lasted only one day. The largest events were softball and basketball, with bowling, golf, water polo, tennis and surfing

plus they have it here where you can do family things like Disneyland or California Adventure, different things in the evening, so it's been a blast."

Richard Dauler, the President of the California Fireman's Athletic Association says that the experience is a good one for both the firefighters and their families. Often bonds are formed that last a long time despite the fact that the families may only get to see on another once a

## About FDNNTV

Fire Department Network News is a Web site with special interest stories for the fire service community. Based in Ontario, California, they provide videos as well as online articles.

The Web site has news, event calendars, and equipment and apparatus reviews. A quick scan of their news line up shows a range of three to 14 daily stories the last week of August.

Their 16 staff members come from the firefighting industry and the news media.

The Web site is [www.fdnntv.com](http://www.fdnntv.com).

# Thoughts on **Disaster** Preparedness



## Katrina's Great-great-great-grandmother

**“August 19-20th, 1812:** A hurricane struck just west of New Orleans. At 5 PM on the 19th, winds began out of the northeast in New Orleans. Winds increased to a “perfect hurricane” at 11 PM. Winds abated after 2:30 PM the next day. Nearly all buildings suffered. All window panes in City Hall were broken. Fifteen feet of water covered the city. Extensive damage to buildings, trees, and 53 boats was seen. The levee was destroyed, which allowed the storm surge to submerge areas south of the city. Plaquemines Parish went under as much as 15 feet of Gulf water. Sugar crops suffered severely. Nearly 100 people died during the storm. Losses totaled \$6 million.

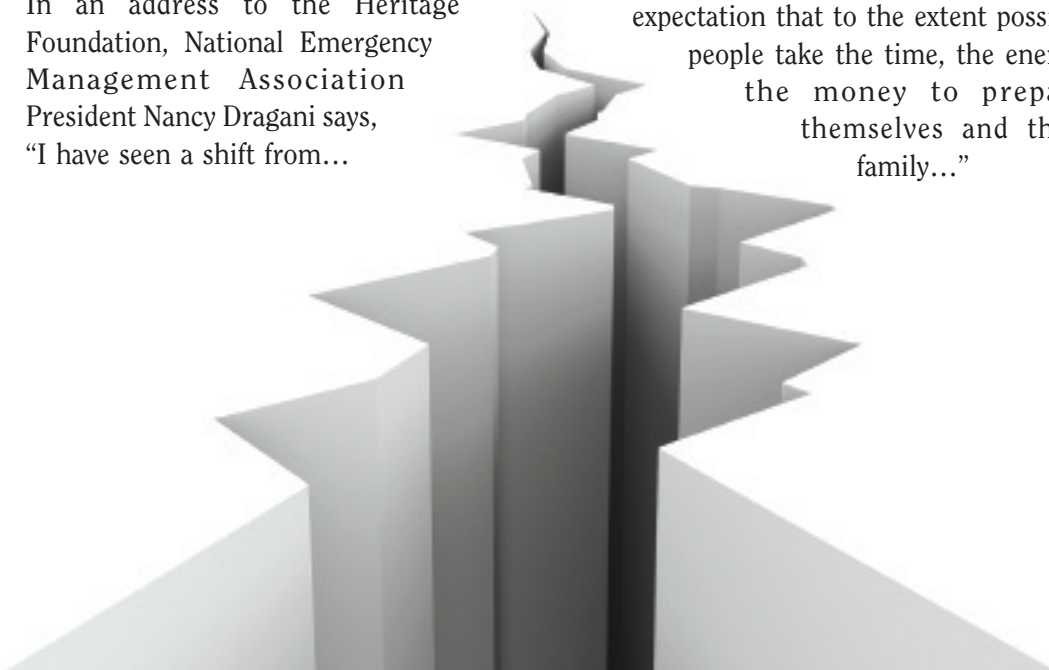
“Some public panic set in when after the storm rumors spread that the British had taken over Fort St. Phillip; this storm struck during the thick of the War of 1812 and the fort was controlled by the Americans at the time. In fact, the British fleet approaching the area was scattered widely across the Gulf during the storm. Fort St. Phillip itself went underwater.”

Source: [ww.srh.noaa.gov/lch/research/laerly19hu.php](http://ww.srh.noaa.gov/lch/research/laerly19hu.php)

**A** September 2009 *The Atlantic* story about Craig Fugate, the new head of FEMA, says “If the feds do more, the public, along with state and local officials, do less. They come to expect ice and water in 24 hours and full reimbursement for sodden carpets.” He calls on citizens to be better prepared for crises. He says, “...who is going to be the fastest responder when your house falls on your head? Your neighbor.”

In an address to the Heritage Foundation, National Emergency Management Association President Nancy Dragani says, “I have seen a shift from...

‘when the hurricane winds begin to blow, clean out your bathtub and fill it with water so you have drinking water’ to ‘when the hurricane threatens and the winds begin to blow, find out where [the Federal Emergency Management Agency’s] going to deliver ice, food and water.’... We’ve become a culture of entitlement.... That culture is neither sustainable nor defensible.... I think we need to change that culture. I think we need to go back to a message of personal preparedness and an expectation that to the extent possible people take the time, the energy, the money to prepare themselves and their family...”



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## Field STEMI Project Reduces “Door-to-Balloon” Time in MI Patients

By Jeff Sturtevant

A common reason for calling an ambulance is symptoms associated with cardiac events, such as chest pain, shortness of breath and general weakness. Many of these symptoms can indicate the presence of a myocardial infarction, or MI.

The American College of Cardiology states that patients experiencing a heart attack should obtain reperfusion therapy—expansion of the blocked coronary artery with catheterization and balloon inflation—within 90 minutes of arrival at a facility capable of percutaneous coronary intervention (PCI). This window of time is called “door-to-balloon” time. “Door-to-door-to-balloon” time occurs when an MI patient is brought first to the nearest emergency department (non-interventional facility), then transferred to a facility (interventional facility) capable of PCI. The door-to-door-to-balloon time was on average 146 minutes at WellStar Cobb Hospital in Austell, Georgia. The ACC guidelines state that time should be less than 120 minutes.

“Initial data collection revealed that our hospital was experiencing door-to-door-to-balloon times of up to 240 minutes, with an average of 146 minutes,” writes Renee Akins, director of cardiac services, and Sharon Ellis, director of quality and patient safety at WellStar Cobb Hospital. “Our project focused on reducing the door-to-door-to-balloon time to less than 120 minutes by eliminating the first ‘door.’”

To eliminate the first “door,” EMS providers in the community have to iden-

tify the ST-elevation MI in the field. They then have to work with both the non-interventional and the interventional facilities to get the patient into a PCI facility immediately.

EMS providers send a “STEMI Alert” to the hospital followed by a 12-lead EKG. After a physician reads the EKG and confirms the ST-elevation myocardial infarction, the patient is immediately diverted to the PCI treatment facility.

At that facility, there is a STEMI facilitator who tells admissions, the cath lab staff and the interventional cardiologist there is patient coming in. The facilitator meets EMS and the patient at the door and sends the patient directly to the cath lab.

“The overall goal for this project was to develop and implement a Field STEMI Program that would meet or exceed a target of “field EKG-to-balloon time” of 90 minutes or less,” write Akins and Ellis. To be successful, the program requires collaboration with community EMS providers, hospital EDs and ED physicians from potential referring facilities as well as the interventional facility. Also, cardiologists, the cath lab, the admissions department and the coronary care unit facilitators must work in cooperation with each other.

The project created by WellStar focused on the desired end result of less than 90 minutes even before the EMS arrives at the patient’s side. Assessment of geographic location and traffic is all part of the decision-making process for transporting MI patients. Akins and Ellis explain how that affects the desired result, “Our goal of achieving a field EKG-to-balloon time of 90 minutes or less has been achieved 100% of the time!” Because of early identification and coordination, the door-to-balloon time is significantly reduced, the average at WellStar Cobb being 27 minutes, which drastically exceeds the 90-minute standard set forth by the ACC.

The Field STEMI Project at WellStar Cobb Hospital offers quick and accurate EMS assessment of potential heart attack victims, with coordination in place to get the patient to appropriate treatment, with a “door-to-balloon” time that far exceeds the time limits set forth by the American College of Cardiology.

*The information above is from the December 4, 2008, article “A Field ST-Elevation Myocardial Infarction Program” in Cath Lab Digest. The full article is available at [www.cathlabdigest.com/articles/A-Field-ST-Elevation-Myocardial-Infarction-STEMI-Program](http://www.cathlabdigest.com/articles/A-Field-ST-Elevation-Myocardial-Infarction-STEMI-Program)*

# Texting

## May Be Coming to Your PSAP

The Black Hawk (Iowa) Consolidated Public Safety Communications Center went live accepting text messages to 911 on August 5. It is the first PSAP in the country to accept text messages directly to the dispatch center.

The National Emergency Number Association's Accessibility Committee Chair Richard Ray released a statement about texting: "The successful testing of text messaging to 9-1-1 from a wireless telephone is a tremendous emergency services advancement for individuals who have sensory disabilities. I urge public safety agencies to accelerate the deployment of this technology and to encourage, support and celebrate efforts such as this."

Some critics of texting 911 worry that not enough information can be exchanged. Call takers will not be able to hear ambient noise—such as crying or yelling in the background—and they won't even hear the callers' voices to judge their conditions. Plus, texting takes longer than speaking. And how would you give CPR instructions to a texter and get feedback? PSAPs may have to develop texting glossaries for their employees unfamiliar with the shorthand that often appears in text messages—used primarily by those who text frequently.

On the other hand, being able to text 911 could be a boon to those with speech or hearing difficulties or someone hiding under a bed from an intruder.

After PSAPs are equipped to handle texting, the next step may be using other common cell phone features. Like send-

ing videos of a crime in progress. Or at least a photo of a perpetrator.

Though there are limitations to texting an emergency message and likely will be some SNAFUs, as more communication devices hit the market, they are bound to be used in novel ways. And as the generation that grew up with cell phones moves into higher echelons of EMS, fire and dispatch, who knows what features they will find of use.



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# “U.S. Preparations for the 2009-H1N1 Influenza”

*From the President’s Council of Advisors on Science and Technology*

## The Current Situation and a Plausible Scenario



Indeed, the 2009-H1N1 influenza is already responsible for significant morbidity and mortality world-wide — from its appearance in the spring, its continued circulation in the U.S. this summer, and its spread through many countries in the Southern Hemisphere during their winter season. While the precise impact of the fall resurgence of 2009-

H1N1 influenza is impossible to predict, [one] plausible scenario ... is that there will be resurgence in transmission of 2009-H1N1 this fall that is comparable to that seen in spring-summer 2009 but with higher rates of transmission due to the resumption of school and the cooler, drier weather. Following a relatively steady or

declining burden of cases in August, the number of new cases will begin to rise exponentially in the first week of September, growing 10-fold about every 10 to 12 days.

Hypothetically, the peak incidence of infection nationally will occur around October 15, with minor variations across the country such that peak incidence almost everywhere will occur during the month of October. At this peak, perhaps 1 to 2 percent of the population will become infected each day.

Predicting demand on the health care system during this peak is fraught with uncertainties, but the following numbers from one possible scenario are illustrative.

During the peak, 1 or 2 out of every 2,000 Americans might be hospitalized.

Cases requiring mechanical ventilation or intensive care could reach 10 to 25 per 100,000 population, requiring 50 to 100 percent or more of the total ICU capacity available

*By the end of 2009, 60 to 120 million Americans would have experienced symptomatic infection with 2009-H1N1 ...*

in the United States and placing great stress on a system that normally operates at 80 percent of capacity. Because adult ICUs are not prepared to care for pediatric patients, there could be a particular shortage of facilities for sick children. In particular locations, the stress on the health care system could grow even more acute, as large outbreaks occur in prisons, schools, and isolated communities with limited health care access, such as Native American reservations. As awareness of the pandemic spreads, pressure on emergency departments could mount, with long lines and a need for triage of mild cases and non influenza cases.

Alongside these health-related burdens, substantial absenteeism from work and school could occur, as sick children stay home, schools with large outbreaks close, and parents are forced to stay home either because of their own illness or to take care



of sick children. Key members of the social infrastructure, such as police officers and firefighters, are increasingly home ill. Exposure of healthcare workers to sick patients is continual and antiviral supplies prove inadequate for ongoing prophylaxis of these workers. Retail pharmacies run out of antiviral supplies in late September or earlier, and states face the demand to replenish these supplies from state stockpiles and state Strategic National Stockpile allocations; however, many states lack the ability to move antiviral drugs into the retail supply chain and focus on delivery to hospitals. Hospitals face competing pressures to dispense antiviral drugs for prophylaxis of their workers, to provide them to patients appearing in the emergency room, or to save them for the sickest admitted patients. Debates intensify about the value of antiviral use for long-term prophylaxis or early treatment for mild infection in high-risk groups such as pregnant women and immunocompromised patients, treatment of severely ill patients, and prophylaxis of essential healthcare workers.

By the end of 2009, 60 to 120 million Americans would have experienced symptomatic infection with 2009-H1N1; nearly 1 to 2 million would have been hospitalized, with about 150,000-300,000 cared for in ICUs; and somewhere between 30,000 and 90,000 people would have died, the majority of them under 50 years of age.

We emphasize that this is a plausible scenario, not a prediction. By way of comparison, it is less severe by a factor of three (in terms of expected deaths per capita) than the “reasonable worst case” planning assumptions, publicized by the UK government, for the H1N1 resurgence in that country.

Full report is at [www.whitehouse.gov/assets/documents/PCAST\\_H1N1\\_Report.pdf](http://www.whitehouse.gov/assets/documents/PCAST_H1N1_Report.pdf)

## World Health Organization on Severe H1N1

Some patients experience a sudden and very rapid deterioration in their clinical condition, usually on day 5 or 6 following the onset of symptoms.

Clinical deterioration is characterized by primary viral pneumonia, which destroys the lung tissue and does not respond to antibiotics, and the failure of multiple organs, including the heart, kidneys, and liver. These patients require management in intensive care units using therapies in addition to antivirals.

Clinicians, patients, and those providing home-based care need to be alert to danger signs that can signal progression to more severe disease. As progression can be very rapid, medical attention should be sought when any of the following danger signs appear in a person with confirmed or suspected H1N1 infection:

- shortness of breath, either during physical activity or while resting
- difficulty in breathing
- turning blue
- bloody or colored sputum
- chest pain
- altered mental status
- high fever that persists beyond 3 days
- low blood pressure

In children, danger signs include fast or difficult breathing, lack of alertness, difficulty in waking up, and little or no desire to play.

To view back issues of The Maltese Cross, go to [www.maltesecrossnews.com](http://www.maltesecrossnews.com)



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## Passengers Aid in Metrorail Crash Rescue

**B**elow is a link to a story in *Army Times* about two passengers (an Army chief warrant officer 4 and a former master sergeant—both working at the Pentagon) on the Metrorail train on June 22. Another train crashed into the rear of their train in what was the worst crash in the 33-year old Washington, D.C., Metrorail history.

The two men used their Army Special Forces medical training and Combat Lifesaving training to aid injured passengers until and after civilian rescue workers arrived.

Their rescue efforts and situational awareness—recognizing the train rails were still “hot”—demonstrate how good training never deserts a good student.

[www.armytimes.com/news/2009/08/army\\_metrocrash\\_082309w/](http://www.armytimes.com/news/2009/08/army_metrocrash_082309w/)



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