

Smoke Showin'

The Official Publication of the Massachusetts Call/Volunteer Firefighters Association



National Award Winner
Westport Fire Department Explorer Post #774

New England Fire/Rescue/EMS 2019



SAVE THE DATE

New England Association of Fire Chiefs

FIRE/RESCUE/EMS EXPO

June 20-23, 2019

Foxwoods Resort & Casino

www.newenglandfirechiefs.org



EDUCATIONAL PROGRAMS

ALL EDUCATIONAL PROGRAMS INCLUDE AN EXPO DAY PASS FOR FRIDAY

Date: June 20, 2019 Thursday 09:00-16:00

Location: Foxwood Resort and Casino

Educational Program: Developing Critical Incident Decision-Making Skills

Instructor: Chief John Sullivan, Brookline Fire Department, MA

June 20, 2019 Thursday 08:30-16:30

Educational Program: Forcible Entry for Line Officers and Firefighters

Location: Foxwood Resort Fire Station

Presented by; Paul J. De Bartolomeo and Daniel Gordon

CT Custom Fire Training LLC. & Flash Fire Industries

June 20, 2019 Thursday 08:30-16:30 Fire Station

Educational Program: Machinery Rescue by Take the Door Training

Presented By: Auggie Matt

REGISTRATION ONLINE AT NEWENGLANDFIRECHIEFS.ORG



2019

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The editorial staff of *Smoke Showin'* is always looking for topics and articles about the industry. If you have any suggestions or would like to write an article, please contact Larry Holmberg at editor@mcvfa.org.



USFA Releases Guide on Emerging Health and Safety Issues Among Women in the Fire Service

The U.S. Fire Administration and International Association of Women in the Fire & Emergency Services, in partnership with other organizations including the NVFC, have released a new guide on Emerging Health and Safety Issues Among Women in the Fire Service. The guide highlights health and safety issues facing female firefighters and EMS responders and provides recommendations and resources for reducing risks and keeping women safe on the job.



Below is the link to the Guide. It may also be found on the MCVFA website, www.MCVFA.org. 

www.usfa.fema.gov/downloads/pdf/publications/emerging_health_safety_issues_women_fire_service.pdf

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President's Message

The MCVFA has recently joined forces with the Fire Marshal's office and others on a project with the aim of increasing the ranks of firefighters and other emergency services personnel within the Commonwealth. A committee has been formed with representatives from the Chiefs, the Fire Marshal, DFS, MFA and several school districts. With the assistance of the Department of Education, the committee is looking to offer educational programs in schools to students who may be interested in a career in the public safety and emergency services sector.

I am also currently working with others on a committee formed by DFS for a grant program for PPE Extractors. Money has been added to the state supplemental budget with help from the Fire Marshal's office. The committee is formulating grant language that would allow departments in need of an extractor to purchase one through this program. This is a work-in-progress and we will keep you informed as information becomes available.

I attended the Western Mass. EMS Annual Meeting in Northampton. There was an interesting topic given by Program Manager Scott Cluett on Mobile Integrated Health Care (MIH) and Community EMS. These are new programs that utilize mobile resources to deliver care and services to patients in an out-of-hospital environment in coordination with healthcare facilities or other healthcare providers.

I would like to remind the membership that the Annual State Meeting will be here before long. This year's date will be Saturday, October 19, 2019. The meeting will be held again at the Hadley Farms Meeting House. If you haven't already, please mark it on your calendar. The registration page will be available soon on-line.

As in the past, we will be presenting our Firefighter Memorial program again honoring those who have passed away during this past year. If you have had a firefighter that passed away this

past year, please let us know. We are also working on topics of interest for this year's seminars.


This is also an election year as the president, secretary and treasurer positions are up for election. Since this is my last term, I hope there is that person out there that we can count on to step up and lead this Association. There is a great core of people that will assist you in any way they can.

By now, your departments should have received their 2019-2020 Dues Packets. I would like to take this time to thank all of our member departments for their support of the organization. Without you, we would not be able to offer you the benefits you now have. We hope that if your department is not currently a member, that you would consider joining.

The MCVFA counts on your dues to accomplish its mission. This especially pertains to the cost of the 24/7 AD&D policies we offer as well as your issues of *Smoke Showin'*, the Hindley Scholarship and other benefits in addition to those costs associated with the running of this organization.

Paying your dues on time allows us to create a budget that will allow the MCVFA to operate in a proficient manner.

Your By-Laws are clear in this matter. Under Article 7, Section C - Membership in the MCVFA shall be suspended if dues are not paid sixty (60) days after the due date. A suspended member shall have no voting rights or benefits...

Please do not lose your benefits... 

Kevin Connolly
MCVFA President

Thank you all...and be safe!



Fire Service Certification: Meeting National Standards

Fire department personnel in Massachusetts validated their knowledge and skills against national standards with fire service certification at a rapid pace last year. In 2018, 2,070 certifications were awarded to fire service personnel who successfully completed assessments through Massachusetts Firefighting Academy (MFA) training programs and/or open examinations. These achievements were recorded with the National Pro Board Registry so users can verify certifications earned in Massachusetts and through other accredited agencies in the Pro Board system.

All changes to the national standards are made after careful consideration by subject matter experts. The experts review what is expected of personnel performing at different levels

including: Firefighter I/II, Fire Officer, Fire Instructor, Technical Rescuer, etc. As the professional qualification standards change, so do the assessments at each level.

Various initiatives have further aligned National Fire Protection Association (NFPA) standards with the practices of our accrediting body, the National Board on Fire Service Professional Qualifications. As a result, the Massachusetts Fire Training Council (MFTC) has adopted policies in keeping with these changes.

The following are required for certification examinations conducted after July 1, 2019 (in addition to prerequisites):

CERTIFICATION LEVEL NEW REQUIREMENTS

FIRE INSTRUCTOR I	Pass a written exam followed by a multi-station practical exam OR Pass the MFA training program “Fire Instructor I” and a separate written exam.
FIRE OFFICER I	Pass a written exam followed by a multi-station practical exam OR Pass the MFA training program “Company Officer I” and a separate written exam.
FIRE INSTRUCTOR II	Pass a written exam followed by a multi-station practical exam OR Pass the MFA training program “Fire Instructor II” and a separate written exam.
FIRE OFFICER II	Pass a written exam followed by a multi-station practical exam OR Pass the MFA training program “Company Officer II” and a separate written exam.
INVESTIGATOR	Pass the MFA training program “Advanced Fire Investigation” and a separate written exam.

The MFA training programs Fire Instructor I, Fire Instructor II, Company Officer I, Company Officer II, and Advanced Fire Investigation, will contain evaluations that directly address their respective NFPA standards.

For more information, review each certification level in the DFS Learning Management System. 🔧

ATTENTION! FIRST RESPONDERS!



Small Animal Life Support



Some training sessions will include live animals.

BART Basic Animal Rescue Training

Basic Animal Rescue Training (BART) was established by veterinarian Dr. Janet Olsen in December 2004, in response to the tragic loss of a pet in a house fire in New Brighton, Minnesota. The burning home belonged to a firefighter and his 13-year-old German Short-haired Pointer named Bart, who was trapped inside. The department extinguished the fire and located Bart, who was unresponsive. Because the firefighters did not have the knowledge base or equipment to help Bart, he died.



Training is available statewide at a location of your choice.

Maximum number of participants is 30 per training session.

BART is a Department of Homeland Security (DHS)-approved course that empowers emergency personnel with the training, knowledge, and equipment necessary to safely and effectively address the needs of animals encountered in emergency situations, in order to preserve human health, safety, and well-being. BART fulfills the requirements of the Pets Evacuation and Transportation Standards (PETS) Act enacted by Congress in 2006.

This one-day workshop includes four modules – one or more includes live animals:

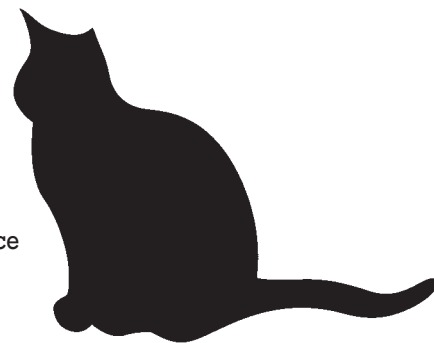
- Awareness, Resources, and Learning Concepts
- Evacuation: Handling and Restraint
- Patient Assessment and First Aid
- Cardiopulmonary Resuscitation

Who should attend

First responders (police, fire and rescue, EMTs/ambulance service personnel, animal control officers)

For more information, please contact David Schwarz at DSchwarz@smartma.org

Basic Animal Rescue Training (BART) is a 501(c)(3) nonprofit organization. For more information, go to <http://basicanimalrescuetraining.org>.



Westport Fire Department Explorer Post #774

Named NVFC Junior Firefighter Program of the Year

The National Volunteer Fire Council (NVFC) is pleased to announce that the Westport Fire Department Explorer Post #774 will receive the 2019 Junior Firefighter Program of the Year Award, sponsored by California Casualty. This national award honors a junior firefighter program or Explorer Post that has demonstrated significant community impact, innovation, and creativity. This is one of four annual fire service achievement awards presented by the NVFC.

“We had a remarkable pool of nominees who demonstrate the meaning of excellence in the fire service, and we thank them all for their service,” said NVFC Chair Kevin D. Quinn. “We commend the Westport Fire Department Explorer Post #774

for the remarkable impact they have made on their department, community, and the fire service. The Explorers and advisors in this program showcase outstanding commitment and service, and their inspirational work embodies the incredible spirit and contributions of the volunteer fire service.”

The award will be presented in the department’s hometown of Westport, MA, so that all of their junior firefighters have the opportunity to attend. Learn more about the NVFC’s awards program at www.nvfc.org/awards.

Established in 2016, Westport Fire Department’s Explorer Post #774 was developed virtually from scratch with very little




framework or funds and on an all-volunteer basis. The program seeks to inspire its members and mentor them with the goal of creating future leaders in the fire service.

The program has already grown to 16 active youth members and has a dedicated adult leadership staff with years of experience in the fire service to share. Youth members go through a comprehensive fire and EMS training curriculum. They become first responder certified and once certified are eligible to join the department's Emergency Management Agency (EMA). Once they become part of the EMA, they are allowed to operate with ancillary duties during fire incidents that keep them outside of the "hot zone." EMA Explorers have provided more than 100 community service hours over the last 12 months to fire department incidents and trainings and have participated in various community events as volunteers for festivals, open house events, and department functions, both in their own community and communities nearby. Members learn important life skills, responsibilities, and accountability as well as an unmatched camaraderie that can only be experienced in the emergency services.

Each year, the Westport Explorers put on a week-long intensive training camp and have involved other Fire Explorer Posts from Massachusetts and nearby states. The training camp has included various agencies such as other local fire departments, the Bristol County Technical Rescue Team, State Forest Fire Control, and the Massachusetts Firefighting Academy. During these events, local Scouting facilities are utilized as accommodations, additional training sites, and programming of team-building challenges facilitated by specialized Scouting program directors and staff.

The program has also helped to shape a new internship program at Westport High School; youth members are allowed to continue their training and ride along at the department while obtaining school credits. Since launching in November, fire department interns have completed over 60 training hours in addition to their weekly Post trainings. Explorers also participate in local fire department musters and bring a new energy to these events.

"By all measures this program has been a great success," explained Post advisor and Westport firefighter Ann Marie Peckham. "In three years, the Westport Fire Explorer

Program has grown into a valuable asset for the future health and growth of my department. It even inspired a nearby community to develop a program of their own." Graduating Explorers in the program have gone on to the Massachusetts Call/Volunteer Firefighting Academy or EMT-basic school and have successfully taken the next step towards a career in fire and emergency medical services. 

About the National Volunteer Fire Council

The NVFC is the leading nonprofit membership association representing the interests of the volunteer fire, EMS, and rescue services. The NVFC serves as the voice of the volunteer in the national arena and provides invaluable resources, programs, education, and advocacy for first responders across the nation. Learn more at www.nvfc.org.

About California Casualty

Founded in 1914, California Casualty provides auto and home insurance to firefighters, peace officers, educators, and nurses in 44 states. The company routinely maintains a 99 percent customer service rating and a 96 percent claims rating. Learn more about their exclusive coverage and discounts at www.calcas.com.

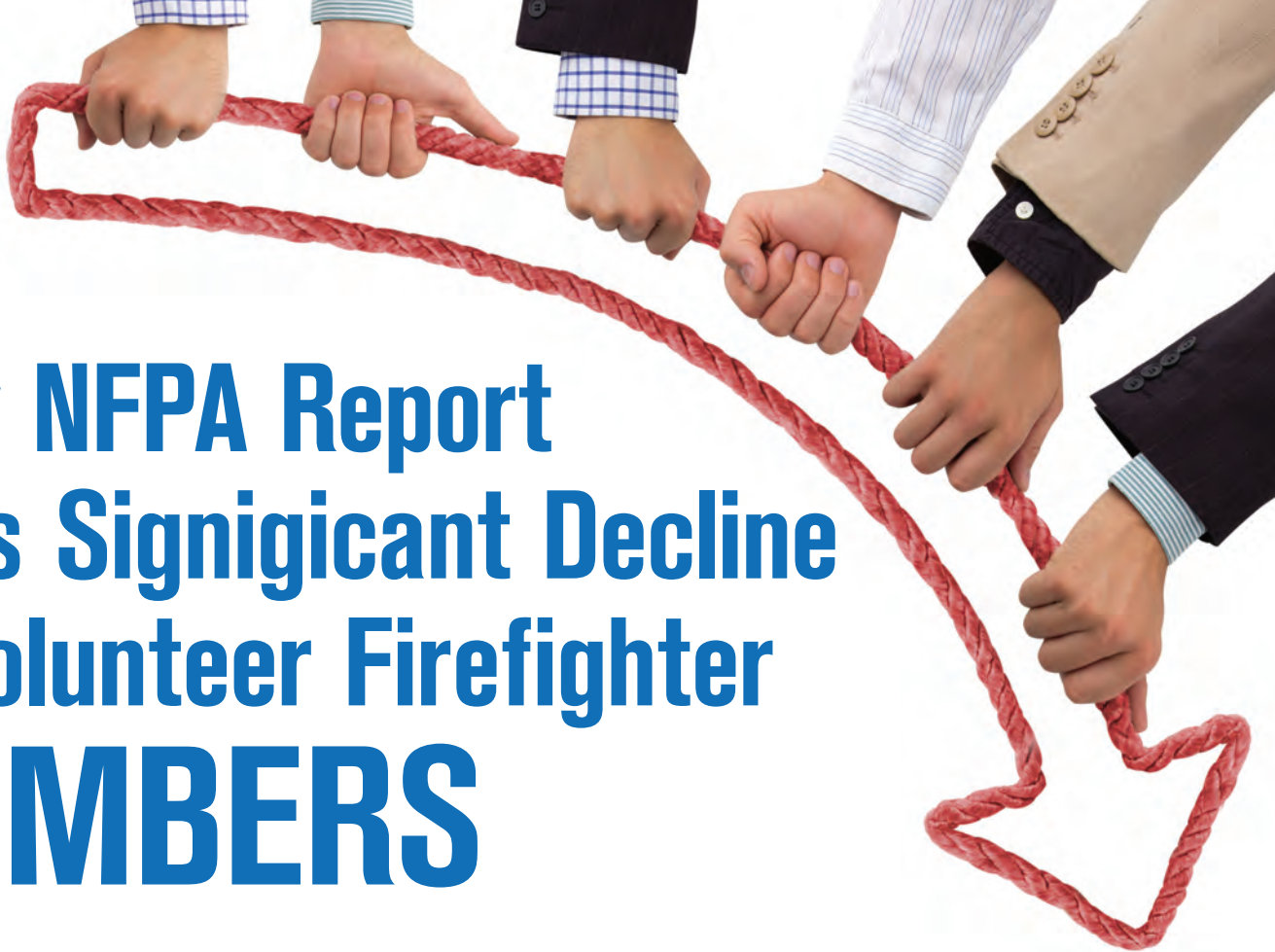


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New NFPA Report finds Significant Decline in Volunteer Firefighter NUMBERS

In March 2019, the National Fire Protection Association (NFPA) published its 2017 U.S. Fire Department Profile report. The report, which is based on data collected via a national survey of fire departments, estimated that there were 682,600 volunteer firefighters in the United States in 2017. That is down significantly from the 814,850 and 729,000 volunteer firefighters that the NFPA estimates were active in the U.S. in 2015 and 2016, respectively.

The volunteer firefighter numbers for 2016 and 2017 are the lowest recorded levels since the NFPA began the survey in

1983. There was no NFPA U.S. Fire Department Profile report released in 2016, and the 2017 report is the first time that the data for 2016 or 2017 has been made available.

“This report should be a wake-up call for everyone who serves in, is protected by, or cares about the volunteer fire service,” said National Volunteer Fire Council (NVFC) Chair Kevin D. Quinn. “We know many volunteer fire departments are struggling to maintain adequate staffing. However, the scale of the loss of volunteer firefighters estimated in this report is really disturbing and something that we need to work as a community and a nation to address.”

Number of Firefighters in the U.S., 1983, 1990, 2000, 2010, and 2015-2017

Year	Total	Career	Volunteer
1983*	1,111,200	226,600	884,600
1990	1,025,650	253,000	772,650
2000	1,064,150	286,800	777,350
2010	1,103,300	335,150	768,150
2015	1,149,300	345,600	814,850
2016	1,090,100	361,100	729,000
2017	1,056,200	373,600	682,600

**Note, this is the first year for which firefighter numbers are available from the NFPA.*

Source: NFPA Survey of Fire Departments for U.S. Fire Experience

It is important to note that these numbers are estimates based on responses to a survey of a sample of U.S. fire departments that is designed to be representative of the overall U.S. Fire Service. Approximately 8.7 percent of fire departments surveyed responded to the survey. Any annual differences reflect both actual changes in what is being measured as well as year-on-year statistical and sampling variability.

According to the report, 83,550 of the 132,250 reduction in volunteer firefighters between 2015 and 2017 occurred in fire departments protecting communities with populations of 2,500 or fewer residents. The NFPA estimates an overall decline of 83,900 firefighters (career and volunteer combined) in those communities, a reduction of more than 20 percent over a two-

Age Range of Firefighters Protecting Communities with Populations of 2,500 or Less

Year	Under 30	30-39	40-49	Over 50	Under 40	Over 40
1987	29.7% (132,908)	33.5% (149,913)	20.9% (93,528)	15.9% (71,153)	63.2% (282,821)	36.8% (164,681)
2000	24.4% (100,601)	29.9% (123,278)	26.8% (110,496)	18.9% (77,925)	54.3% (223,879)	45.7% (188,421)
2010	23.7% (89,497)	24.5% (92,500)	23.1% (87,214)	28.7% (108,357)	48.2% (181,997)	51.8% (195,571)
2015	23.9% (96,687)	23.6% (95,474)	21.6% (87,382)	30.8% (124,601)	47.5% (192,161)	52.4% (211,983)
2017	24.0% (90,804)	23.0% (76,383)	21.0% (69,741)	32.0% (106,272)	47.0% (156,087)	53.0% (176,013)

Source: NFPA Survey of Fire Departments for U.S. Fire Experience

year span. It should be noted that cross sections of data tend to produce less reliable estimates, statistically speaking, than the dataset as a whole because the sample size is smaller. That is particularly true for data in these reports related to smaller communities, where response rates tend to be lower than for communities with higher populations.

In addition to the decline in the number of firefighters serving in the smallest communities, the average age of those firefighters continued to increase in 2017. Fifty-three percent of firefighters serving communities with populations of 2,500 or less were over the age of 40, and 32 percent were over the age of 50 in 2017. This continues an aging trend that has been happening for years among the population of firefighters in small communities.

In 2015, at the request of the NVFC, the NFPA added a question to the survey about the tenure of active volunteer firefighters. While it is difficult to extrapolate very much from just two years of data, having information about volunteer firefighter tenure combined with the other data in the report will be useful in helping to identify trends in volunteer service moving forward.

in helping to address. This year, the federal government will award more than \$40 million to local fire departments to help pay for volunteer recruitment and retention efforts through the Staffing for Adequate Fire and Emergency Response (SAFER) grant program, funded out of the Federal Emergency Management Agency. Efforts are underway in Congress to make volunteer fire and EMS personnel eligible for student loan forgiveness and housing assistance, as well as to modify the tax code to make it easier for local communities to offer incentives.


“We need to redouble our efforts to help local communities bolster volunteer staffing levels,” said Quinn. “We should also start thinking about the practical implications of lower volunteer numbers, and how fire protection and emergency medical services are delivered by agencies that are struggling to maintain volunteer staffing. Finally, it is important to recognize that the staffing needs in every fire and EMS agency are unique. Departments in super rural areas are going to have very different challenges than departments that are in or near a large population centers, for instance. There is no such thing as a ‘typical’ fire department, and I would caution against making

Volunteer Firefighter Tenure Profile

Year	1 year or less	1-5 years	6-10 years	10 or more
2015	77,450 (9.5%)	207,950 (25.5%)	189,200 (23.2%)	340,250 (41.8%)
2017	71,000 (10.4%)	179,600 (26.3%)	148,000 (21.7%)	284,000 (41.6%)

Source: NFPA Survey of Fire Departments for U.S. Fire Experience

Although the 2017 report contains new data suggesting a troubling trend in volunteer firefighter staffing, it has been clear for years that recruitment and retention of volunteers is a public policy challenge that all levels of government have a role

assumptions about the circumstances of any particular agency based on the data in this or any other national- or state-level report.” 

First Responders & Opioid Emergencies



OPIOID CRISIS

by Deborah A Clapp, BA, I/C, NRP, Executive Director, Western MA EMS, Inc.

Emergency response to opioid overdoses has become all too common across Massachusetts, in rural as well as urban areas. We must be alert to possible overdose situations in all settings, (including motor vehicle crashes) and among all age groups.

In 2018, there were approximately 2,000 opioid-related overdose deaths in Massachusetts (2018 numbers are still being finalized in the first half of 2019). This translates to

over 5 deaths every day. Although not all of these deaths had toxicology screening performed, of the nearly 1500 tox-screens analyzed, 89% had a positive screen for fentanyl. In addition, toxicology screenings tell us that at least one-third of the fentanyl overdose deaths include additional drugs such as cocaine, heroin or amphetamines.

(Sources Massachusetts Registry of Vital Records and Statistics, MDPH Massachusetts Office of the Chief Medical Examiner)

Background

What does “opioid” mean? It is a catch-all term used to refer to naturally-occurring substances in the opium poppy plant, such as morphine and codeine, as well as human-made products derived from additional processing of poppy plants, such as heroin or oxycodone. “Opioid” also includes a group of completely synthetic drugs that mimic the effects of opium products, such as pharmaceutical fentanyl and methadone. Each of the legal opioids is used to relieve severe or prolonged pain, and methadone is additionally used to help wean habituated users off of other opioids. Heroin is a cheap, street-ready alternative to the more pricy legal opioids. All of these types of drugs have an affinity for, and will attach to, receptors in our brains that regulate pain response, euphoria and even breathing. When this happens, much like a key being inserted into a lock, the opioid exerts its influence upon the brain and will overrule the brain’s other actions, including regulation of breathing. Our brains and bodies can easily become dependent on the effects of these drugs and can begin to show withdrawal symptoms (restlessness, watery eyes, nausea, belly cramps, muscle aches, sneezing, etc.) until another dose is provided.

Pharmaceutical fentanyl is manufactured to specific strengths and formats (injectable, patch, and lozenge). This type of fentanyl is most commonly diverted for illicit use by healthcare providers or family members of chronic-pain or hospice patients, and represents a small but significant percentage of overall opioid abuse. The majority of fentanyl overdose deaths that we see are caused by illegally manufactured fentanyl, produced in unknown strengths, with unknown additives, fillers and contaminants, and often cut with other illegal drugs or sold at full-strength to unsuspecting buyers. Recent reports indicate that some drug dealers are adding fentanyl into marijuana in an effort to make their illegal product stronger and more appealing than legal pot.

Signs & Symptoms

On every emergency response, be alert to the possibility of overdose as a contributing factor to the emergency. Remember to scan your scene as you arrive and enter the situation. Do you see things that don’t match up, for example, a minor fender-bender with an unresponsive patient? Do you see any evidence of drug use, such as discarded needles, small baggies or packets with designs or names on them, items that could be used to snort or smoke drugs, such as pieces of aluminum foil, rolled up dollar bills, straws or water pipes? At times you might smell a vinegar-like odor that shows up when certain types of heroin are heated to inhale the vapors. Remember that not all overdose patients will have obvious needle marks; many people believe that they are safer if they don’t inject the drugs, choosing to snort or smoke their crushed pills or powders instead. People can still overdose even when snorting or smoking opioids.

Some people inject drugs in areas that are hidden, such as groin area, behind the knees, between toes or even inside their nostrils. Perhaps a bystander may tell you that your patient overdosed; bystanders that were also using drugs are protected from prosecution if they call 911 and remain on scene to provide helpful information. Here are possible overdose signs: unresponsive or very drowsy and difficult to rouse, slow/shallow or no breathing, pinpoint pupils, clammy skin, bluish lips or fingernails.

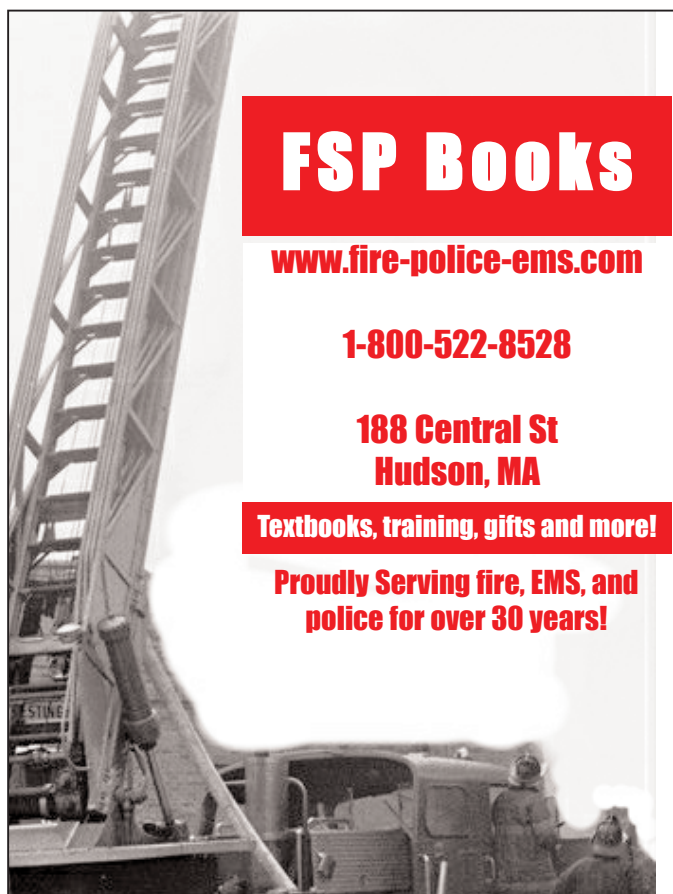
Personal Protection

Pay attention to your own safety—be sure you are wearing gloves while caring for your patient, and never touch your face, nose or eyes during a call or until you can properly discard your gloves and wash your hands. A face mask is highly recommended in case there is any drug residue that could become aerosolized—fentanyl and other opioids do not cross the skin barrier, but could be inhaled or absorbed via your mucus membranes, and we never know what else is mixed into the drugs that were used, so always use caution when handling your patient.

Assessment & Response

After we assure scene safety and that we are properly protected from body fluids and other substances, we do our primary

continues on page 14



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assessment to identify life-threats---threats to airway, breathing or circulation that could kill our patient. You may not be able to tell if your patient is breathing or has a pulse. Quickly get them onto their back on the floor or ground, gently tip their head back to open their airway, and then do what you learned in your CPR class: simultaneously look and listen for breathing, observe their body for movement (chest rise, limb movements, eyelid fluttering etc.) and check their carotid pulse for up to 10 seconds.

If your patient is not breathing and has no pulse, begin CPR and apply your AED; be sure to update responding EMS personnel. If your patient has slow, shallow breathing, or no breathing but still has a pulse, grab your bag-valve-mask (BVM) and begin assisting ventilations. You learned to use a BVM during CPR and your First Responder class. Assisting an overdose patient's breathing is truly a life-saving skill. Be sure to fit the mask properly on your patient's face, achieve a good seal, and gently squeeze the BVM, just until you see chest-rise. You absolutely can use the BVM when they are still breathing. They are most likely breathing only 4-6 times per minute (once every 10-15 seconds), not enough to keep their brains sufficiently oxygenated. Deliver a breath every 5-6 seconds (for a rate of 10-12 breaths per minute). Position yourself at the top of the patient's head so you are looking down at their chest. Watch their chest---as they begin to take a breath, their chest will rise and you can squeeze the BVM at the same time. Not only are they breathing too slowly on their own, their breaths are too shallow to make a difference. They need your help! Using a BVM is a challenging skill; it's a good idea to pull out a CPR manikin periodically and practice your technique---don't wait until your next FR refresher to practice with this vital equipment.

If your agency or municipality holds a MA Controlled Substance Registration (Drug Control License) and your agency stocks naloxone (Narcan), and you have taken the 1-hour First Responder naloxone training, go ahead and provide a nasal administration. Check your naloxone package ahead of time so you know what your delivery system looks like and how to administer this life-saving drug. A 15-minute review every few months will keep the information fresh in your mind.

Naloxone only affects opioids and will knock them off of the brain receptors temporarily, allowing the brain to return to usual activities, including regulation of breathing. In these situations the patient's brain may be hypoxic and slow to respond. The patient depends on you for assistance during this time. Observe your patient for 3-5 minutes while you

assist ventilations. If there is no improvement (e.g., their own breathing rate stays extremely low and shallow), you can consider an additional dose of naloxone. Take out your phone right now, and set your timer for 5 minutes: it's longer than we think it is when we are handling an emergency! It is not helpful to the patient to give multiple doses quickly---you are more likely to precipitate withdrawal symptoms and a violent awakening. The data on toxicology screens tells us we are likely to be treating a multi-drug overdose; precipitating complete withdrawal from the opioid may mean the patient is now fully experiencing the effects of some other drug, posing a danger to you and others. Rapid multi-dosing with naloxone can also increase the likelihood of projectile vomiting and acute hypertension. You can enlist a bystander to track the time for you as you continue to assist ventilations. Our goal in administering naloxone is not to fully wake the patient, it is to restore a more normal breathing pattern. Many patients will rouse a bit and begin to breathe at a more normal rate; they won't fully wake, this is perfectly fine and they will receive further care from EMS upon arrival. In these situations, place them in the 'recovery position' (left side) in case of vomiting and continue to monitor them.

In cardiac arrest situations, we don't recommend nasally-administered naloxone and here's why: under normal circumstances the rich capillary system inside the nostrils will circulate the naloxone through the bloodstream and into the brain; in cardiac arrest, capillary beds are essentially non-functional. The naloxone will just sit there. Eventually, assuming the patient can be resuscitated, those capillary beds will re-activate and the naloxone will be circulated. If naloxone has been administered intravenously by the medics or in the E.D., the extra, unexpected dose can contribute to severe withdrawal symptoms.

Finally, whenever you administer naloxone, you must write a patient care report to be kept on file at your agency and shared with the EMS Medical Director at the hospital where your agency has a memorandum of understanding for AED and naloxone. Your report should be precise and include your objective findings and your treatment and further assessment results. When you have a chance, review the call with your Training Officer to see if anything in your response plan needs updating. 🚒

First Responders are a critical link in the Chain of Survival---thank you for everything you do!

Interested in Being an MCVFA Officer?

NOMINATIONS ARE NOW OPEN

The Association Bylaws created the Elections Committee to oversee the entire elections process. Every April, the Elections Committee must notify the membership of positions whose term of office will conclude on December 31.

Positions to be decided at the Annual State Meeting in October are:

President of the Association

President Connolly is completing his second consecutive term and therefore is ineligible for reelection.

Those eligible to be nominated during this time period are

- the five serving regional vice presidents
- the seven past presidents of the Association

Eligibility:

1. A candidate must be a duly elected sitting Vice President, a Past President or a sitting President eligible for reelection under Article 3 Section 2(a)
2. In the event that no eligible candidate is able or willing to run for the office of the President, any member in good standing with a continuous membership in the Association for at least five (5) consecutive years may stand for election for the office of President provided that such member is a category B-1, B-3, B-4, B-5, B-6 or B-7 member.

Secretary of the Association – David Sullivan of Seekonk is the incumbent.

Treasurer of the Association – This will be a special election to fill the balance of the term for the retiring, yes again and absolute, Treasurer, Larry Holmberg.

Eligibility:

1. Any Active Member of this Association who has been an active member in good standing for three (3) consecutive years is eligible to hold this office.
2. A candidate must be a B-1, B-3, B-4, B-5, B-6, or B-7 member.

Positions to be decided at Regional meetings held by September 20 are:

Region 1 Coordinator

Rachel Rawlings of Onset is the incumbent. 2-year term

Region 3 Coordinator

Seth Grill of Upton is the incumbent, 2-year term

Region 4 Vice President

Josh Ellinger of Huntington is the incumbent, 2-year term

Region 4 Coordinator

Vacant, 1-year term

Region 5 Coordinator

Kevin Hempstead of Clarksburg is the incumbent, 2-year term

Eligibility:

1. Any Active Member of this Association who has been an active member in good standing for three (3) consecutive years is eligible to hold this office.
2. A candidate must be a B-1, B-3, B-4, B-5, B-6, or B-7 member.

This announcement opens the nomination process. Anyone interested in being a candidate for any of these positions, including incumbents, should express their intentions to the MCVFA Office by August 1.

The Elections Committee will then review all potential candidates to determine their eligibility and submit a slate of qualified candidates to the Delegates and Alternates by August 15.

If you have any questions about the election process or the duties of the various positions, please contact the Elections Committee at elections@mcvfa.org or you may call Larry Holmberg at 413-296-4247.





HEALTH & WELLNESS

DOMINICA D'AVELLA, CSCS, EP-C, PFT

In order for any team to succeed, we know that everyone has to do their part - but what does that really mean? In the fire service, any department or crew is only as strong as its weakest link; yet there needs to be some sort of consensus about how to identify and address those weak links (and do so in a positive and productive way). I recently gave a talk along these lines during Safety Stand Down week, covering some commonly overlooked ways to improve firefighter safety and survival, regardless of the department-specific operating context.

Sometimes we get so focused on how conditions and constraints differ from department to department that we forget how many shared challenges exist; challenges that can be improved through the systematic application of shared principles. This is especially true when it comes to health and wellness. Departments work hard to ensure a timely and capable emergency response; SOPs/SOGs and training help accomplish this task. Often though, the effort and coordination that goes into generating that response is more focused on readiness at the firefighter level than the human being level. Case in point: do you have health and wellness related SOPs/SOGs? Training?

Whether your department has an official wellness program or not, you have to make daily decisions about your personal well-being. Make no mistake, your personal well-being is your operating platform for the execution of your firefighting skills. Of course it is vital that your knowledge, skills, and abilities as a firefighter enable you to know what to do, how to do it, when to do it, etc. This is where 'doing your part' comes in - how easily can you answer each of the questions below... not just in firefighting readiness terms, but in human readiness terms?

That may sound strange, but the general health and fitness of American adults - and yes, American firefighters - suggests that, on average, we are struggling mightily to meet very basic standards of well-being. Doesn't that seem like a crucial part of generating an effective and efficient emergency response? Reframing this issue as one of operational readiness will allow us to answer these questions far more constructively. Considering specific, relevant *physical* and *mental* aspects of readiness (rather than the technical ones) how would you answer the following questions?

(P)reparation: What does it mean to be prepared?

(A)ccountability: How are you personally accountable for this preparation?


(R)esilience: How do you cultivate resilience in light of job/life demands?

(T)raining: What training will help you continue to improve with the physical and mental skill side of the job? How will you know you are improving?

If multiple people from your department answered these questions, how similar do you think their answers would be? Would the answers be more similar if answered from a firefighting perspective than from a physical and mental readiness perspective? Why or why not? Part of enabling progress is getting everybody to the table and participating in the same conversation. We don't all have to do things the same way; ample opportunity exists to share learning from different circumstances when we have a common framework and a willingness to use it.

There is strength in sharing struggles, missteps, and successes - provided it is done in an appropriate and respectful way. The brotherhood and sisterhood of the fire service offers a built in sense of community that can be an enormous asset when it comes to health and wellness - but only if we are willing to dig deep and have tough conversations. Nobody is perfect, nobody has it all figured out; we are all a work in progress and there is no finish line. Every day we get up, we have the choice to do things that are going to make us a little bit better or a little bit worse.

Firefighters are great at taking care of other people, but you can't pour from an empty cup. Taking care of yourself, leading by example, and encouraging your brothers and sisters to join you is in and of itself a life-saving endeavor. You are better able to serve your loved ones and your community if you are coming from a place of greater well-being. Imagine what your department would look like if everyone did their PART... change happens one person at a time. Be the change.

If you would like to share your Health & Wellness success stories or questions, please contact Dominica D'Avella, MCVFA Health & Wellness Coordinator, dominica.davella@gmail.com. Stay safe! 

2019 Firefighter Safety Stand Down

Focusing on Cancer Prevention in the Fire Service



Safety Stand Down is a joint initiative of the International Association of Fire Chiefs (IAFC) and the National Volunteer Fire Council (NVFC). The event is coordinated by the IAFC Safety, Health and Survival Section and the NVFC, and is supported by national and international fire and emergency service, health and safety organizations.

The goal of both IAFC and NVFC is to reduce the number of preventable injuries and deaths in the fire and emergency services. Safety Stand Down focuses on responders taking care of themselves on and off the job. The week is designed to increase awareness and action so that safety and health become a priority in all fire and emergency service departments.


Safety Stand Down 2019 (June 16-22), focuses on reducing exposure risks and implementing cancer prevention recommendations in the *Lavender Ribbon Report*. Fire and EMS departments are encouraged to suspend non-emergency activity during Safety Stand Down and to focus on education related to the theme. The event lasts for a week so that all shifts and duty crews can participate. Visit www.safetystanddown.org for more information and resources.

DFS Safety Stand Down Week Activities

DFS will host activities that increase awareness, and that allow firefighters to take action on cancer risks. DFS will host seminars on decontamination, cleaning and inspecting personal protective equipment (PPE) for staff and for fire

departments at the Stow (June 20) and Springfield (June 18) campuses. Upcoming changes in the NFPA Standard 1851 that covers PPE will also be reviewed.

MFA has many cancer awareness and wellness activities planned for Stand Down Week. As part of the Senior Fire Officer Forum Series, Dr. Michael G. Hamrock, a leading specialist on firefighter occupational cancer, will present Promoting a Culture of Health, Safety, and Fitness for the Fire Service in Massachusetts on June 17. He is a former firefighter and is now the physician for the Boston Fire Department. Dominica D'Avella, a health fitness specialist, will present The Missing Link: Leveraging Human Factors to Maximize Firefighter Resilience. Her presentation will focus on behavioral health and wellness for firefighters include sports medicine and the mind-body connection in staying healthy. She is the health and wellness coordinator for the Massachusetts Call/Volunteer Firefighters Association.

The MFA will offer four sessions of the very popular cancer awareness class Taking Action Against Cancer in the Fire Service; two in Stow (day and evening), one specifically Recruit Class #S11 in Springfield and one in Turners Falls on Saturday, June 22. In addition, there will be free skin and oral cancer screening sessions for firefighters by Dr. Christine Kannler, a dermatologist, and Lisa Evans, an oral hygienist, (and MCVFA Region 2 Coordinator) in conjunction with the Stow (June 21) and Turners Falls (June 22) awareness classes, and one specifically for the Springfield recruit class. Register through the DFS Learning Management System <https://hraccess-us.technomedia.com/mfa/>. 

REGION 1

Covering the counties of Barnstable, Bristol, Dukes, Middlesex, Nantucket, Norfolk, Plymouth

Vice President Ken Jordan, Wareham

Region 1 held its quarterly meeting in April hosted by the Swansea Fire Department. Swansea Fire treated all attendees to a Chow Mein dinner with coffee and desserts. Member discussion included Junior firefighter programs, training for call & volunteer personnel, firefighter safety and how OSHA will impact the fire service. Swansea Fire will be hosting a Muster this summer, watch for more info. To those departments that have not signed up for the DOT TIMS (traffic incident management system) training contact Tom Burnett at mmmsb@comcast.net for more info on this free training. 🚒



structure fire scenarios at Stow, MA and held additional training and testing at the West Newbury Fire Department. The threats faced by firefighters in the modern day are far more complex and unforgiving than in the past. It is this type of training that allows for firefighters to safely do their jobs and protect the public. Strong Work! 🚒

REGION 2

Covering the counties of Essex, Middlesex

Coordinator Lisa Evans, Groveland

The West Newbury Fire Company will be cooking up sausage, hamburgers and hot dogs at the 2019 Community Bandstand Summer Concert Series held at Burnham Field, 381 Main Street, West Newbury, MA on Thursday nights though the summer. The Merrimack Valley Concert Band is traditionally the first band to play at the gazebo, behind the fire station; they are scheduled to play on June 20, 2019, 6:30-8 pm. Bring your favorite lawn chair and join us for some great music.

The Massachusetts Call Volunteer Firefighters' Association membership drive has begun in Region 2. Let your department know it's time to renew. There are many financial advantages, training opportunities and MCVFA can have a positive impact for you, your department and your family. If you have questions about membership or these benefits, contact the membership committee at membership@mcvfa.org.

Congratulations to MFA I/II Class 074! Massachusetts Fire Academy Class 074 held training in various

REGION 3

Covering the counties of Worcester, Middlesex, Norfolk

Vice President Michael Goldstein, Sherborn

On Tuesday, March 12, 2019, Region 3 had its first meeting in over a year in Upton, which was generously hosted by the Upton Fire and EMS Department and the Upton Fire and EMS Association which provided a wonderful meal. Delegates and members from Upton, Oxford, Stow, and Sherborn were in attendance; initially there were 20+ people in the room.

Just as the meeting started, Upton Fire got a call and many had to leave. Even so, over 14 people including Upton Chief Mark DiFronzo and Upton Assistant Chief Michael Marchand, Oxford Captain R. Lombert and many firefighters, EMS, and auxiliary personnel remained to hear from the top leadership of MCVFA. After VP Region 3 Michael Goldstein opened the meeting, we heard from MCVFA President Kevin Connolly from Northfield, MCVFA Executive Vice President Tom Burnett of Whitman, and MCVFA Membership Chair Michael Bird of Wareham, as well as MCVFA Region 3 Coordinator Seth Grill of Upton. After reviewing the benefits of MCVFA, a question and

answer period ensued with a particular focus on upcoming legislation in the Massachusetts State House and grant opportunities. We are particularly grateful to the leadership of MCVFA for coming and participating, especially as many of the MCVFA leadership drove considerable distances to attend.

Thank you to all the members and participants, and a special shout out of thanks to the non-firefighter or EMS "civilian" auxiliary members of Upton Fire and EMS Association who went out of their way to prepare such a nice dinner!

We are looking forward to holding another Region 3 meeting soon. We very much need to hear from some of you to find another location in which to hold our next meeting – please e-mail me at vpregion3@mcvfa.org. Finally, please pass along any news, new apparatus, pictures, or details of special events or actual fires you would like to share to vpregion3@mcvfa.org so I can feature YOUR department or association in the next *Smoke Showin'*. 🔥



MCVFA Region 3 Vice President Michael Goldstein speaking at the Region 3 meeting at Upton Fire, with Region 3 Coordinator Seth Grill looking on.

Like the MCVFA on Facebook

Check out the Massachusetts Call/Volunteer Firefighters Association (MCVFA) on Facebook and LIKE our page.

The MCVFA Facebook page is a great source of training opportunities, up-to-date fire/ems methods, and political and regulatory changes that affect your department.

The MCVFA Facebook is also a great place to see what other fire departments, like yours, are up to. You can see their emergency calls, drills, and events. You'll get excellent ideas from see what others are doing.

Has your Information changed?

If your address or email has changed please let us know. To update your information, contact the Membership Secretary at kibird@verizon.net or 1-800-FIRELINE.

UNITED to Face the Future



www.fcam.org

REGION 4

Covering the counties of Franklin, Hampden, Hampshire
Vice President Joshua Ellinger, Huntington


Editor: Just as all articles were due for this issue of *Smoke Showin'*, Region 4 VP Josh Ellinger and his wife, Jessica, gave birth to twin girls, Charlotte and Evelyn. The girls arrived a little early, about four months early. You can imagine the new Mom and Dad were busy with things much more important than the MCVFA. The girls have responded very well to the care they are receiving at the Wesson Women & Infants' Unit at Baystate Medical Center. The MCVFA wishes Jessica, Josh, and the girls our best wishes and a swift beginning of the normal chaotic life of new parents. 🔥



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