



BACK STEP TALKS

SERIES III ISSUE 3 APRIL 2024

Life Safety Initiative #9

Over the past decade, 2013 – 2023, on average nearly 100 firefighters are killed in the United States each year. Firefighter injuries are *estimated* at around 61,000 per year because not every injury is reported or meets the criteria of a reportable injury. And the fire service has no idea of how many near-misses (or near-hits) occur each year even though there was a firefighter near-miss website established to record these.

The only way we can learn from our mistakes is to perform a complete investigation for every near-miss, significant injury, or fatality. For the latest Firefighter Injury report (2022) please go to <https://www.nfpa.org/education-and-research/research/nfpa-research/fire-statistical-reports/firefighter-injuries-in-the-united-states>.

In previous issues of Back Step Talks, we have provided extensive coverage of the line-of-duty deaths of Nathan Flynn (Howard County, 2018) and Joshua Laird (Frederick County, 2021). We applaud the efforts of both Howard County Department of Fire and Rescue Services, and the Frederick County Division of Fire and Rescue Services for conducting a thorough investigation of these LODD's,

Firefighter Life Safety Initiative #9: Thoroughly investigate all firefighter fatalities, injuries and near misses.

making life saving changes to their operational procedures, and sharing that information so that other departments can learn from these tragic events.

In this issue, we visit LODD and injury reporting systems with an encouragement for every department to utilize these resources to learn from others and to share their own experiences so that everyone learns. We also revisit some of the key issues that are killing our firefighters and what actions are necessary to reduce injuries and deaths. Please take the time to read these articles and share with others.

written by Dave Reid



Pawtucket FD firefighter survives near-miss roof collapse.

Photo Credit: Tom Camody, Northeast Fire Photos

Everyone Goes Home – More Than Just a Cute Slogan

EVERYONE GOES HOME®

Firefighter Life Safety Initiatives by the National Fallen Firefighters Foundation

When the [National Fallen Firefighters Foundation \(NFFF\)](#) hosted the first Firefighter Life Safety Summit in March 2004, in Tampa, Florida, more than 200 fire service representatives convened to identify the means of reducing firefighter line-of-duty deaths (LODDs) and line-of-duty injuries (LODI's). Some of the questions asked were:

- What policies or procedures need to be changed or enhanced?
- What changes in equipment need to be considered?
- What additional training should firefighters have to be safe?

Two major outcomes of the Tampa summit were: the development of the 16 Firefighter Life Safety Initiatives, and the inauguration of the Everyone Goes Home program. The 16 Firefighter Life Safety Initiatives are intended to serve as a guide for departments to reduce LODDs and LODIs. In this issue of Back Step Talks, and every preceding issue, we have focused on

one or more of the Life Safety Initiatives with information that you can use to improve safety in your department.

The Everyone Goes Home program provides an educational platform for departments to use in implementing the 16 Firefighter Life Safety Initiatives. The program provides free training, resources, and programs to help departments reduce preventable firefighter line-of-duty deaths and injuries.

Training programs from the Everyone Goes Home program can be accessed through the FireHero Learning Network -> Training Firefighters | Fire Hero Learning Network The learning network contains 24 on-line training programs that can be completed at your leisure while sitting at home or while on-duty.

To build a foundation for understanding the 16 Firefighter Life Safety Initiatives, every department is encouraged to have their members complete the "Courage to Be Safe" training

program. This training can be done in either an on-line format or a classroom delivery.

Through the NFFF State Advocate program, in-person training can be provided at a department level that allows a deeper concentration on changing the safety culture of the fire service. The MFCA Health and Safety Committee Chairman, David Lewis, is a NFFF Advocate and can assist with bring these training programs to your department.

By adopting the 16 Firefighter Life Safety Initiatives in every department and utilizing the resources and training offered by the Everyone Goes Home program, we can reduce LODDs and LODIs and truly live up to the slogan "Everyone Goes Home".

Everyone Goes Home resources and information can be accessed via Everyone Goes Home - Firefighter Life Safety Initiatives

Written by David Lewis



NATIONAL FALLEN FIREFIGHTERS FOUNDATION

Fire Hero
LEARNING NETWORK
www.fireherolearningnetwork.com

START TRAINING
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NEW COURSE!
Health & Safety at Wildland Fires

National Fallen Firefighters Memorial Weekend, May 4th & 5th, 2024

During the weekend of May 4th & 5th, the Nation's firefighters will gather on the campus of the [National Emergency Training Center \(NETC\)](#) in Emmitsburg to pay tribute to 91 firefighters that died in 2023 and 135 firefighters that died in previous years. Among these firefighters are 19 having died from post 9/11 illness. The following Maryland firefighters will have their names added to the Memorial Wall during the weekend:

- Firefighter Brice Trossbach, Naval District Washington Fire & Emergency Services (2023)
- Firefighter Rodney Pitts III, Baltimore City Fire Department (2023)
- Captain Dillon Rinaldo, Baltimore City Fire Department (2023)
- Battalion Chief Christopher Morlan, Frederick County Division of Fire & Rescue Services (2021)
- Firefighter Henry Eckhardt, Jr., Reisterstown Volunteer Fire Company (2021)
- Firefighter/EMT Bryan Hamilton, Naval District Washington Fire & Emergency Services (2021)
- Firefighter Mark Fisher, Jr., Montgomery County Fire & Rescue Services (2014)

Several thousand firefighters will volunteer their time to support the fallen's families. Family escorts will guide and support the families while at the NETC. Honor Guard and Pipes & Drums will render honors to

the fallen while a team of behind the scene staff will feed the families and ensure everything runs smoothly. Representatives from the Maryland Fire Chiefs Association (MFCA) will be resident at the host hotels to provide assistance to the survivor families with transportation and

other needs. Both Saturday evenings and Sunday's ceremonies are streamed live on www.firehero.org and Sunday's ceremony is open to the public.

written by Dave Reid



National Fallen Firefighters Memorial Emmitsburg, MD

Photo Credit: Lt. David Bullard Columbia County Fire & Rescue, GA

What's Killing Firefighters—5 Factors We Can Control

Firefighting has always been a dangerous job. But our perception of the danger doesn't always align with reality. Put another way: What's killing most of us isn't fires or explosions or technical rescue operations gone wrong. Too often, what's killing us is our failure to take steps that are entirely our responsibility.

Recently I had the opportunity to attend a forceful program on firefighter health and wellness titled, appropriately, "What Is Killing Us?" This one-day program was created and run by the Loveland-Symmes (OH) Fire Department and was emceed by Chief Tim Sendelbach of the Loveland (CO) Fire Rescue Authority. The speakers included:

- **Dr. Sara Jahnke**, director and a senior scientist with the Center for Fire, Rescue & EMS Health Research at the National Development & Research Institutes
- **Chief Bryan Frieders**, CEO and president of the Firefighter Cancer Support Network
- **Ret. Chief Patrick J. Kenny**, international speaker and author of *Taking the Cape Off: How to Lead Through Mental Illness, Unimaginable Grief and Loss*
- **Dr. Kenneth Fent**, team lead on the [CDC/NIOSH National Firefighter Registry](#)

· **Dr. James J. Augustine**, a medical director with fire and rescue agencies in Georgia, Florida and Ohio, and a member of the EMS Eagles Global Alliance.

There's a lot to share from this packed day of presentations, but let's focus on five key themes that emerged as factors contributing to a health and wellness crisis in the fire service — yet largely preventable.

#1: We're afraid to talk about firefighter health and wellness.

The fire service has come a long way in addressing fitness, nutrition and illness and injury prevention, but many of us are still afraid to have open, honest conversations about our health. How many firefighters do you know who won't go beyond minimum-required medical testing because they'd "rather not know" or they're worried a diagnosis will put them on light duty? How many officers are reluctant to confront someone on their crew who they know is struggling with cardio fitness, alcohol use, or even just working a second job to the point of fatigue?

We must be willing to talk honestly with our medical professionals about our habits and our risks. And we must work to create a culture where

medical issues aren't shameful and ignoring them isn't glorified.

#2: We're failing to take personal responsibility for what's killing us.

When we're not hiding from the medical issues, we're often consciously ignoring them. Firefighters have a deep fatalistic streak. That's not surprising, and in fact it may help us cope with the trauma of the job. But it works against us when there are health and wellness issues well within our control.

Dr. Jahnke, a leader in identifying behaviors that lead to firefighter death, stressed that we each own our health and wellness choices. Specifically, she mentioned the need to understand how vital good sleep is to our health. The book *Why We Sleep* by Matthew Walker, PhD, was mentioned by several speakers as required reading for all firefighters.

Beyond sleep, Dr. Jahnke laid out the factors that are right in front of us yet seem to elude capture. Really, how many times will we have to hear about getting a full cardiopulmonary work-up so we have a baseline and then setting goals necessary for our survival?

What's Killing Firefighters—5 Factors We Can Control

Other factors include:

- Getting to our target weight
- Achieving cardiovascular fitness
- Using alcohol responsibly
- Eliminating tobacco
- Establishing work-life balance

Going further, Dr. Jahnke emphasized how much our negative and positive health and wellness behaviors impact those we lead, our families and our friends.

#3: We're not doing enough to reduce our cancer risk.

Chief Frieders shared several real-life examples of firefighters lost to occupational cancer in their 20s and 30s. These are cancers the general population doesn't usually have to worry about until much later in life. On an intellectual level, we all know cancer is a health crisis in the fire service. But Chief Frieders emphasized that we're not taking that academic knowledge and converting it to action. Every department needs comprehensive policies on turnout cleaning and storage, required use of SCBA and PPE, and understanding that the

IDLH environment exists during overhaul.

But it's not just about having the policies. It's about being a strong enough leader to train on and enforce those policies. As a certified incident safety officer, I took Chief Frieders' message to heart. When an ISO sees a ladder truck about to tangle with live wires, an IC setting an operation that fails to consider flow path, or a firefighter failing to take burn time into account before going through a door, the ISO notifies the IC, or physically restrains the firefighter, and calls a stop to the operation. ISOs must have the same awareness, and not hesitate to exert their fireground authority, when it comes to practices like strict use of SCBA during all phases of interior work, clean cab practices, on-scene hose-down, and mandatory gear washing after certain operations. What kills us doesn't always happen in a split second. It happens over time. It's up to department leaders, oftentimes, to save our members from themselves.

I also can't overemphasize the valuable work that the Firefighter Cancer Support Network performs. Every probie, firefighter, line officer and chief should be aware of the information the network provides on cancer prevention and treatment, including good policy and practice, expert advice for those who are diagnosed, guidance for how firefighters can assist a

brother or sister firefighter facing a cancer diagnosis, and available resources and referrals.

Another essential tool for fighting cancer in the fire service is better data collection and reporting. Dr. Fent leads the CDC/NIOSH National Firefighter Registry, which was designed to monitor occupational risk factors and cancer outcomes among U.S. firefighters. Every firefighter should participate (testing has begun and the open enrollment is planned in the fall). The system will protect all data, privacy, and maintain participant confidentiality; no firefighter should worry that information provided can be tracked back to them.

#4: We're pretending COVID is over.

It's impossible to talk about what's killing firefighters over the past two years and not talk about COVID. More than half of line-of-duty deaths in 2020 were attributed to COVID. Further, many firefighters who survived the disease may have symptoms of long COVID, which can contribute to other health risks.

At the time of the conference, hospitalizations and deaths were trending down, but since then, they have started to pick up again. Addressing the current wave, Dr. Augustine advises that there is

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greater susceptibility to serious impact among seniors and the unvaccinated and that, while greater numbers of vaccinated and boosted individuals may get one of the variants, the effects will be far less severe. He also notes that because we were isolated for an extended period and now find ourselves going out much more, we are experiencing an immunity gap with regard to other illnesses and infections. For example, Influenza A is occurring with greater frequency, even though we would normally be coming out of flu season. The bottom line? Responders should maintain COVID PPE practices based on local conditions.

Dr. Augustine provides regular COVID updates on the Center for Fire, Rescue & EMS Health research Facebook page. I encourage you to tune in for practical, up-to-date information that's provided in layperson's terms.

#5: We're hiding behind a "cape" that won't allow us to ask for help.

Drawing on his personal family tragedies, including the loss of his son to mental illness, Chief Kenny gave the most emotionally stirring presentation I have ever heard at a firefighter conference. While his story is unique, his message applies

to all firefighters. The personality traits and self-image that make us great firefighters can also work against our relationships with family, friends and other department members. Chief Kenny uses the cape as a metaphor — it's the part of us that struggles to reconcile being a "hero" with the understanding that sometimes we can't save everyone; we can't make everything OK. It's OK to need help. By taking the cape off, we protect our physical and behavioral health, bring ourselves closer to those who love us, and strengthen the bonds we have with friends and our crews.

Wrapping It Up

With the data and information available to us today, we have a tremendous opportunity to recognize and acknowledge the factors that interfere with our physical and behavioral health. We have the tools to turn poor health choices into good ones. We can learn to spot warning indicators in ourselves and others and access the strength in ourselves to change behavior or call on outside resources without fear.

Throughout the "What Is Killing Us?" program, participants discussed the perceived stigma associated with asking for help. But rather than using this as an excuse, presenters and attendees concluded the only stigma is a self-imposed one. Enforcing good

cancer prevention policies, practicing heart healthy habits at home and at the station, and recognizing when we need help and seeking that help — it's all within our control.



Article written by Scott Eskwitt. Reprinted with permission from Lexipol, <https://www.lexipol.com>. Lexipol provides policies, online training, and wellness resources to public safety and local government professionals.

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Are You Prepared for a Line of Duty Death?

No one wants to experience a Line of Duty Death; however, we know that they can happen at any time. And now that there are more categories covered besides being killed in the line of duty or dying from a medical emergency at or within twenty-four hours of a call. The Federal Department of Justice Public Safety Officer's benefits also cover some cancers and suicides. At the present time the Maryland State Firemen's Association Trustees coverage does not include cancer or suicide deaths. However, Maryland Workman Compensation laws cover some cancers with stipulations.

So, how do we prepare ourselves for a Line of Duty Death?

1. When onboarding a new member have them complete a PSOB Designation of Beneficiary Form and have it on file at the station. This form be found at [PSOB Designation Form-11-11-13.pdf](#)
2. Have a copy of the members birth certificate on file.
3. Have a copy of the members marriage license, or divorce decree(s).
4. Have copies of their children(s) birth certificates, or adoption papers.
5. Have the member complete an Emergency Contact form and keep it on file (readily available). Make sure it includes spouses

place of work incase notification needs to be made.

6. Copy of a Military Form DD-214. Documenting their military service.
7. Keep good training records on each member. Now that the Federal PSOB pays LODD benefits for firefighters in training make sure that they were authorized to be enrolled in the class.
8. Ensure that the member has passed an entry level physical.
9. Have the member complete a form "In Case of Death." This form would be used by the department so they would know what the deceased would want to be done in case they died.
10. Encourage your membership to use the "Wills for Heroes" program from the MSFA. This is a no cost way to ensure that your final wishes are carried out.
11. Take annual pictures of members in uniform. These pictures can be used for multiple things.
12. Have your Chaplain trained so they will now what to do. Firefighters and EMTs are trained to do their jobs. The person filling the role of Chaplain needs to be trained as well.

So, what do we do if we experience a LODD?

1. Call the National Fallen Firefighters Foundation 866-736-5868. The Maryland Local Assistance State Team

Coordinator will contact you immediately. The Maryland L.A.S.T. is made up of volunteer from across the state of Maryland and has a large number of resources to handle a LODD.

2. Contact one of the Maryland State Firemen's Association Trustees. Paperwork must be completed within 90 days of the death for benefits to be considered. The Trustees have a Procedural Guide on the MSFA website that will give you the detailed information you need to apply for benefits from the MSFA.
3. Maryland Department of Public Safety and Correctional Services, Office of the Secretary at 410-585-3728.
4. Each County/City has their own benefits, so you will need to find out what they are and how to apply for them.

Many jurisdictions have memorials to honor the fallen heroes, the fallen will have their name put on the Maryland Fire and Rescue Memorial in Annapolis. Fallen Firefighters will have their name added to the National Fallen Firefighters Memorial in Emmitsburg, MD. Fallen EMTs and Paramedics will have their name added to the National EMS Memorial Foundation (physical memorial pending).

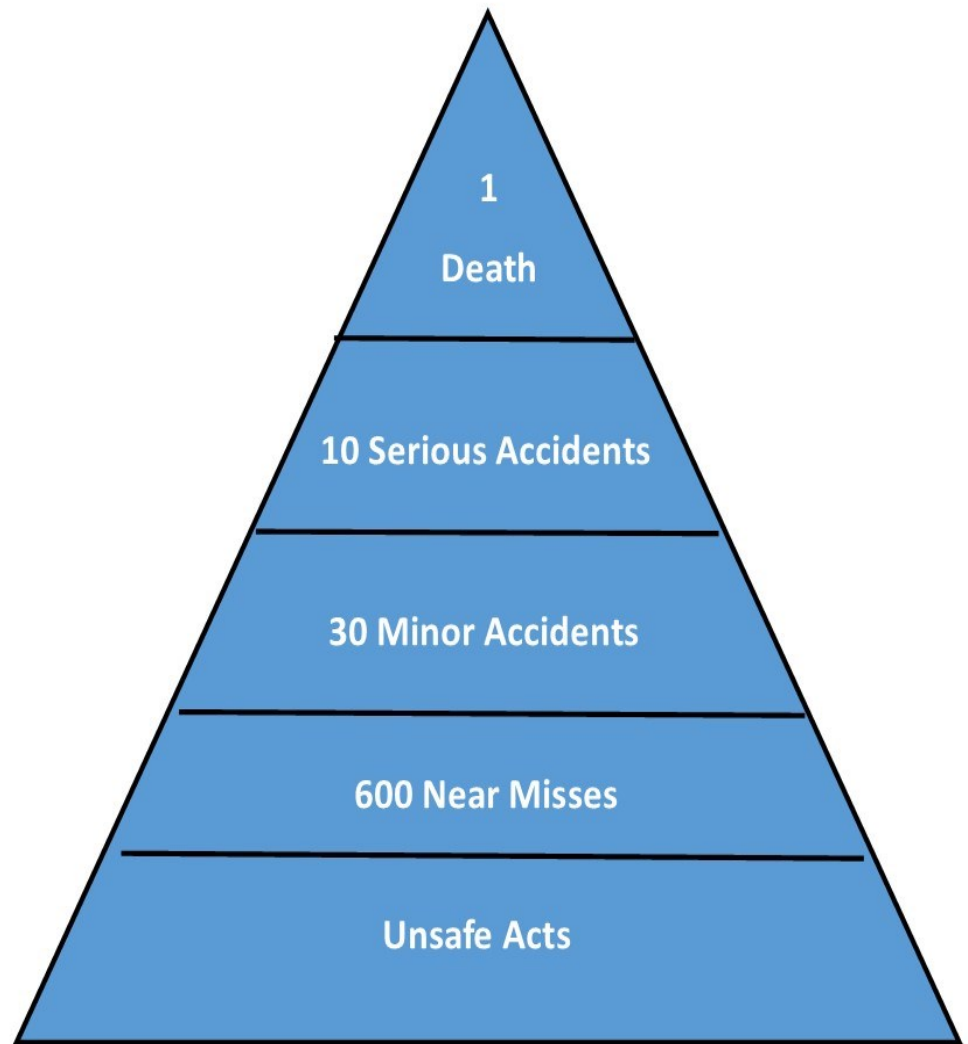
Written by John Long, Jr.

Close Calls/Near Miss – A Learning Opportunity

The question really is what is Near Miss Reporting? According to a UK Health and Safety Executive who states this as “an event, including dangerous occurrences, not causing harm, but which has the potential of cause injury or ill health.”¹ The management of near misses should be important within the fire and EMS services. The Secret List an independent newsletter started by Chief Billy Goldfeder in 1998 that has evolved to FirefighterCloseCalls.com has become the iconic method for near miss reporting.² Ideally, near misses should also be reported within a locally established framework within the health and safety team of each organization.

Accident pyramids as a basis for fire service safety.

Near misses and unsafe acts form the lower segments of what is known as the “*Accident Triangle*”, from the 1960’s, which is based on the original Henrich Model from the 1930’s. The theory is based accident prevention – that the number of near misses (unsafe acts) is reduced then the potential for real injury or death will shrink. As we know the severity of near misses within the Fire/EMS service is enormous. Because of this factor Health & Safety Officers need to Identify hazards within risk assessments, implement safety measures and raise awareness in training. It is imperative for all members of the Fire/EMS service to be aware of hazards and how to address them.



Vigilance for potential hazards

EMS Calls, Structure Fires, Motor Vehicle Collisions, Special Operations all have unique hazardous environments which the Fire/EMS service face every day. Staying vigilant to the potential hidden hazards, risks and acknowledging of near misses are all part of the accident prevention process. The fact that the operation was run hazardously, SOG’s not followed, outside factor are signs that the next time a real accident could occur if proactive measures are not taken. Near Misses are the

opportunity for Officers, Firefighters and EMS professionals to take the opportunity to learn and implement improvements to prevent a reoccurrence of a hazardous scenario. An example is the Wicomico County Fire Chiefs Association and the Wicomico County Emergency Management have implemented additional measures to ensure safety on the roadways by changing dispatch procedures on certain roadways. This was implemented because of the increase of near misses within the county while operating on roadways at 50 M.P.H. and greater.

Close Calls/Near Miss – A Learning Opportunity

This open dialogue within the association gave a feeling of involvement and a safer response solution was created.

Near-Miss Reporting a Positive Culture

It is a moral obligation to report near-misses to improve operations creating a safer work environment. The problem is the fear of punishment, or retaliation for a near miss report, peer pressure, concern about record and reputation. Leadership needs to stress the importance of reporting the near-miss incident and create a positive culture and staff feels free to report these occurrences. Everyone can make a mistake, no matter how well trained or experience on the job. The fact that an accident was close to happening indicates, in most cases, a human factor contributed to the incident. Admitting a fault can be very stressful and intimidating in a culture as the Fire/EMS service. This is another human factor of safety management which some organizations may need to address. The fire service must be encouraged and the leadership approachable regarding reports of near misses. The reporting process must be designed with a positive learning opportunity for all objectives, to gain the trust and confidence of the staff.

Systematic Process for near-miss reporting

Another step to get staff to report near misses is to make the process

itself easy to follow and not time consuming. Near-miss reporting is usually completed on a self-explanatory form. Remember to keep this simple, clear and ask for the critical information. Some examples of questions to ask: Location, date and time of near-miss, should operation had stopped immediately or paused because of near-miss Yes or No, Suggestions for improvement, basic description of incident, type of near-miss; unsafety act, unsafe equipment.

It should be clear in a SOG where these forms are kept and how to deposit them for review. If in a digital form the link and processing procedure should be provided. Furthermore, the organization must prove a positive culture by including follow up communication in staff training or meetings. Staff will not report if they believe management is not looking and acting on forms completed. Depending on reporting processes and internal regulations near-miss reporting can be Anonymous vs no anonymous. Repeat near misses may identify a shift issue, a process change, further training which may eliminate the near-misses or future accident or injury.

Awareness, training and active participation

Near miss training should become part of your organizations culture just like PPE training, CPR, Hose Line Advancement or pump operations. Explaining what a near

miss is and providing examples is the first step. Highlighting past occurrences and openly discussing issues will help eliminate hazards and operational risks while improving safety while in the station or operating at an incident.

Summary

Near Miss reporting has been a slow cultural shift since 1998 with Chief Goldfeder started the Secret List. The fire and EMS service has slowly picked up the concept that this reporting is a Learning Opportunity that increases safety and yet improves operations. Leadership needs to remember this reporting regardless of Anonymous or Non-Anonymous is for the betterment of the organization and should be treated as such with no punishment or retaliation assigned. Leadership needs to read and take action on near misses so staff in the field understand the message has been received. The process for reporting needs to be simple and seamless to get buy in from the firefighters and EMS providers engaging in these activities. Lastly this change in culture starts in the indoctrination of new staff just like Firefighter 1 or EMT-B class.

Written by Dave Black

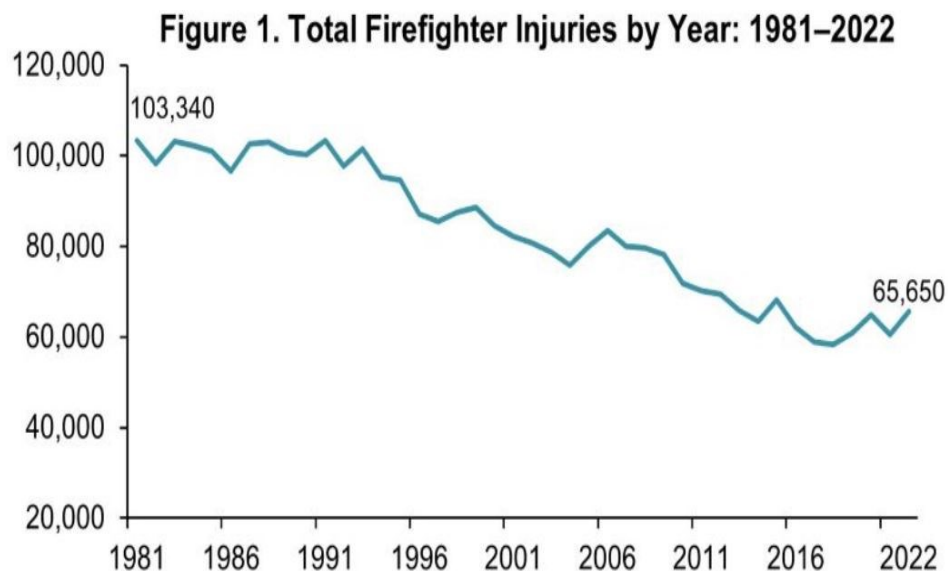
[Firefighter Close Calls](#)



Just Culture: An Organizational Paradigm Shift for Near-Miss Reporting

According to data published by the National Fire Protection Association (NFPA) in December 2023, there were over 65,000 line of duty injuries and 96 line of duty deaths in 2022. While these numbers are received through official reporting channels, there is undoubtedly un-reported events that have resulted in injury. Furthermore, it is safe to assume there are even more events that go un-reported that did not result in injury or death but had a significant probability to result in injury or death had the event unfolded differently. The fire service collectively refers to those events as “near misses.” Near misses are not mandatory reporting events for most departments so it is difficult to quantify their prevalence in today’s fire service.

Many factors may contribute to why these events are not voluntarily reported but organizational culture may play a role. Most people who have been in the fire service for any length of time can think instantly think of superior officers they would feel comfortable reporting issues to. They can also recall officers who they would rather not inform of issues for fear of embarrassment, retaliation, undesirable crew assignments, or poor performance reviews. At higher levels in the department, a sign of organizational culture that may dissuade personnel from reporting near miss events would be how the department conducts formal and informal post incident analyses (PIA). Do these



NFPA estimates that 13,675 injuries, or 21 percent of the injury total, resulted in lost time.

PIAs look to identify strengths and weaknesses or do they look to place blame on crews or individual personnel? Are these PIAs constructive and conducted with mutual respect for participants or are they one-sided criticisms?

A cultural shift the fire service should look to adopt would be the utilization of ‘just culture’. Just Culture has its roots in the aviation industry as a common safety practice among flight crews. In the 1980’s, the aviation industry looked at a granular level to identify how they could limit or eliminate aircraft incidents and accidents. During this assessment, “there was a systematic review of the technology, the training, and the culture in aviation. It was recognized that the conditions for accidents were often known by people in the workplace who were afraid to speak up for fear of being reprimanded or humiliated” (Allyn,

2019). People who have a fear of reprimand, humiliation, or other perceived untoward effect of speaking out or reporting safety concerns will not report them. This prevents the organization from gaining valuable insight into why and how near miss events occurred and disseminating those findings out to the entire organization. This intimidation or fear therefore places other members of the organization at risk of experiencing a similar event without the knowledge of how to mitigate or prevent it. Ultimately, this cycle increases the likelihood that an organization will have a formal report of a line of duty injury or fatality as their personnel will not have gained the knowledge on mitigation or prevention of the event until it was too late.

The medical community has adopted just culture as a foundation of their day-to-day quality improvement

Key Components of Just Culture

- Adopting one model of shared accountability
- Learning from mistakes vs. blaming individuals
- Managing behavioral choices (human error, at-risk behavior, reckless behavior)
- Designing safety into all clinical systems and processes
- Commitment of organization/leadership to shared goals

efforts. Dr. Nadja Kadom, an associate professor and director of pediatric neuroradiology at Emory University School of Medicine in Atlanta, provided several insights about just culture in an article for the Radiological Society of North America. She stated, “shifting from blaming individuals to looking at the system as a whole in a just culture leads to a more productive organization and a more enjoyable work environment” (Allyn, 2019). Another commentator in the article, Dr. Priscilla Slanetz from Harvard Medical School, added “by encouraging open communication or error in a non-punitive environment, just culture holds institutions accountable for actions” (Allyn, 2019).

A just culture is a behavior that is not one that can be practiced at just one or two levels of an organization. Just culture must originate at the top and be actively practiced by all members of the organization. “Leaders often have to unlearn their whole approach to safety, because

the instinctive reaction to an adverse event is to look for a single cause and blame the person closest to the event with the severity of the punishment tied to the result of the error” according to Dr. David Larson, vice chair of education and clinical operations at Stanford University School of Medicine.

Leadership at all levels of a fire department should strive to have their members feel empowered to report near miss events in a timely and accurate manner. While no universal reporting system for near miss events currently exists, there are several systems available for a department to utilize, such as the International Association of Fire Chief’s (IAFC) collaboration with National Near Miss (NNM) and ResponderSafety.com on a national database of near misses that can be found at www.firefighternearmiss.com. Fire service leaders should advocate for the safety of their personnel by encouraging participation in near miss reporting systems as well as

incorporate ‘lessons learned’ from within their departments. By empowering members at all ranks of an organization to discuss near misses and operational shortcomings, all members of the organization can improve and implement positive change and growth.

Written by Jon Johnson

[NFPA Firefighter Injuries](#)



[Firefighter Close Calls](#)



[Fatal Firefighter Injuries](#)



[RSNA Just Culture](#)



Understanding Fiber: Health Benefits of a Fiber-Rich Diet

I find it interesting that the sound of a sneeze elicits the words “Bless You”, however, the sound of a fart elicits laughter, and can cause people to leave a room. Both are natural body functions, yet they bring about vastly different responses. Farting can tell you a lot about your digestive health. It is a sign that you are getting adequate fiber in your diet, or perhaps need to include additional sources of fiber.

Fiber is a complex carbohydrate found in plant cell walls. There are two types of dietary fiber, soluble and insoluble. Soluble fiber controls hunger by slowing digestion and the absorption of nutrients, increasing satiety (feeling of fullness). Foods containing soluble fiber tend to have a low caloric content, helps maintain healthy cholesterol levels, reduces the risk of heart disease, regulates blood sugar levels to reduce risk of insulin resistance or diabetes, reduces your risk of cancers such as colorectal and breast, supports bowel function and regularity, reduces development of hemorrhoids, increases immunity, improves brain function, binds to toxins such as lead and mercury so they can be eliminated from the body, assists in balancing hormone levels by removing excess estrogen, and bolsters gut health by increasing the number and balance of healthy gut bacteria, creating a healthy microbiome. Foods containing soluble fiber include oats, barley, nuts, chia seeds, flaxseed, kidney beans, black beans, lima beans,

garbanzo beans, peas, turnips, Brussels sprouts, broccoli, sweet potatoes, apples, carrots, avocados, pears, apricots, and citrus fruits.

Insoluble fiber does not dissolve in water. It adds bulk to stool, assisting the passage of food and waste products through the digestive system, reducing constipation by improving bowel regularity and transit time. Insoluble fiber is found in whole grains, wheat bran, high fiber breakfast cereals, high fiber breads, whole wheat pasta, barley, nuts, seeds, beans, green beans, carrots, celery, cauliflower, zucchini, corn, dark green leafy vegetables such as kale and spinach, kiwi fruit, grapes, raspberries, blackberries, raisins, and prunes.

As fiber passes through the large intestine, it encounters normal bacteria that aid in digestion. As bacterial metabolism occurs, gas is produced as a byproduct. If too much fiber is consumed it can cause bloating, cramping, and flatulence causing discomfort to first responders during calls, training exercises, workouts, and while performing work-shift responsibilities. In addition, undigested fiber increases stool mass and volume, as well as pulling water into the large intestine. The feeling of heaviness, and possible complications with diarrhea or constipation result in discomfort, decreasing optimal work performance. Foods high in fiber are good for your health, however adding too much fiber too quickly

can promote intestinal gas, bloating, and cramping. Fiber should be increased slowly over a few weeks. This allows the natural bacteria in your digestive system to adjust to the change. It is important to drink plenty of water as fluid is necessary to assist in pushing fiber through the digestive tract.

Suggestions on how to increase fiber in your diet:

1. Include a high fiber cereal (5 or more grams per serving) for breakfast. Add nuts and berries to further increase the fiber content. Choose cereal with “whole grain” as the first ingredient, and 20% or higher of the Daily Value (DV) for fiber.
2. Consume at least half of your grains as whole grains (oatmeal, brown or wild rice, bulgur, quinoa, barley, buckwheat, corn, millet).
3. Choose whole grain bread or tortillas with at least 3 grams of fiber per serving.
4. Snack on fresh fruit (include edible skins), raw vegetables, popcorn, nuts, whole grain crackers, dried fruits. Monitor your portion size when choosing nuts and dried fruits as they are high in calories.
5. Add fiber to baked goods (berries, nuts/seeds, dried fruit, whole grain/wheat flour, oats, oat bran or wheat bran).
6. Add leafy greens and the edible skin on fruit when making smoothies.

Understanding Fiber: Health Benefits of a Fiber-Rich Diet

7. Add beans, legumes, and vegetables to salads, soups, stir fries, chili and stews.


8. Sprinkle ground flaxseed on cereals, salads, grains, vegetable dishes.

9. Add fruit and nuts to cereal, salad, yogurt, or cottage cheese.


Due to the fact that the amount of fiber varies in different plant foods, it is important to eat a wide variety of high fiber foods to maximize the health benefits. The American Heart Association recommends an intake of 25-30 grams of fiber a day. Use the % Daily Value (DV) to identify a high or low fiber food. 20% DV or more dietary fiber per

serving is considered high. 5% DV or less dietary fiber per serving is considered low. Do your best to include fiber with every snack and meal.

Summarized and Written by:
Rhonda Cohen MFF, EMT, RDN,
LDN, CSN



PHOENIX ADVOCATES
A FLYNN LAIRD LACAYO MEMORIAL FOUNDATION



Our mission is to reduce firefighter fatalities through education, awareness, and action.
Out of the ashes of our grief, we unite for progress.
-Celeste Flynn, Sara Laird & Clara Fenelon

Corrugated Stainless Steel Tubing (CSST)

LT Nate Flynn & BC Josh Laird died fighting lightning-induced CSST fires in Maryland. This program draws on the years of investigative research & analysis from these incidents.

- Educate the fire service on the dangers of CSST fires
- Research and data collection for CSST fires
- Promote stringent safety standards & consumer awareness

Vacant & Condemned Buildings

FF Kenneth Lacayo died fighting a fire in a vacant and structurally compromised condemned home in Baltimore City.

- Increase awareness of the dangers of vacant and condemned structures
- Collaboration with communities on creative solutions

Firefighters & Families

This program draws on our collective experiences & lessons learned as well as insights gained from the larger survivor community.

- Educate on the importance of proper LODD planning
- Support new LODD families
- Share resources to empower & facilitate survivor healing

Donate

Phoenix Advocates
501c3 nonprofit



Visit our website

www.phoenixadvocates.org



Report a CSST Fire

www.lightningfiredata.com

Try these energy bites for high fiber snack on the go, to make you go.

Ingredients:

2 cups rolled oats

½ cup unsweetened coconut

¼ cup ground flaxseed

¾ cup peanut butter

½ cup honey or maple syrup

½ cup mini chocolate chips

Hand mix all ingredients in a bowl. Scoop out one tablespoon of the ingredients and roll into approximately a one-inch ball. Continue until all ingredients are used. Store bites in a sealed container and refrigerate until ready to eat. If too sticky, add more rolled oats.

Nutrition facts per serving
(one inch rolled bite):

Calories: 150

Fat: 7 grams

Saturated Fat: 2 grams

Fiber: 5 grams

Sugar: 9 grams

Save the Dates

Maryland Fire Chiefs
Association
Meeting

April 27, 2024
Kent Island Fire Department

[MFCFA Spring Golf
Tournament](#)



April 12, 2024
Oakmont Green Golf Course
Hampstead, MD

[Eastern Division
International Assoc.
of Fire Chiefs
Conference](#)



May 10-11, 2024
Mount Laurel, New Jersey

[2024 MSFA & LA
Cancer Support Walk](#)



April 28, 2024
MD Fire-Rescue Memorial
Annapolis, MD

[Maryland Weekend at
the National Fire
Academy](#)



June 8-9, 2024
National Fire Academy
Emmitsburg, MD

[Women's Weekend
at the National Fire
Academy](#)



June 15-16, 2024
National Fire Academy
Emmitsburg, MD

RESPONDER
STRUCK-BY FATALITIES



THIS YEAR (THROUGH) 3/25/24

- 1 FIRE/EMS
- 5 LAW ENFORCEMENT
- 4 TOWING AND RECOVERY
- 1 ROAD SERVICE TECHNICIANS
- 0 DOT/SSP

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[MSFA
Convention](#)



June 16-21, 2024
Ocean City Convention Center
Ocean City, MD

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The number of 1st responder
suicides through
March 31, 2024.

[Firefighter Behavioral](#)

[Maryland Fire Chiefs
Association](#)



[Back Step Talks
Back Issues](#)



[First Responder
Center for Excellence](#)



[National Volunteer
Fire Council](#)



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The number of fallen firefighters
through March 31, 2024.

[US Fire Administration](#)