



# On the Line



*Our Core Values: Pride, Respect, Duty, Unity, Integrity and Compassion.*

## In This Issue...

Chief's Corner.....	2
Establishing Pt. Rapport—Lt. Macumber.....	3
History & Traditions—Drew Styles.....	4
Safety Tips.....	5
Around the Department.....	5
Prevention/Training Efforts.....	5
Member Profile: Nick Heuer.....	6

## Upcoming Events

Be sure to check the pub-ed calendars for upcoming events!

**Be sure to complete the survey that was sent to your email address concerning the newsletter! We want to hear from you so that we use the newsletter in the way that works the best for you!**

### UFD statistics for November

Calls for service: 203 YTD: 2,208

Average response Time – All incidents: **6 minutes and 32 seconds**

Average response Time – **Emergency** incidents: **6 minutes and 28 seconds**

**Emergency Medical Service calls: 156**

Average Response Time EMS: 6 minutes and 17 seconds

Emergency: 5 minutes and 52 seconds

Non-Emergency: 6 minutes and 34 seconds

**Fire related calls: 47**

Average Response Time Fire: 7 minutes and 14 seconds

Average turnout per fire incident: 7 people

We **received mutual aid five times**—four times for EMS calls and 1 time for a fire call.

We **provide mutual aid two times**—once for a fire call and once for an EMS call.

### Types of Fire Calls

The 47 fire calls we had in November fall into the following categories:

<b>Fire / Explosion:</b>	<b>6</b>
<b>Hazardous Condition:</b>	<b>7</b>
<b>Service Call:</b>	<b>1</b>
<b>Good Intent Calls:</b>	<b>11</b>
<b>False Calls:</b>	<b>22</b>



## Birthdays:

- Marcus Van Scoy Dec. 4
- Josh Boyle Dec. 8
- Doctor Healey Dec. 11





Chief's Corner—Chief Jerry Holt



What do you know about ISO?

It is amazing that most firefighters don't know much about the Insurance Services Office, Inc. (ISO) and how their work affects us. At one time, we used to spend a great deal of time on ISO and the relationship between what they do and what we do but that's one of the things that has been sacrificed for the sake of maximizing training hours. In this article, we will take a quick look at why ISO is important to us and how fire classifications are calculated.

Why is ISO important to us? Why should we care about our fire classification? In a short answer, it is about saving our customers money! Our customer's insurance rates, both commercial and residential are based on information gathered by ISO through their Public Protection Classification (PPC™) program.

Through the PPC program, ISO gathers and analyzes data using the Fire Suppression Rating Schedule (FSRS) in three areas; the community's fire department, fire Receiving and handling fire alarms process, and water supply resources. Once this information has been computed, a Public Protection Classification from 1 to 10 is assigned. Class 1 represents superior property fire protection, and Class 10 indicates that a community's fire-suppression program doesn't meet ISO's minimum criteria. The formula for each of the three areas is quite complex and we will discuss it in more detail later. We currently enjoy a "split" classification of 4/9.

So what's a "split" classification? When ISO assigns a classification for a community, all of the community's properties receive that classification. In some communities, ISO develops a split classification (for example, 4/9). The first class (Class 4 in our case) applies to properties within five road miles of a fire station **and** within 1,000 feet of a fire hydrant. The second class (Class 9 in our case) applies to properties within five road miles of a fire station but beyond 1,000 feet of a hydrant. ISO generally assigns Class 10 to properties beyond five road miles.

The ISO process helps fire departments to identify needed changes and ultimately assist in planning and budgeting planning. Once made, these changes can result in an approved ISO classification and ultimately, lower insurance rates for our customers. That's a big deal and the "carrot" for spending funds for improving fire suppression capabilities. In the Des Moines metro area, the impact is not as great as it is in other parts of the country. In our area, the rates are calculated the same for classes 3 – 6. A customer in a class 4 city will pay the same fire insurance rates as someone in a class 6 city. The "carrot" is greatly reduced when there is little or no savings passed on to the customer. Unfortunately, some do not see the need to spend the funds to make improvements if there is not a monetary return. In other parts of the country, there is savings with each classification improvement and the justification for increased funding can easily be calculated as savings to the customers.

So how do these classifications get calculated? As stated, the calculations review a community's ability in three areas; fire department, worth 50% of the total score, water supply, worth 40% of the total score, and Receiving and

handling fire alarms, worth 10% of the total score. There are complex formulas for evaluating each of these areas. For example, the fire department's score considers everything from station distribution, needed pump capacity based on needed fire flows, needed engine companies, needed ladder companies, needed "service" companies, needed reserve companies, equipment including hose, ladder and pump testing, personnel, and training. Each of these areas has a complex formula to calculate the points awarded to determine the overall score for "fire department". Of course, each of those major categories has sub categories such as training. Training includes facilities, training aids and use as well as specific training classes and training record management. (The formulas are complex...Rowdy would love it!)

So...once a score is calculated for each area, one simply adds up the score and calculates the "total" score out of a possible 100 points – right? Well...no, not completely. There is one more step. It is called a divergence. The divergence calculates the difference between the fire department's capabilities and the water supply capacity. If there is any disparity between the two, the total score is subject to modification based on the difference between these two areas. A high scoring fire department will be less effective if it has an inadequate water supply with which to fight fires. At the same time, a superior water supply will be of little value if the fire department lacks the equipment or personnel to use the superior water supply.

In our case, there is a divergence between the capability of the fire department and the water supply. In our most recent ISO evaluation (2005), we scored as follows:

Receiving & Handling Fire Alarms	7.5% (relative class: 3)
Fire Department	28.02% (relative class: 5)
Water Supply	35.21% (relative class: 2)
Divergence	-6.40%
Total credit:	64.33%

(Class 4 = 60.00 – 69.99%)

In our case, you can see if there wasn't a divergence of 6.40 points, we would have a total of 70.73% or enough to have scored a Class 3 designation. Certainly something worth shooting for!

If you are interested in learning more about the ISO process, how we were scored and or the details about the grading process, please let me know. In the mean time, be sure to know that ISO impacts our customer's insurance rate...it is important and the more we save our customers, the more value we add as a department!



## Establishing Patient Rapport – Lt. Cory Macumber

Writing an article for the newsletter is now a requirement for me every so often, so me being the new officer I asked SENIOR Lt. Birkett, what do you write about to keep things interesting? His response was; begin a list of topics that you come across while out on calls, doing inspections or just something you note around the station that grabs your attention. So I listened to my SENIOR Lts advice and I started making a list.

One thing on my list to talk about is Establishing Patient Rapport. Now that I get to stand back, assist in patient care and watch the whole scene I have noticed that the clip board is one of the first things we grab and put in our hands as we walk to the scene. As I look back on this it is not something new that started after I was promoted but rather something I now notice from a different perspective. The clip board should be one of the last items we grab and realistically should be left for the crew to bring in that is backing up the ambulance. There are more important items that we should worry about carrying then the clip board which can actually provide care and aid us in establishing the ever so important patient rapport.

As the primary medic, it's your job to perform the assessment, make treatment decisions based on your assessment and to establish patient rapport. How can one do this if we stand to the side and let our partners perform these activities while we fill out the paper work in the back ground? I know we all say that we listen to their assessments but are we really? You might hear the BP being called out or that they do not have any allergies etc., but what about facial expressions, tone in the patients voice, the look in their eye or the touch of their hand indicating something different then what the words are telling you, you might miss something they are not telling you. Establishing patient rapport is done all at the same time as your assessment and can make or break the call if you know what I mean.

Establishing patient rapport is more then just providing that personell touch that we all would want if it was our family member. It's gaining the trust and building a relationship with our patients which does lead to other things like; the patient being more forth coming with answers to our assessment questions which in turn makes our jobs that much easier and best yet, enables us to actually practice medicine to our full potential and not just text book medicine (If you see this, do that). Establishing rapport up front and early on also makes it easier to maintain rapport during transport as you are the one that is in the back of the ambulance for the ten to fifteen minute transport time to the hospital and allows you to see the subtle changes in your patient's condition. It also allows you the ability to give a **full** report to the hospital staff when you arrive, not just of the symptoms, treatment and response to treatment but a full patient report which makes the transition from EMS to hospital care smoother for our patients.



I ask you to put yourself in the patient's shoes for a minute. You're sitting in your chair watching TV and you begin to have abdominal pain, you call 911, UFD arrives at your home and walks in the door. One person begins assessing you; takes your vitals, puts oxygen on you and begins talking to you and trying to figure out what is going on. All the while you notice another UFD member walking around and you hear a voice ask, do you know what medications you're on? You can not remember, so again you hear the voice ask, where are they at? You tell them in the cabinet next to the fridge. Foot steps go off towards the kitchen. The member in front of you continues on providing care for you and you are becoming comfortable with this young man who's name is Mike. Mike asks you about your pain and you tell them that it's a 4/10, but your eyes, facial expressions and actions say otherwise because you do not want to frighten your spouse. When really it's worse then a 4/10 and more like a 7/10. Mike catches on (because he is a smart guy) and moves quickly to get you on the cot. There are now more UFD members that help Mike get you to the ambulance and begin further treatment in the ambulance because he "caught on". Life is good because you think Mike is taking care of you, but wait, now a new person gets into the back of the ambulance and his voice sounds familiar but you really don't know this guy. Mike introduces Dan and tells you that Dan will be in the back with you to the hospital.

Dan was the voice you heard from somewhere beside you while in your home. (I ask you to honestly ask yourself what just went through your mind? Would you really want to start over with a new person taking care of you?) Now you think that everything you just "showed" Mike is lost because there is a new guy taking over your care, when in reality Dan was always going to attend and Mike was just his partner getting things started while Dan was trying to get the paper work filled out so he didn't miss anything. **WRONG**, Dan missed the biggest part of the assessment, your pain is worse then what you told him and now you have to start all over with Dan and you are upset that you lost what you thought was a good rapport with Mike. So what did we really gain by worrying about the clip board & PCR?

Dan should have been working side by side with Mike in a team verses filling out the PCR as he too would have caught on right away. Remember, we must make the most out of our time that we have with our patients because it is limited. I know what your thinking now, it only took me three minutes to fill out what I needed on the PCR before I stepped in and begun to establish a rapport. Ok, it took your partner 3 minutes to establish a base rapport; you just lost those 3 minutes and can not get them back, and so now it takes you another 3 minutes to get back to the point were your partner left off. The total time is now 6 minutes, which is a 1/4 of the total time we spend with our patients just to build back what we lost. So yes it does matter even if it's just a couple of minutes.

*Continued on next page...*

## ON THE LINE

Establishing Patient Rapport from page 3...

If your just looking for a place to take notes so you don't forget and have to ask the same question multiple times, then put one of our blank note pads in your pocket to write on, write brief notes on your glove or put a piece of tap on your pants that you can write on. If you use the PCR to aid you in your assessment because you're not comfortable running 100% from memory yet, then run through scenarios with a partner in our down time (besides we can log that in FH for training), make a small cheat sheet before the call to have in your pocket for reference and then slowly wean yourself from it one section at a time. Review the calls with your partner and actually review your run audits that you get back so you can become comfortable running 100% from memory.



Now I do understand that from time to time we reinforce the importance of filling out the PCR accurately with DOB's, SSN's, addresses, employer contacts, insurance information etc..which is extremely important for both legalities and for billing, but it should not be the driving factor behind our patient care and establishment of good patient rapport. If it takes us an extra 5 minutes at the hospital to accurately complete the PCR because we did not get all the information right away at the scene because we established excellent patient rapport and gave our patients the "it factor" then so be it. No one will harp on you for being out of service for an extra 5 minutes to finish the PCR because of that.

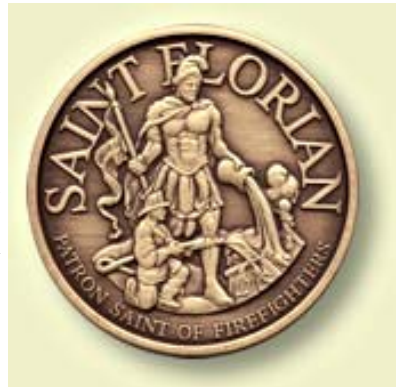
So I challenge you on your next call to leave the clip board behind, let the back up crew bring it in and focus your time and energy on your patient and establish good patient rapport.

Till next time.

## History and Traditions – Drew Stiles

It's time again for another installment of history and tradition of the fire service. So far we have discussed the Maltese cross and the Shamrock. These two images have great meaning and are widely found in the fire service. This month's topic is also well known in the fire service and I would bet that you could walk into almost any firehouse in the country and find someone wearing or carrying the image of St Florian. St Florian is a Christian saint and is the patron saint of Linz, Austria, chimney sweeps and firefighters. A patron saint is a saint or angel who is chosen as a special guardian or protector over areas of life. These areas can range from occupations, illnesses or really anything that is important to us. Typically patron saints are chosen by the Pope and they are usually chosen because of an interest, talent or event in their lives that overlaps with a special area. While there are a couple other saints that are associated with fire and fire prevention, St Florian is the most widely known in regards to firefighting. If you look at a fire catalog or website it is not difficult to find items carrying the image of St Florian available for purchase.

So why is St Florian the patron saint of firefighters? Florian was an officer in the Roman army in the 3<sup>rd</sup> century. Florian had converted to Christianity but had kept it a secret until he was ordered to kill a group of Christians during the persecutions of Diocletian. Florian refused to follow the order and professed his faith. Once it was known that Florian was a Christian he was ordered to be put to death. Typically during this time people were put to death by fire. This did not scare Florian as he challenged the Roman soldiers to light the fire, saying "If you do, I will climb to heaven on the flames." So instead of burning him to death, the soldiers beat him, set him on fire, and tied a stone around his neck and threw him in the river. Because he was not afraid to die by fire, St Florian became the patron saint of firefighters. St Florian is also known for stopping a fire with a single pitcher of water thus adding to his connection to firefighters. St Florian is considered a powerful protector in danger from fire, and floods and against drowning.



Whether you are a spiritual or religious individual or not St Florian is deeply rooted in the history of the fire service. Like a lot people, I tend to be a little bit superstitious. I wear a St Florian medallion every day. Do I think it is going to save me from a fire? No, I don't but I like what it stands for and I like to think there is someone watching over us when we go to work. Whether it is St Florian, or a lucky penny or some other keepsake someone carries, I don't really think it matters. I think it is the meaning or personal connection to that item that really matters. If it makes you feel safer in a fire, or closer to your family when you are away, then carrying that item is great. Sometimes it is the little things that make some of the terrible things we see in this job more bearable. It is for that reason that you see so many firefighters carrying items that bear St Florian's image. St Florian is forever rooted in the traditions of the fire service. May he watch over and protect us all.

**Other programs/training/projects completed by UFD in November:**

**Training Report: 1,048 hours** of training were completed in November.

Fire Training: 802 hours

EMS Training: 246 hours

**Prevention & Inspection Activities:**

- Completed 18 Inspections
- Completed 10 re-inspections
- Completed 1 Preliminary Walk-thru/meetings
- Completed 6 preplans
- Conducted 13 plan reviews
- Conducted 6 Car Seat checks
- Conducted CPR classes for 22 people
- Conducted public education for 331 people - 125 children and 206 adults



**Safety Tips:**

Following are some quotes from Chief Alan Brunacini's book - Timeless Tactical Truths.

In fire command and tax preparation, don't ever let your inclination to gamble out perform your fear.

Firefighting is always potentially painful because it generally gives the test just ahead of the lesson...a lesson is repeated until it is learned.

Lessons we learn in the street are always serious...we grow old only if we can quickly convert the last lesson into a functional behavior.

We will survive only to the extent we can proact ahead of react...simply, the more we "prehab" the less we must "rehab".

And finally.....

Third law of radiant heat: it's a sign that you parked too close when your warning lights begin to melt and run down the side of your truck (duh).

**WHAT'S HAPPENING AROUND THE DEPARTMENT...**

- The budget is due in the City Manager's office by December 5th. This is a "status quo" budget with no new initiatives. Pay increase for PT staff was requested. The Union contract will direct pay increase for the bargaining unit and non-union pay will be directed by the City Council. Meetings with the City Manager will take place in December with Council adoption expected in January/February time frame.
- The CIP was submitted several months ago. The first CIP meeting will be held December 6th at 7 AM at City Hall in the Council Chambers.
- Plans for our first Citizen's Academy continue. The class will meet on Thursday nights and will begin on March 29th and conclude on May 17th. Classes will be conducted from 6- 10 PM and will make every effort to include "hands-on" each night. Those who have agreed to participate in the planning process are Drew Stiles, FM Rech, AC Cardwell, Lt. Wilson, Julie Stuckle, Lt. Routson, Mike Roe and Rob Zahnd.
- The WestCom radio replacement project is moving forward. The numbers and types of radios have been submitted for purchase. The new radios will be delivered in late Spring or early summer. The plan is that we will begin using the new radios soon after that on the existing system. The new radio infrastructure will go on line later in the year and will require only an "over the air" programming change to allow the new radios to work on the new system.

Member Profile...

Member Profile: Nick Heuer

Length of time with UFD: October 28<sup>th</sup> 2011

Level: FF/EMT-B

Why I became interested in the UFD: The people that work for Urbandale FD.

Previous EMS experience: West Des Moines Fire Dept. 3yrs

Previous Fire experience: West Des Moines Fire Dept. 6yrs

Family life: Single

Current Profession: Firefighter/EMT 6yrs

Activities or hobbies I enjoy: Playing sports, Hunting, Fishing, Camping

Most memorable moment: I don't really have a memorable moment that stands out

Favorite TV programs: Anything on discovery

Favorite movies: Top Gun

Last book that I read: Fire Officer I

Personal goals: To become a full time firefighter and grow a man stash like Crookshank

What I enjoy about UFD: The people I work with and the willingness they have to help you become better.

Favorite quote: I'm no leader. I do what I have to do – sometimes people come with me.



**Last Safety Incident:**  
**As of December 1st**  
**31 days without a safety incident**  
**160 days without a lost time injury**

**Last incidents:**

- 10/22 – injured by broken glass at fire scene
- 10/27 – damaged light mast on ATF Truck
- 10/29 – damaged equipment during live fire training

