

A Tradition of Excellence in Public Safety Since 1872

Richard A. HoppesFire Chief

John W. TullDeputy Fire Chief

E. Lee Smith Deputy Fire Chief

W. Darrin Scott
Deputy Fire Chief

Fire Headquarters 325 Cypress Street 410.548.3120 Fax 410.548.3121

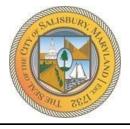
Visit us on the Web SalisburyFD.com

Follow us on









Salisbury Fire Department Newsletter

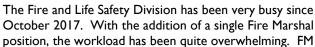
Volume V, Issue II

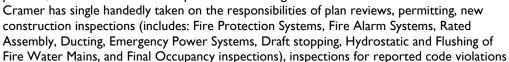
2nd Quarter - 2018

From the Desk of the Chief

"Moving Forward"

All are aware of the newest administrative and operational ventures that the department have started since the fall of 2017. The creation of two new sections have been long awaited additions to our efforts to protect our citizens and community. The new Fire and Life Safety Division has come at a perfect time for our community that is experiencing a development boom. The new Salisbury Wicomico Integrated First-care Team (SWIFT) has also started at a time of great need for the department and citizens we serve.





(and follow up inspections), regular inspections of commissioned buildings. FM Cramer has reported that the work is going well, and that acceptance is high from the business and development community.









From the Desk of the Chief (continued)

The SWIFT initiative has also proved to be a huge success in its brief time of service. Under the direction of FF/PM David Phippin, the SWIFT project has surpassed expected performance goals and identified areas where improvement can be made. In association with the Wicomico County Health Department and Peninsula Regional Medical Center, the SWIFT program is moving forward to what appears to be a very beneficial and life sustaining future. The Health Department is continuing to find grant funding to ensure that the program can continue to move forward and be of benefit to our citizens.

We have been able to see many great and awe-inspiring things come to pass, that have helped us arrive at this point in our history. These two initiatives have proven



to be worthy additions to our service delivery model. I am proud of what we have accomplished and the foundation that has been laid for moving forward into a very bright future. As always, I leave you with this...the men and women of the Salisbury Fire Department are proud to provide a tradition of excellent public safety service to the residents of the Salisbury Fire District. On behalf of the citizens we are sworn to protect, I thank them for their continued support and want them to know that their service is valued and much appreciated. As we look forward to another great year, we will continue to remain focused on the mission, core values, and vision for our department. I look forward, with great confidence that we will ultimately be a truly integrated combination fire service that provides the very best in public safety.

Respectfully Yours in Service,

Richard A. Hoppes

Richard A. Hoppes, BS, Chief of the Department



Emergency Medical Services

Lieutenant Chris Truitt

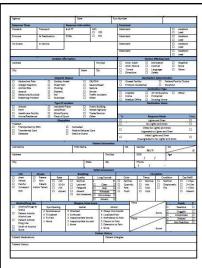
Documentation

Documentation plays a part in almost all the daily functions of a provider - from the morning equipment checks, inventories, and most importantly patient care reports (PCRs). PCRs are a *legal* document that becomes a part of a patient's comprehensive medical record. This means that the PCR can, and most likely will, be reviewed by physicians (and possibly lawyers) at some point. No one wants to try and remember details from a call they were on a month ago, let alone years prior, so it is a best practice to thoroughly document every call in case you need to reference it later. Possibly the most important call to adequately document is a refusal, especially to include that the patient was advised of the possible adverse effects of not being evaluated in the hospital.

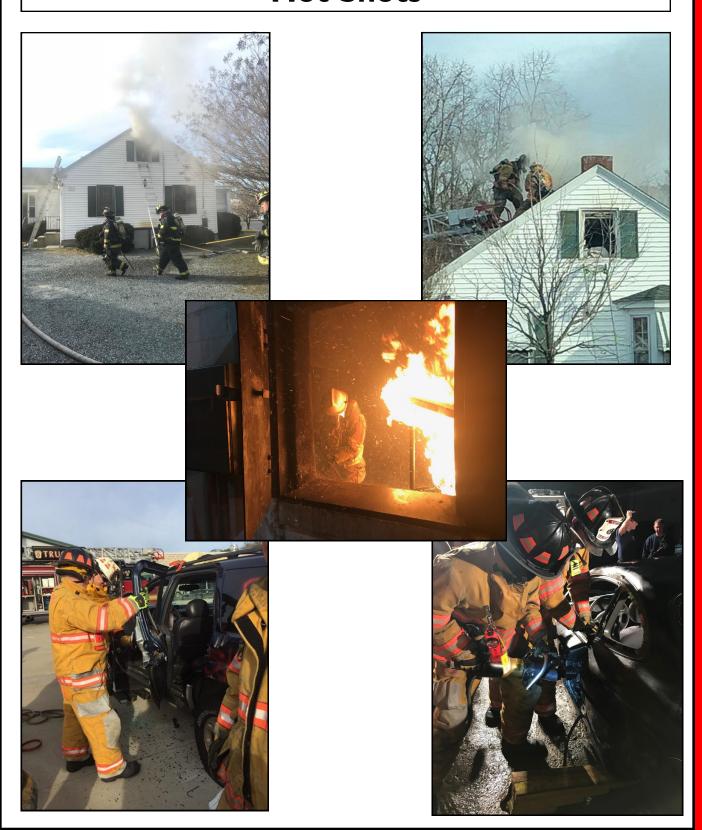
Everyone has a different style of documentation (SOAP, CHART, sequential narrative), however there are some items that should be included regardless of the style, and should be more than "Picked up patient, took to hospital." Start with what you were dispatched for, and what you found upon your arrival to the scene and then patient: "Dispatched for an alpha sick subject, upon arrival found a male subject complaining of stomach pain in the upper quadrants, 4 out of 10." The patient's primary complaint and your impression, as well as any interventions you perform, should also be listed to further detail the reason for an ambulance transport. Add to this a quick head to toe size up, including pain/weakness assessment and pertinent negatives, and you have now documented a secondary survey, as a way to "rule out" other injuries or complaints. The last part of the narrative should include the transfer of care and any patient belongings: "patient care transferred to RN at bedside room 418, along with patient handbag left on room counter."

Good documentation takes practice, but it is a form of risk avoidance for EMS providers. There is nothing wrong with asking you partner to look over your report to help check for any spelling errors or items that they may have noticed that you did not. Don't forget that if you remember something later on an addendum can be added to clarify the call. Documentation is a key part of the patient care scenario, and should be treated as such in our goal to provide competent and compassionate pre-hospital care to our community and visitors.





Hot Shots



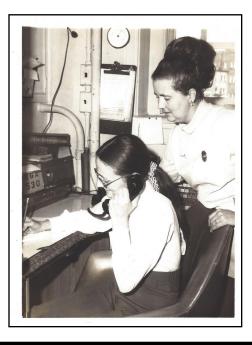
Historical Corner

Assistant Chief Bryan W. Records

Bells and Whistles The Evolution of The Fire Alarm System In Salisbury

As the Salisbury Fire Department was formed in the late 1800's, the standard means for most cities and towns was to sound the bell in the event of a fire. The population base during that era was largely based within close proximity of the town and its fire station. Salisbury had the luxury of many churches within blocks of the fire station and one church in particular made good partners with the Salisbury Fire Department. St. Peters church stood next to the historic fire station built in 1896 on West Church Street. The church bell at St. Peters sounded the alarm for the fires of 1860 and 1886 which destroyed the city and many more in between. In January of 1914 the department acquired its own bell through F.A. Grier & Sons. The bell was cast by the McShane Bell Company of Baltimore, Maryland. Committee members for this fire alarm system were Chief G.E. Serman, A.R. Lohner, Jno. W. Brittingham and the legendary Fred Grier Jr. The bell served in the 1896 station and was transferred to the new station on S. Division Street when it opened in February of 1928.

As the East Side Fire Co. Station 2 opened in 1930 came the newest form of alerting for fires. The Civil Defense System had sirens scattered around Salisbury to alert citizens in case of attack during wartime. It was a natural fit to make use of an existing system along with the siren at the station. In 1947 the insurance underwriters recommended a new fire alarm system, paid fire chief, and staff. In 1948 a new alarm system was installed that utilized a loud horn system to alert for fire. The new system had an electronic control that used individual brass disc to activate a series of blast for the particular fire districts. The new system featured 25 individual districts which could be alerted. Citizens were now able to be aware of where the fire department was responding when the loud horns sounded. Informational cards were distributed throughout the community to promote the number to call in case of fire, 9-4141, and where the sounded districts were. The most popular alarm was the 4-4 which represented the commercial district. Other districts such as Newtown, Camden, Jersey and long forgotten areas like California and Georgetown made up the 25 individual districts.





Historical Corner (continued)

A new radio system and electronic alerting system was installed on July 26, 1965. The new system was capable of sounding every siren and alerting system in the Wicomico County. Central Alarm as it was known occupied a small room on the first floor of the old Headquarters station until the late 70's when they moved to the lower level of the County Courthouse. Prior to that, the fire alarm operator would telephone the chief or designated person of that station to activate their siren. Today all calls are received through a modern 9-1-1 dispatch center staffed by trained county dispatchers. All the modern bells and whistles are activated by the county's system, including text and personal pager alerts in a matter of seconds. The modern 800 digital radio system completes a system that makes our past appear to be like the Stone Age in comparison. Then again, that probably what they said in 1965.

The 1914 bell and the horns remained in the Headquarters bell tower until January of 2008 when they were removed in preparation for the move to the new Station 16. The bell was sent back the McShane Bell Company in Baltimore which had cast the bell nearly 100 years earlier. It was completely restored and returned to the new Station 16 with new hardware to sound the alarm today if needed. The disc and tapper system is on display in the Heritage Center of Station 16 and the bell sounds every day at noon to continue the Tradition of Service that has existed since 1872.





Fire Prevention & Public Education

Assistant Chief James E. Gladwell

The last calendar quarter of every year is always one of the busiest for the Salisbury Fire Department. Encompassing October through December, we see the number of requests for our Public Education services skyrocket for Fire Prevention Week. Fire Prevention Week is always the week inclusive of 9 October, which is the anniversary of the myth that Mrs. O'Leary's cow knocked over a kerosene lamp in her barn and burned Chicago. Mrs. O'Leary's cow being fact or fiction, the week is of great importance to the SFD and its constituents as it references one of the most important aspects of the SFD's Mission: Fire Prevention.

This year's "official" SFD Fire Prevention Week activities took place from Monday 9 October through Friday 13 October 2017. The annual Fire Prevention Task Force consisted of AC Gladwell, A/L Zach Bridges, FF/EMT-P Rob Hull, FF/EMT-P, Jill Jennings, and FF/EMT-B Jim Gardiner. The crew provided information referencing Stop, Drop, and Roll, the proper use of the 9-1-1 communications system, smoke alarms, lighters/matches safety, knowing multiple ways out of a home, and other various safety premises to children from kindergarten to second grade. Age-appropriate school supplies with fire prevention/fire safety messages were distributed to all the children in attendance to help them retain what they witnessed in the shows at their schools.

Additionally, duty crews assisted the task force with providing similar info and apparatus displays to various daycares throughout the SFD's fire district. Tons of pink and black plastic fire helmets were distributed to all the little ones to take home to help them remember the SFD's visit. A great time was had by everyone involved!

On a sad note, the SFD lost its long-time partnership with Ronald McDonald (Al) and Ms. Deb. Corporate McDonald's made a decision to cancel the Ronald Program. Al had been with McDonald's for 40 years and was a mainstay of our annual program. We are working with Al and Ms. Deb to try to have them return in some capacity, next year (hopefully!). If you've ever met Al and Ms. Deb, they are the most wonderful human beings on the planet and we wish them well in whatever is their next chapter!!

While schools and day care facilities are a prime target of our fire prevention program, they are not the only organization(s) the SFD assists during the time frame. Numerous businesses such as Old Navy, Lowe's, Sears, Kmart, and Home Depot also request us to make appearances at various safety events they plan during the time frame, as well. The SFD does all it can to oblige and use these venues as outlets to help educate our adult population.

The Department also created and participated in several PSAs referencing safety practices during the Thanksgiving and Christmas holiday seasons. Additionally, PSAs continue to be created and shared via the Department's website and social media accounts, which allow our fire safety/prevention messages to reach even more civilians who follow us on those various media outlets.





Fire Prevention & Public Education

Assistant Chief James E. Gladwell

For the quarter, based on info obtained from FH Software, the SFD was very busy! We completed three (3) Home Safety Checks, installed 29 smoke alarms, and completed four (4) After the Fire programs. The FPTF visited nine (9) elementary schools (public and private) and the FPTF/duty crews visited eleven (11) day care facilities (some multiple times due to their scheduling needs). The Department participated in 63 total events for the quarter making positive contact with 1,302 adults and 3,281 children while expending 332.75 personnel hours to get the job done. One thing I always enjoy doing is reviewing the entire calendar year to see exactly what we've accomplished together from a prevention and education viewpoint. To that end...

A brief synopsis for the 2017 "calendar" year: The Department participated in 153 documented events (FH Software). There were 11 After the Fire programs and 94 smoke alarm installations documented (I know we distributed many times that amount!). We reached 8,399 adults and 9,406 children for a total of 17,805 souls (some of which may certainly be "return customers", so there is some "noise" in those figures for which we cannot account). The SFD's Strategic Goals from a prevention/education standpoint are to come into contact with 15% of the "city" population. Through the hard work and dedication of our members, we are constantly well above that written goal.

I'd like to take a moment to both congratulate and thank each of you who work so hard to make the SFD's Fire Prevention and Public Education program what it has become. It is through your efforts and dedication to the Mission that we have become a leader in education and prevention principles. It is through these principles that we help to keep our constituents safe on an everyday basis.

I hope that each of you had the greatest of holiday seasons and wish each of you a very prosperous and Happy New Year. Please keep up the strong work and Thank You, again, for your dedication and hard work!!

Next up: Blazing A Trail for Literacy!

Stay Safe!!





Statistics - October through December 2017

Fire Incident Type	2nd Qtr.	FY18 YTD	% of Quarter
Structure Fires	11	19	1%
Cooking fire	5	9	1%
Vehicle Fires	6	15	1%
Natural Cover/Brush	7	16	1%
Trash/Dumpster	13	24	1%
Fire, Other	10	15	1%
Medical	338	690	38%
Vehicle Accidents	152	300	17%
Rescue Calls	9	24	1%
Hazardous Conditions	74	123	8%
Service Calls	58	121	6%
Good Intent Calls	80	149	9%
False Alarms	129	269	14%
Other Incident Type	3	11	0%
Totals	895	1785	

Workers Compensation Summary	2nd Qtr.	FY18 YTD
1 - Ankle, 2 - Shoulder, 1 - Knee, 1 - Exposure to fluids	5	7
Hours lost due to Injuries	385	385

Fire Incidents by Fire Station	2nd Qtr.	FY18 YTD	% of Quarter
Station 1	290	586	32%
Station 2	240	364	27%
Station 16	365	835	41%

Fire Loss Data	2nd Qtr.	FY18 YTD	% of Quarter
Property Value	\$3,511,888	\$7,736,575	N/A
Property Destroyed	\$1,325,757	\$1,530,990	38%
Property Saved	\$2,186,131	\$6,205,585	62%

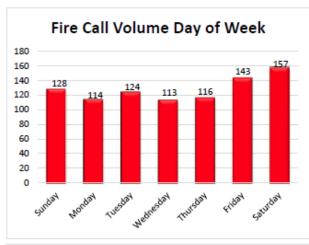
Fire Prevention Summary	2nd Qtr.	FY18 YTD
Fire Inspections/Preplans	50	58
Plan Reviews	40	48
Smoke Alarms Distributed	11	18
Smoke Alarms Installed	0	0
Public Education Events		
a. Adults in Attendence	1287	4295
b. Children in Attendence	3281	5248

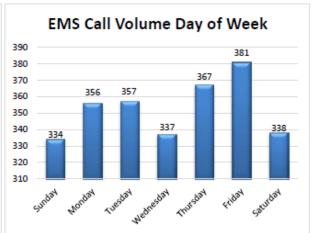
Medical Chief Complaints	2nd Qtr.	FY18 YTD	% of Quarter
Abdominal Pain/GI Problem	92	231	3.72%
Allergic Reaction/Bites/Stings	17	27	0.69%
Altered Level of Consciousness	64	97	2.59%
Behavioral/Psychiatric	47	90	1.90%
Breathing Problem	53	111	2.15%
Burns/Smoke Inhalation	2	6	0.08%
Cardiac/Respiratory Arrest/DOA	35	81	1.42%
Cardiac Problems	170	340	6.88%
Choking/Airway Obstruction	1	4	0.04%
Diabetic Problem	40	102	1.62%
Drug/Alcohol	75	151	3.04%
Nausea/Vomiting	36	80	1.46%
No Apparent Injury	119	244	4.82%
OB/GYN/Pregnancy/Childbirth	23	40	0.93%
Other	1064	2176	43.08%
Respiratory Distress	69	148	2.79%
Seizure/Convulsions	64	124	2.59%
Sick Person/Flu-like	146	243	5.91%
Stroke/CVA/TIA	32	60	1.30%
Syncope/Fainting	50	102	2.02%
Traumatic Injury	125	249	5.06%
Unconscious	20	48	0.81%
Weakness	126	257	5.10%
Totals	2470	5011	

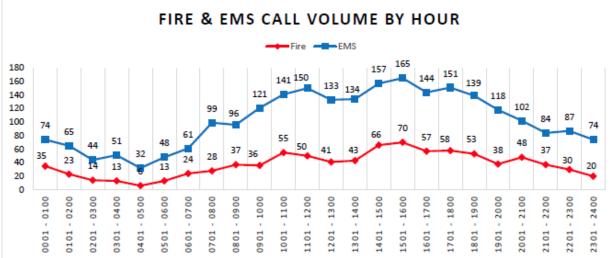
Training	Classes	Attendees	Hours
Administrative	19	104	128
Engine Co. Ops	12	62	149
EMS	39	242	710
Driver Operator	54	196	273.75
General	31	145	240
Incident Command	9	23	54.5
Rescue Company Ops	19	132	260
Special Ops	17	90	124.35
Truck Company Ops	44	216	354
Totals - 2nd Quarter	244	1210	2293.6
FY18 YTD Totals	483	2283	3928.88

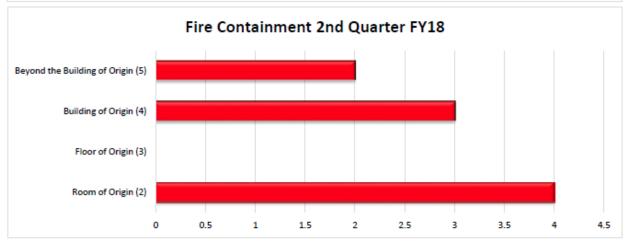
Department Aid Summary	2nd Qtr.	FY18 YTD
Mutual Aid Given	12	27
Mutual Aid Received	40	74

Statistics - October through December 2017









Salisbury Wicomico Integrated Firstcare Team

Firefighter/Paramedic David Phippin - SWIFT Coordinator

As most of you are aware the department implemented a mobile integrated community healthcare program in October of 2017. The program is called SWIFT, which stands for Salisbury Wicomico Integrated First-care Team. The program is a partnership between the Wicomico Health Department, Peninsula Regional Medical Center and the Salisbury Fire Department. The program was created to target high utilizers of the 9-1-1 system and the Emergency Department. The team consists of a full time paramedic from the fire department, a part time nurse practitioner (NP) from PRMC, and two part-time registered nurses (RN) also from PRMC. Eligibility for the program is dictated by MIEMSS pilot protocol. To be eligible to participate in the program a person has to have five 9-1-1 activations in a six month period, or be referred by EMS or other health care professionals. To date we have identified 42 persons who meet the requirements to participate. 17 of these persons have been contacted with 16 agreeing to take part in the program. These 16 persons generated one-hundred and five 9-1-1 activations in the six month period prior to becoming enrolled in the program.

Once a person agrees to be a participant, an initial visit is conducted by the paramedic and the NP. A brief home inspection and several medical questionnaires are completed. The NP also completes a medical exam and a medication reconciliation. Referrals are then made to the various programs and agencies that are available for each patient. Follow -up visits are usually done by the paramedic and one of the registered nurses. At this time the team tries to do all initial visits on Thursdays and follow-up visits on Mondays.

SWIFT made its first home visit on October 16, 2017. After that initial visit the team was able to enroll six more patients in October, for a total of seven patients our first month. In November the team had the same amount of participation, enrolling seven more patient into the program. December was a slower month with the holidays and the weather. The program only enrolled two new patients this month.

The goal of the SWIFT program is to have 70 patients enrolled in the first year, as well as reducing 9-1-1 activations by the enrolled patients by 20-25%. At the end of the first three months of operation the numbers are looking good. Of the 16 patients that are enrolled have decreased the amount of 9-1-1 activations to twenty-six, which is a 75% reduction in their calls (ED admissions by these patients is also down by 55%). We are sure these numbers are going to level out over the year, but we feel we are well on our way to making a difference not only in 911 usages but in people's lives as well

EMS referral forms are available on the N-drive. Please don't hesitate to fill one out and e-mail it or drop it in my mail-box. There are also flyers on each ambulance. If you are going to refer someone and have the time, please give them a flyer a brief explanation of the program. I believe we can reduce some of the high utilization of 9-1-1 if we can catch problems early. Thanks for everyone's support, and keep up the good work.





Correspondence from the Community

Salisbury Fire Department,
On behalf of the Glym Class Heros
we cocald live to Wanth you,
for your generous oboration.
With your Support, we had
enough money so that our
team could continue to Play
this year. This team could not
Prosper without the Generous
support of your department.
Feel free to come check out
one or our games! Schedule
altached, Thank you so much
again!

Thank you!

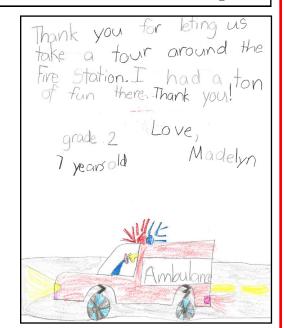
Thank you!

Thank you!

Thank you!

Thank you!

Thank you!



Please give a big thanks to the firefighters and EMTs and paramedics. The kids had an awesome experience. We would love an opportunity to come do this again in the future. Thank you very much!

Mandy Wainwright

Words cannot express our thankfulness for your bravery. As we han out of the The world's a better place home as fast as we because of you. could, you all were running in . Ite mere able to retrewe some photos and thankful for you other sentimental items and that & wouldn't been possible without you'dll fighting the fire.

Dear FriendsThank you all so much don the absolutely brandicul chuit backet sout do ease my meany- It makes me actually wout do be more healthy! I miss you all-healthy! I miss you all-healthy! I make so much!