



www.EveryoneGoesHome.com

EVERYONE GOES HOME[®]
FIREFIGHTER LIFE SAFETY INITIATIVES

After Action Reviews *...so Everyone Goes Home*



TAKE CHARGE

Through 2008



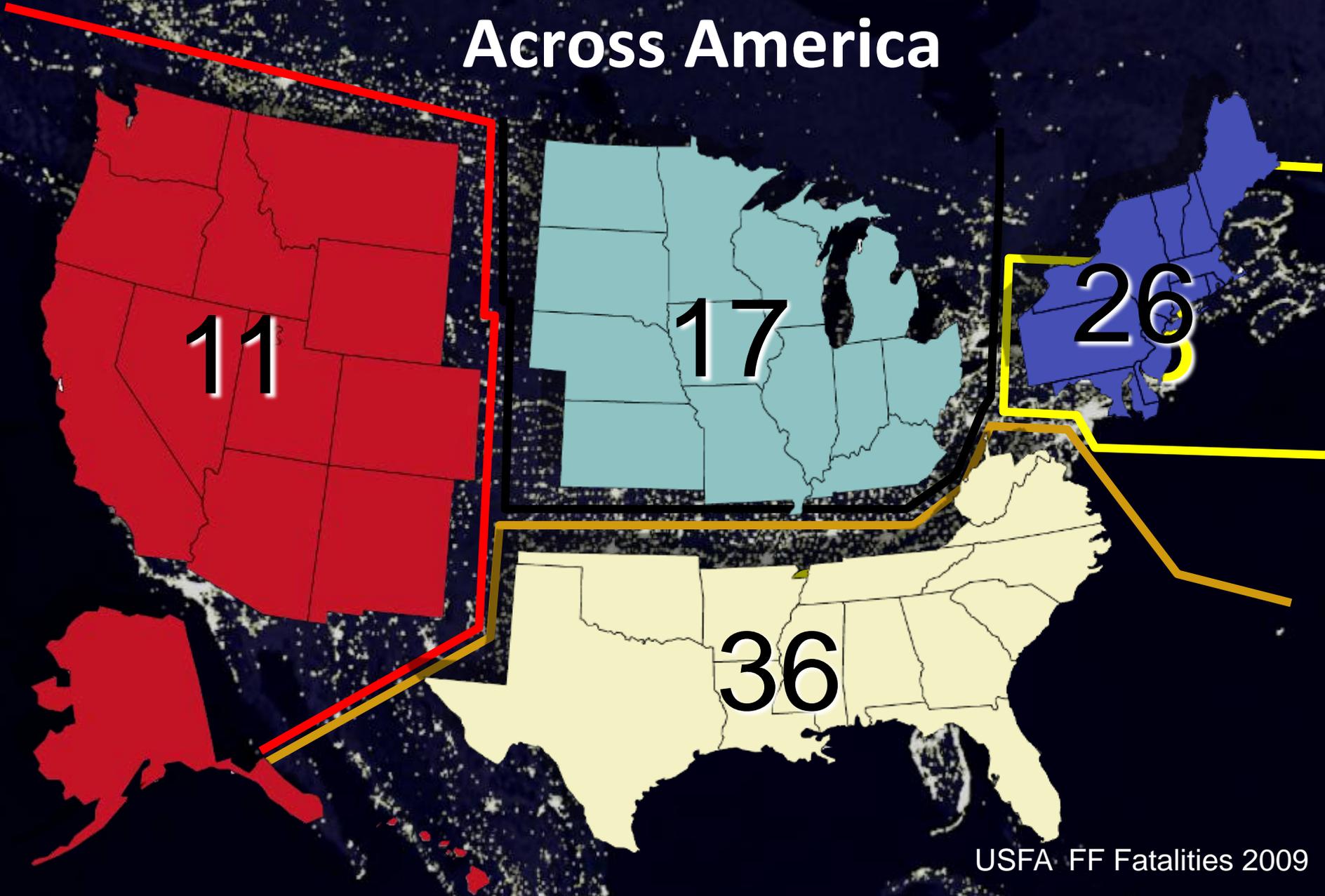
One firefighter LODD every 3-4 days in the United States.





Firefighter
Safety:
It's Not Just
About You

No One is Exempt - LODD's Across America





EVERYONE GOES HOME



Root Causes?

INSANITY



“ The definition of insanity is doing the same thing over and over and expecting different results.”

*We do not invent new ways to kill firefighters
We keep doing the same things over and over*

16 FIREFIGHTER LIFE SAFETY INITIATIVES

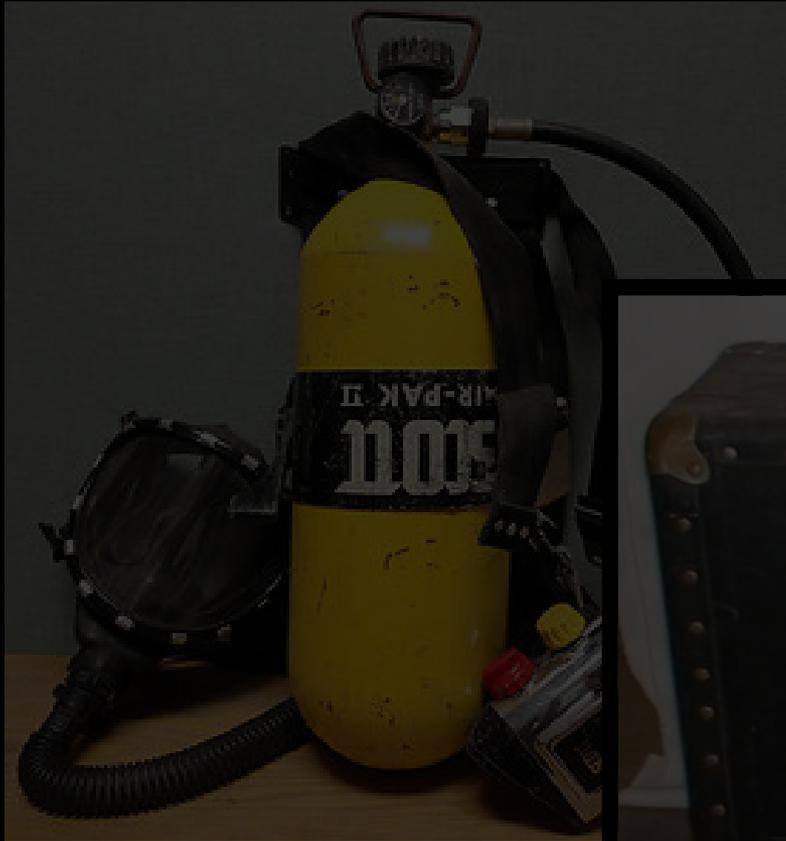
1. Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility.
2. Enhance the personal and organizational accountability for health and safety throughout the fire service.
3. Focus greater attention on the integration of risk management with incident management at all levels, including strategic, tactical, and planning responsibilities.
4. All firefighters must be empowered to stop unsafe practices.
5. Develop and implement national standards for training, qualifications, and certification (including regular recertification) that are equally applicable to all firefighters based on the duties they are expected to perform.
6. Develop and implement national medical and physical fitness standards that are equally applicable to all firefighters, based on the duties they are expected to perform.
7. Create a national research agenda and data collection system that relates to the initiatives.
8. Utilize available technology wherever it can produce higher levels of health and safety.
9. Thoroughly investigate all firefighter fatalities, injuries, and near misses.
10. Grant programs should support the implementation of safe practices and/or mandate safe practices as an eligibility requirement.
11. National standards for emergency response policies and procedures should be developed and championed.
12. National protocols for response to violent incidents should be developed and championed.
13. Firefighters and their families must have access to counseling and psychological support.
14. Public education must receive more resources and be championed as a critical fire and life safety program.
15. Advocacy must be strengthened for the enforcement of codes and the installation of home fire sprinklers.
16. Safety must be a primary consideration in the design of apparatus and equipment.

Life Safety Initiative #1

Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility.

Culture

Culture ?







205 ENGINE CO. RESPONDING TO FIRE ALARM WITH HORSE-DRAWN APPARATUS Dec. 20, 1922

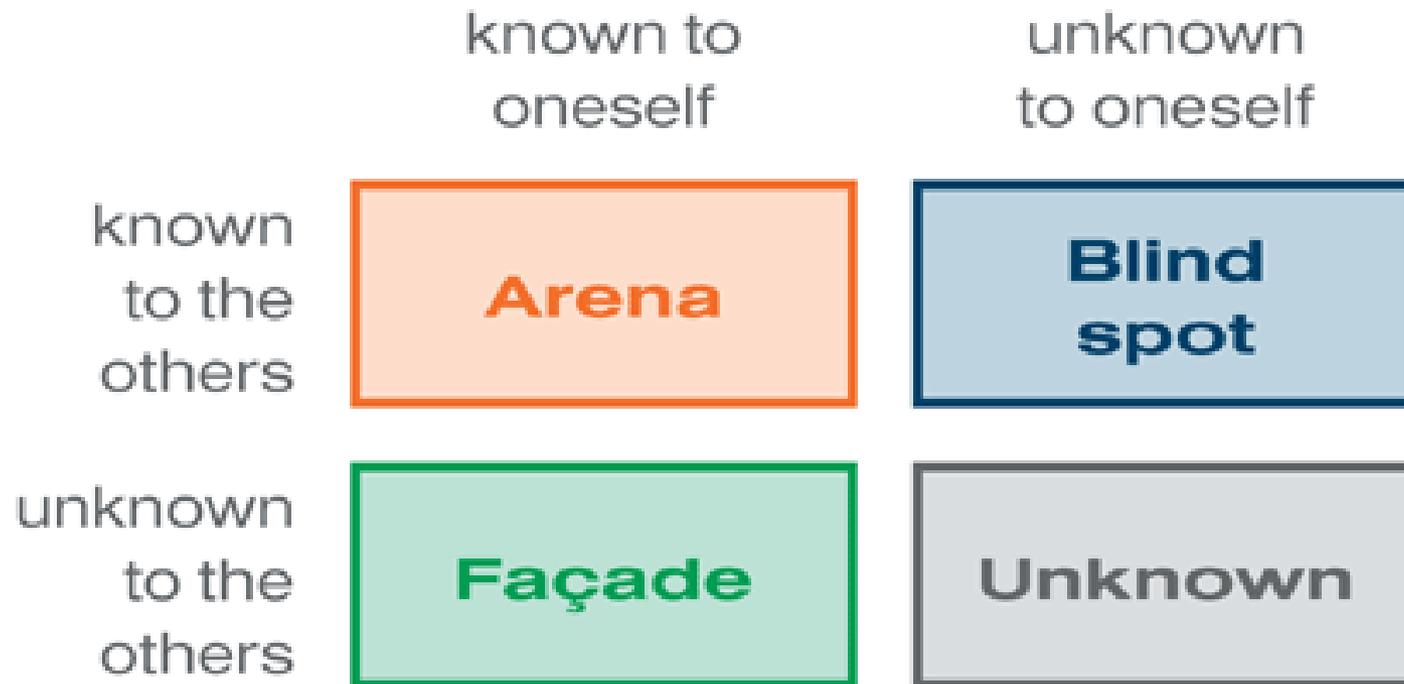
5 Marks of Effective Leaders

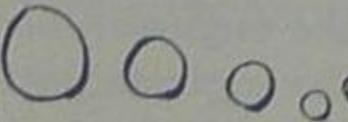
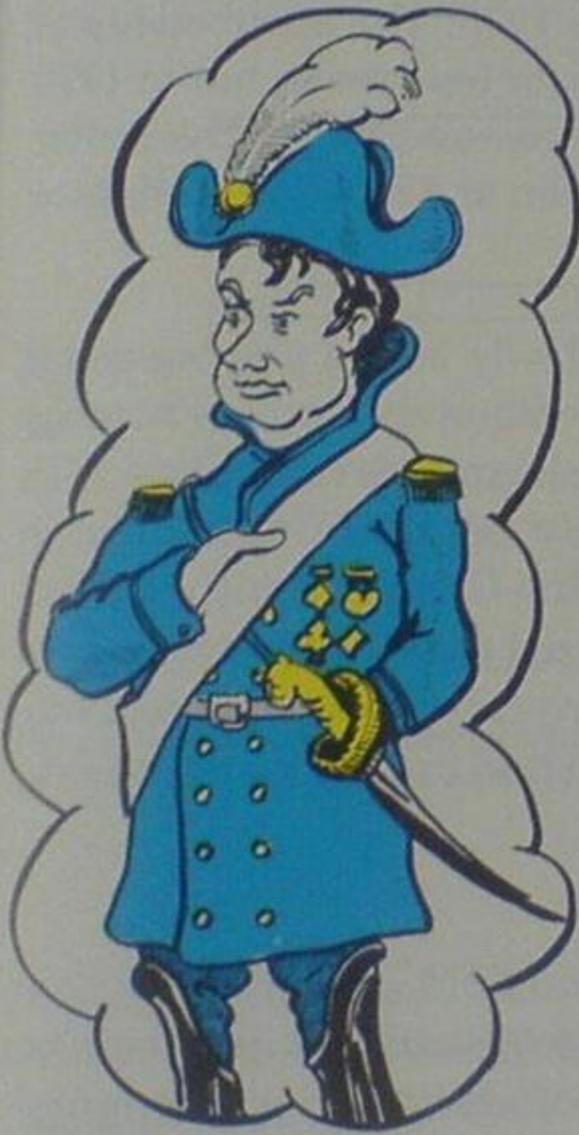


TAKE CHARGE

#1 Know

Johari window





Flexibility

“Semper Gumby”

Adaptive &

#3 Who?



*You don't have to be an officer
to be a leader.*



TRUST

“Trust is the essence of leadership”

-Colin Powell

July 1, 1988



#5



Accidentally Successful



Accidentally Successful ?



Normalization of Deviance

-Mike Mullane, NASA

Accidentally Successful



Normalization of Deviance



Acceptable Practice



Culture



Supper



Mentally Fit



TAKE CHARGE

Life Safety Initiative #13

Firefighters and their families must have access to counseling and psychological support.

CISM- classically

“Jeff Mitchell model”

Vietnam Era and PTSD

Required CISDs

	INTERVENTION	TIMING	ACTIVATION	GOALS	FORMAT
1	Pre-crisis preparation	Pre-crisis phase.	Anticipation of Crisis	Set expectations. Improve Coping Stress management.	Group Org.
2	Demobilization & Staff Consult (rescuers); Group Info. Briefing for civilians, schools, businesses.	Post-crisis; or Shift dis-engagement.	Event driven.	To inform, consult. Allow psychological decompression Stress mgmnt.	Large Group Organization
3	Defusing	Post-crisis. (within 12 hrs)	Usually symptom driven	Symptom mitigation. Possible closure. Triage.	Small group.
4	Critical Incident Stress Debriefing (CISD)	Post-crisis. (1 to 7 days)	Usually symptom driven.	Facilitate psychological closure. mitigation. Triage.	Small group.
5	Individual crisis intervention (1:1)	Any time. Anywhere.	Symptom driven	Symptom mitigation. Return to function, if possible. Referral, if needed.	Individual
6	Family CISM; Org. consultation.	Any time.	Either symptom driven or event driven.	Foster support, communications. Symptom mitigation. Closure, if possible. Referral, if needed.	Org.
7	Follow-up; Referral	Any time.	Usually symptom driven	Assess mental status. Access higher level of care.	Individual Family.

CISM- classically

“...the widespread adoption of these techniques, however, stimulated their independent and objective study by serious researchers in several countries. Despite their broad adoption, a substantial and growing body of research has repeatedly found such interventions to be inert at best with respect to preventing adverse outcomes. Several solid studies have found selectively paradoxical outcomes for some. The concerns raised by these findings have led many health oversight groups including the World Health Organization, the UK National Center for Clinical Excellence, the Cochrane Reviews of Evidence Based Medicine, and other widely respected bodies to issue guidelines recommending against widespread use of these techniques....”



The New Model

Firefighter Life Safety Initiative 13



“Hot Wash” — After Action Review

First step in coordinated AAR process

“Every Time Wheels Roll”

What was our mission?

What did we do well?

What might have gone better?

What might we do differently in the future?

Who needs to know?



PSA: Psychological First Aid

Current standard for evidence supported best practice for immediate assistance

Nonintrusive, supportive assistance (not formal intervention)

Adapted for military, Medical Reserve Corp, and other settings



TSQ and DSQ Screening Tools

Determining who may need more
assistance...

Free

Private

Easy

Accurate

Trauma Screening Questionnaire (TSQ)

Your own reactions now to the traumatic event

Please consider the following reactions which sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the traumatic event which happened to you. Please indicate (Yes/No) whether or not you have experienced any of the following at least twice in the past week.

	No	Yes
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Being jumpy or being startled at something unexpected		

If you have answered yes to 6 or more questions you are encouraged to consider whether you think that some counseling support may be of benefit in helping you to lower your on-going reactions to the traumatic event.



***Behavioral Health Assistance Programs:
Not All Problems Are Related
to Traumatic Events***

Assistance with the problems of daily living

Impacts of traumatic events can be wide-ranging and often bring other issues to the surface

Redefining the *Employee Assistance Program*

Providing clear guidance, service standards, and outcome expectations



Identifying Elements of Following Potentially Traumatic Events (PTE)

After Action Review (AAR)

Officers/peer support proficient in the use of
Stress First Aid (SFA)

Screening tool to determine who needs further
assistance (TSQ)

Training for therapists in Evidence Based Practice



Taking Care of Each Other—Stress First Aid

Designed for Navy and Marine Corps
Combat Stress Teams

Advanced and more sophisticated
version of PFA

Being adapted for use by fire service
peer support teams/officers



When serious help is indicated . . . Clinical Support Should be Trained for Helping Fire Service Members

Treatments typically used in routine counseling are rarely effective

Cognitive Behavior Therapy (CBT) with graded exposure holds best evidence

Not widely practiced at levels of care ordinarily available to firefighters

How can we help those who treat our personnel acquire critical skills?



Peer Support

Peer Support teams can be utilized as a screening tool as well

Peers must be trained to the appropriate level, not to replace BHAP or trained clinicians

What's Coming...

AAR Support Materials – On-line class, CEUs

- Every time for everything*
- Consistent part of the culture*

Psychological First Aid (civilian care)– Manual, Video

- Continuing Education Package*
- Foundation for supporting our own*

What's Coming...

Organizational Guide to Behavioral Health

- Consensus recommendations for NFPA 1500*
- Checklist and guide for specification and evaluation*

Training and Education for Clinicians – On-line

- Peer roles and preparation for implementation –
Manual, video

After Deployment adaptation

Stress First Aid adaptation for peer support teams

Conducting the AAR



TAKE CHARGE



After Action Review

First step in coordinated AAR process

“Every Time Wheels Roll”

What was our mission?

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Process

5 Questions

Right Environment

Documentation

Action Plan

Effective Communication

Change Implementation



Considerations

Performance

Roles/Responsibilities

Techniques

Stress Factors

Communication

Outcomes

Coordination

Citizen Feedback



What was our mission?

Action plan / lack of one?

Formal IAP or informal/ & what worked or didn't work?

Expectations same as what we found/ were we prepared for what we expected. Were there difference between expectations and reality?

Why?

Communications enroute/on arrival?



What went well?

What could have gone better?

What actually happened?

Reconstruct event chronologically

Actions taken and by whom?

Problem assessment both initial and ongoing?

Unanticipated barriers?

Situational awareness?

Risk and hazard recognition?



What went well?

What could have gone better?

Risk management strategies

Options considered and rejected

How to build on what went well?

What were the good decisions and analyze why?

Experience vs. procedure

Risks hazards and safety



What might we do differently?

If we had to over again, what would change?

Risks that could have been foreseen?

Actions taken to better and earlier recognize risks?

What Actions, approaches, techniques that could have heightened safety or enhanced outcomes?



Who needs to know?

How can lessons learned help our organization?

How is that information disseminated?

Who else might experience a similar situation?

System Implementation



TAKE CHARGE

Ongoing

**Continuous
Quality
Improvement**





6 Things to Do

1. Write and implement policies/procedures that document the intention of AAR and how it is to be done.
2. Provide training to company officers and firefighters.



6 Things to Do

3. Support the open communication of AAR process by creating an environment where all responders can voice their opinions and without fear of judgment or censure.
4. Support implementation for creating time, place, and recording resources, for the AAR process.



6 Things to Do

5. Create a process for recommending a policy and training updates based on AAR results.
6. Provide a vehicle for communicating AAR findings and outcomes to the entire organization to show that the process has measureable effects and does make change.



After Action Review

First step in coordinated AAR process

“Every Time Wheels Roll”

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Who needs to know?



Fire Hero LEARNING NETWORK



Users Console

Welcome back Rob

Programs in progress **(1)**

Completed Programs **(0)**

[Edit my profile](#)

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[Training Programs](#)

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Latest News

FireHeroLearning.Org Goes Live!

This new learning network will bring critical training in safety, operations, and community relations to more than 1 million firefighters and fire officers in the United States. ([more](#))



Featured Module



[Everyone Goes Home: After Action Review](#)

After Action Review (AAR) offers the fire service the opportunity to formalize the tradition of informal post-incident conversations. ([more](#))

Upcoming Programs



[Curbside Manner: Stress First Aid for the Street](#)

Just as doctors talk about "bedside manner" when talking to patients, the "curbside manner" of first responders really makes a difference in how people experience and process a difficult life event. ([more](#))

Poll

What type of smartphone do you use?

- Android
- iPhone
- BlackBerry
- Windows

SUBMIT POLL



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FIREFIGHTER LIFE SAFETY INITIATIVES

Application:

What was our mission?

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