

Where Do We Go From Here?

By: John Granito, Symposium Coordinator

Despite many years of focused effort by just about every component of the American fire service, the annual firefighter LODD and injury rates have not decreased. If anything, the totals are increasing, as underscored by a raised 118 LODDs in 2007, plus an almost 5% increase in the number of injuries that same year. Why, and what can be done to better this sad and costly situation? At the national summit meeting in 2004, as Dennis Compton's paper points out, the "Everyone Goes Home" campaign set two LODD reduction goals: 25% by 2010 and 50% by 2015. Improvements in a couple of categories have occurred but, obviously, we're not doing so well!

If you've had a chance to read these Symposium papers, you know that the intent is to bring together in one place several different approaches to the problem, and to stimulate thinking about what could work that hasn't been tried in your department or group. Hopefully, that will happen. I want to try a couple of thoughts here, myself, prompted by my reading of the papers. U.S. LODD statistics may differ in rates from those in many other places because of our good and necessary presumptive laws. A little more time, and we'll know if the Public Safety Officer Benefit Law really will begin to function as it was planned. Further, our heavy wildland fire experience and our very frequent use of water-drop aircraft have created a category of LODD that not many other countries have at all. Since 1991 there have been 27 deaths in firefighting aircraft crashes. Wildland firefighting activities, including the plane crashes, have caused 310 LODD deaths in the 17 years from 1990. That's an annual average of 18. In 2007, the number was 11. Further, our very high number of volunteer firefighters compared to other countries may influence our LODD statistics, when the age of LODD firefighters is considered. For example, in 2007 there were 16 LODDs of firefighters age 61 or older. That's 13% of the 118 total.

Of course, we're a big country with a great many structure fires each year. However, a July 2002 NFPA study by Dr. Rita F. Fahy, which looked at "U.S. Fire

Reducing Firefighter Deaths and Injuries: Changes in Concept, Policy, and Practice

Service Fatalities in Structure Fires, 1977-2000”, points out that the rate of firefighter deaths at structure fires, while going up and down a bit over those 23 years, rose steadily during the late 1990s. Since the rate of heart attack deaths at structure fires has been dropping since the early 1980s, what’s been happening? Well, the increase in the rate of firefighter deaths at structure fires has been due to traumatic injuries while operating inside involved structures. Yes, I know I’m quoting an older study, but do you think the situation has really improved in the last couple of years? In a 2007 NFPA report by Dr. Fahy, P.R.LeBlanc and J.L.Molis, entitled “What’s Changed Over the Last 30 Years?”, these experienced researchers point out that the rate of firefighter deaths inside structures over the past several years is “only slightly lower than that observed in the early 1980s.” (p.4)

Dr. Fahy’s earlier report points to general causes of death: 63% smoke inhalation; 18.5% burns; and 16.1% internal trauma. By-the-way, of 70 of the victims studied, 29 ran out of air, 23 were caught by rapid fire progress, and 18 were in structural/floor collapse. All but one of the 70 was wearing SCBA.

The NFPA report asks a key question (and provides some good answers): “...are firefighters putting themselves at greater risk while operating at fires inside structures?” (p3)

I’m going to “round-off” the nationally reported LODD statistics here, and point out the “Types of Duty” that LODD firefighters were on:

38 On-scene at a fire	32% of 118 total
24 Responding	20%
20 Non-fire on-duty	17%
11 Training	9%
8 Non-fire on scene	7%
2 Returning to station	2%

Reducing Firefighter Deaths and Injuries: Changes in Concept, Policy, and Practice

Of the 118 who died, 60 were volunteer (50.8%), 49 were career (41.5%), 4 were full-time wildland (3.4%), and about 4% were “other”. If “responding” and “returning” are combined, almost 22% of the 2007 LODDs were vehicle accidents. Since heart attacks claimed 44%, approximately 66% or 2/3, of the 2007 LODDs can be said (as an oversimplification) to be come under just these two categories. (The statistical categories sometimes overlap.) As a further oversimplification, if the deaths which occurred during interior structural firefighting are combined with vehicle and cardiovascular deaths, the percentage becomes significantly higher than 2/3 of the total.

Of course, Dr. Moore-Merrill’s Symposium paper provides a much more accurate and detailed analysis by establishing the causative clusters drawn from several years’ data, and Dr. Hales’ paper summarizes years of NIOSH experience. But I hope you get my point: the challenge can be divided into categories, and three of those can make a big difference.

The question, then, is how to work the categories to reduce their impact. There appear to be methods. As one example, when I selected the vehicle accident category (which accounted for 27 of the 118 deaths in 2007), and I asked a few chiefs for their ideas, I got the following:

- “Remove the sirens and red lights from all tankers.”
- “Install seat belt-ignition interlocks.”
- “Install ‘black box’ recorders on all apparatus, check the recording after runs, and “decertify” or fine drivers for violations.”
- “Install red-color seat belts to make checking easier for the company officer.”
- “Force apparatus manufacturers to add speed governors, electronic stability control, and the other modern safety devices to apparatus.”
- “Greatly increase the number of runs for which ‘running hot’ is not allowed.”
- “Revise initial attack operations to reflect a bit less rapid (and less dangerous) run to the scene.”

Reducing Firefighter Deaths and Injuries: Changes in Concept, Policy, and Practice

Some of these suggestions are new, and some are not, but they do indicate that people are aware that vehicle accidents can be reduced, and they are thinking about how.

We're all aware of the great focus of attention and actions underway to improve the health and general wellness of firefighters, but we do need to recognize the positive correlation between firefighter age and line of duty deaths, as pointed out in Dr. Cole's Symposium paper, among others. As Dr. Cole points out, "early detection, the modification of risk factors, and proper therapy" can reduce the problem. I know, from personal experience, that initiating those three provisions is very difficult to pull off in a fire department. However, it's not difficult to list life style and work changes that are a great deal better than cardiovascular death!

Perhaps the most difficult of the three categories I've written about here is the one that has to do with what I, and a lot of others, proudly spent twenty years calling "aggressive interior attack." I well remember Sylvester Delaney, the Albany Fire Department Captain who broke me in as a County instructor, yelling over and over, "GET IN THERE!!"

Well, getting in there still needs to be done, but we know now that when attackers get in there, and why, and where, and how, and under what circumstances, makes the big difference on how and in what condition they will leave the building! So many of the papers in this Symposium provide such excellent things about this quandary of aggressive attack, and about our "culture and training", that I'm simply going to ask you to re-read them, think about them from your personal perspective (and that of your family), and especially from your concern and responsibility for your fellow firefighters. Please come up with some strong SOGs and SOPs, and some modifications to initial attack and continuing incident tactics which will help. I know that the job—certainly including search and rescue—needs to be done, but maybe so many brother and sister firefighters don't need to be killed doing it.

Reducing Firefighter Deaths and Injuries: Changes in Concept, Policy, and Practice

Years ago, when we hosted the Florida Chiefs convention in Ft. Myers, I heard a speaker say that what we often do at the scene is illogical and leads to unnecessary firefighter injury and death. He was absolutely correct, but a chief in the audience yelled out, "Yes, but if logic prevailed, men would ride side saddle!" We all laughed then at the thought that we in the fire service should be logical, but when I review the LODD reports each month, I'm no longer laughing.

And please don't forget to print out the Symposium papers and pass them around to as many others as you can. Be Safe, and

Thanks for participating in this PERI Virtual Symposium, John Granito

About the Symposium

Reducing Firefighter Deaths and Injuries: Changes in Concept, Policy, and Practice is presented as a public service of the Public Entity Risk Institute (PERI), 11350 Random Hills Rd., Suite 210, Fairfax, VA 22030. Web: www.riskinstitute.org.

The Public Entity Risk Institute provides these materials "as is," for educational and informational purposes only, and without representation, guarantee or warranty of any kind, express or implied, including any warranty relating to the accuracy, reliability, completeness, currency or usefulness of the content of this material. Publication and distribution of this material is not an endorsement by PERI, its officers, directors or employees of any opinions, conclusions or recommendations contained herein. PERI will not be liable for any claims for damages of any kind based upon errors, omissions or other inaccuracies in the information or material contained here.

* * *