

Volume 1  
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# D.C. BRAVEST





It is my esteemed pleasure to welcome you to the inaugural edition of DC Bravest, the quarterly magazine that features YOU, the men and women of the DC Fire & EMS Department. It's my hope you will get involved in writing articles for this progressive magazine, which is here to spotlight the best of our Department and our industry.

As your Fire & EMS Chief, I pledge to continue to be vigilant in our efforts to accomplish the many initiatives that you have heard me speak of such as station wear, apparatus replacement, and station renovations. While the economic situation affects all of us personally, I will continue to press forward and work with Mayor Fenty to assure that our members have the best working conditions. As we continue to grow and achieve greater levels of service, you can count on DC Bravest to chronicle and highlight our journey together.

Please contact our Public Information Office at 202-673-3331 if you have any issues you would like to see covered in this publication.

Thank you, and Be Safe!

*Dennis L. Rubin*

**Dennis L. Rubin**

# High-Rise Fires – Some of the Basics We Need To Know ... Part 1

By Batalion Fire Chief Wayne Benson

## Overview

The photo on the right is the extreme. But we can be confident in saying, that our adrenalin will be pumping more if we roll up on fire showing from 4 windows on the 11th floor of a downtown office building or residential apartment building versus fire showing from the 1st floor of one D.C.'s "bread and butter" fires, the 2-story rowhouse. Why is this?



- *Experience is everything on this job, and most of us do not have a lot of experience fighting fires in high-rises, especially office buildings. We may have run Box Alarms to high-rise buildings, but how many times have they been good working fires?*
- *The building construction, fire protection systems, and our operations in these buildings are different animals than the bread and butter rowhouse or single-family dwelling.*
- *We lack the knowledge of the above.*

History has shown that high-rise fires often produce civilian and firefighter injuries and fatalities.

Listed below are a few incidents:

### Meridian Plaza Fire

In February of 1991, a fire in a 38-story, high-rise in downtown Philadelphia took the lives of 3 firefighters and one occupant. The fire started in a pile of oil soaked rags on the 22nd floor. A smoke detector activated, but due to incomplete coverage, the fire was well advanced before that occurred. The building was only partially sprinklered, with no heads located on floors 22-29.

Due to improperly set pressure reducing valves on the standpipe outlets, the firefighters could not obtain adequate pressures. Firefighting was also hampered when the fire burned through the main and back-up electrical feeds causing the loss of lighting, fire pumps, elevators, fans, and other crucial building systems.

To establish a water supply firefighters advanced a 5" supply line up the stairway which took over an hour. By that time, the fire was extending vertically by leapfrogging from floor to floor. After a 10-hour firefight the volume of fire now overwhelmed interior crews and an attempt was made to knock down the fire using master streams directed from adjacent buildings. The exterior attack also proved to be unsuccessful.

The fire was finally extinguished by 10 sprinkler heads on the 30th floor, the first upper floor above that fire that was sprinklered. In the process of this fire, 3 Philadelphia firefighters died when they became disoriented and ran out of air while attempting venting operations above the fire. The total cost of this fire was 4 lives, and \$2 billion, including litigation costs.



### First Interstate Bank Fire

In Los Angeles in May of 1988, a fire occurred in a 62-story office building destroying 5 floors, killed a security guard who took an elevator to the fire floor to investigate, injured 14 firefighters, and caused \$450 million in damages.

On arrival, fire was showing from the 9th and 10th floors and was spreading vertically. Notice to the fire department had been delayed because building personnel had unsuccessfully attempted to reset the alarm system 3 times.

Crews initiated an interior attack from the stairwells, but were hampered by low water pressure caused by contractors who had shut down the fire pumps and drained the wet system risers. Finally, wagons pumping into the system were able to raise system pressures to adequate levels and a second, aggressive, interior attack was mounted. Numerous occupants were forced to the roof and rescued using helicopters, after the stairways became vertical chimneys due to electrical failures that shut-down stairwell pressurization fans.

The fire was finally controlled by almost 400 firefighters who rotated through attack and support functions and used multiple handlines flowing over 2500-gallons per minute.



### High-Rise Apartment Fire

On October 13, 2001, firefighters in Texas were dispatched to a fire reported on the 5th floor of a 41-story apartment building. On arrival, units reported fire showing from what appeared to be the 3rd floor from the exterior. This confusion regarding the actual fire floor later caused confusion as to which floor the crew providing the back-up line should report to. (The 5th floor was the actual fire floor.)

E-2's crew, who was first due and located in the 5th floor fire apartment, requested a back-up line and the IC assigned that task to E-3 who reported mistakenly to the 3rd floor. Once on the 3rd floor and realizing they were on the wrong floor, E-3 was unable to locate either of the 2 stairs that would take them to the 5th floor. Meanwhile, back in the 5th floor, fire apartment, E-2's officer and lineman were now running low on air and exited the apartment intending to make their way to the emergency stairwell. Once, in the public hallway the lineman informed his officer they were going the wrong way, which was not true, but perceived as such by the lineman due to large loops and piles of hose as well as zero visibility. The Officer told the lineman they were in fact going correctly towards the emergency stairwell, but they lineman continued back the wrong direction and soon after called a "Mayday" saying he was trapped on the 5th floor. "Mayday" rescue operations sent crews to the 5th floor to look for the

victim. A tag line was tied to the door leading into the hallway and as they made their way down the hallway they found a thermal imaging camera which had a completely white screen when they attempted to use it. Soon after, the victim's PASS alarm could be heard and he was found in the hallway by the elevators with no helmet or facepiece. During the rescue / removal operation two members of the RIT crew called a "Mayday" when they became separated from their crew, low on air, and crawled into the service elevator area.

These members eventually determined the floor layout and made their way to a stair that took them to the outside. The victim was brought out of the building 24-minutes after he had called a "Mayday" but was pronounced dead a short time later.

### What is a High-Rise ?

What do we consider a high-rise building ? Our "Standard Operating Guidelines" define a high-rise as any building that meets any of the criteria below :

- 5 or more floors.
- Beyond the reach of aerial ladders due to :
  - height,
  - the building's setback / distance from the street, or the topography such as a hill or steep drop-off.



What the above means is, if you need to exit the building via a means other than the interior stairs, you must do so via an aerial ladder since a ground ladder is not going to reach you. And, if an aerial ladder cannot reach your location you are must rely on :

- the building construction to keep the fire from spreading to your location.
- the sprinklers, standpipes, and fire pump to work, if equipped.
- and last but not least, your fellow firefighters to confine and extinguish the fire and control the spread of deadly smoke.

What happened to the FDNY firefighters as they climbed the World Trade Center Towers on 9/11? They probably knew going in that they would have little to no chance of extinguishing the fire. But, they did hope the building construction could withstand the effects of the fire so they could rescue civilians. We all now know the result. Their only "lifeline", the structural components failed, causing their heroic deaths.



### "Old Style" vs. "New Style"

High rise building construction is basically classed as "Old Style" or "New Style"

"Old Style" buildings were built before World War II / 1945. In D.C. we see still see a lot of these buildings along 16th & 17th Sts., N.W., north of Massachusetts Ave., E-21's Local Alarm District, and along Connecticut Ave. in the 5th Battalion. These structures were typically overbuilt because the architects and engineers of that era were unsure of the exact load carrying capacities of most structural components. Most construction used steel I-beams encased in concrete, had multiple exits on multiple sides, fewer concealed spaces, no building wide duct systems few utility "poke throughs" between floors, and the windows could usually be opened.



"New Style" buildings, as we see in the "K" Street / Downtown portion of the city, became the norm beginning after 1945 and were now designed with known load carrying capacities of structural members. Due to that we began to see the use of lightweight materials, large open floor spaces, and the use of 6-foot high partitions, instead of walls, that create maze like floor layouts. The "Core Construction Concept" which places the stairways, elevators, standpipe and sprinkler system supply risers, and utility shafts all in the center portion of the building became the norm. This concept while cheaper for the builder, places everything firefighters rely on to help us in a fire in the building's core. As a consequence, if something happens to that central core, our operations our severely hampered.

And to further complicate our operations, in the 1960's they decided to seal the windows and use the heating, ventilation, and air conditioning (HVAC) system to filter, heat or cool the same air all day long as it is distributed through a building wide duct system. This same building wide ductwork system now picks up air from one portion of the building and re-distributes it somewhere else making it likely that killer smoke is spread to portions of the building far away from the actual fire.

- To Be Continued

## The DC FIRE & EMS STEMI Transport Program

By Jim Augustine, MD, Medical Director

The Department has a long history of providing outstanding care to the community, and addressing emergency medical needs by getting the very sick or injured patient to the right hospital quickly, and notifying the hospital on the way in so the ED staff can be prepared. The first part of our updated EMS protocols is another effort to deliver that outstanding care, by taking patients having an acute myocardial infarction to one of the hospitals that has a 24\*365 program to manage those patients. Thanks to the effort of some outstanding cardiologists; Dr Lowell Statler of WHC, Dr Jon Reiner at GWU, and Dr Michael Greenberg at HUH, we were able to implement a program with we will refer to as the "STEMI Transport Program". This allows DC FIRE & EMS to deliver care to this group of patients the same way we deliver great care to major trauma patients.

Primary cardiac intervention (PCI) is the procedure to restore flow to occluded coronary arteries for patients with ST elevation myocardial infarction (STEMI), and is well-established as the preferred treatment strategy. Shortening the time interval between onset of the MI and

restoration of infarct artery flow (reperfusion) reduces mortality, and preserves heart muscle. Metropolitan area EMS systems across the United States have been organized to facilitate rapid transport of STEMI patients directly to PCI-capable hospitals, and we will be one of the premier programs here in the District of Columbia with the implementation of this program. We see a lot of MI's, and we have three great hospitals that have stepped up to carry out the patient care and do the data gathering on the patients.

This is a program we will be very proud of. There have already been some outstanding cases by our DC FIRE & EMS personnel in identifying patients having MIs, communicating to the ED, and helping get the patient up to the cardiac lab quickly to have the PCI done.

### **The EMS portion of the STEMI care system**

It is getting harder and harder to recognize the patients who are having an acute MI. Frankly, it is getting very rare to have a patient with an acute MI who presents with the usual symptoms we all learned about. Most of the patients having an MI these days are NOT having chest pain. Most patients complain of some "discomfort" between the jaw and the inguinal area, or are short of breath. Other common symptoms are "indigestion"; syncope; unexplained diaphoresis; palpitations or unexplained cardiac rhythm abnormality; and patients over age 60 with complaints of profound weakness, dizziness, or altered level of consciousness. The most common prodromal symptoms identified by women also include indigestion, and unusual fatigue. Our protocol and providers have to be thinking of an acute MI in any patient presenting over age 21 with chest discomfort that is not traumatic in origin.

A history must be obtained for any history of cardiac diseases, diabetes and hypertension, prior abnormalities known to the patient, and whether he/she has had an EKG performed in the past. Get the medical and allergy history.

The physical exam should include vital signs, and evidence of any trauma, or other obvious cause for the discomfort the patient is having.

Our really important test: Perform a 12-lead EKG. Absolutely positively, the 3 or 4 lead EKG is NOT the tool to use to look for cardiac ischemia. It is for rhythm interpretation only.

As with any procedure that involves potential exposure of the patient and physical contact, care should be taken to explain the procedure to the patient and obtain their permission to remove or displace clothing as necessary and to apply the electrodes. When possible, perform the procedure with the assistance of a second provider so that a witness is present to verify the appropriateness of physical contact. Respect the modesty of our patients but do not delay life-saving treatment when it is needed.

The 12-lead EKG needs to be interpreted in light of the patient's past medical history and his/her chief complaint. Talk to the patient, and ask if they know of any abnormalities on any EKGs done in the past. They often have valuable information about prior abnormalities. In talking with the patient, a normal EKG does not mean there isn't a problem. It is wise to communicate to the patient that the EKG will need to be read again by the emergency physician, along with other tests, to determine if any problem is occurring in the heart.

In the upcoming classes for the ALS providers, we will be reviewing all the elements of reading 12 lead EKGs. In all cases, we need to take advice from the machine as it interprets the 12 lead EKG. Patients with a computer ECG interpretation with \*\*\*ACUTE MI\*\*\* or similar language like \*\*\*POSSIBLE ACUTE MI\*\*\* will be transported by us to the nearest PCI center (bypassing, if necessary, a nearer, non-PCI facility).

The machine interpretation needs to be shared with Medical Direction, along with the past medical history. A few situations will allow the hospital to immediately activate the intervention system. An example: a very high risk clinical history, an EKG that reads out \*\*\*ACUTE MI\*\*\*, and a transport time that would give them a few minutes to get the PCI lab set up.

### **Treatment**

The treatment will be by DC FIRE & EMS chest pain medical protocols, and include aspirin, oxygen, NTG, and monitor, unless there are contraindications. If Viagra (sildenafil citrate), Cialis (tadalafil) has been used in the last 24 hours, NTG should not be given. There is an absolute contraindication to using NTG in these patients. Morphine, which will be available soon, can be given under the new medical protocol with input from Medical Direction.

### **Transport decision**

A patient with a suspected or definitive MI will be managed and transported using these directives:

Transport to GWU or WHC or HUH (once their cath lab is completely back on-line) by transport timeliness, patient preference, or geographic proximity. Transport into the ED, with the ED staff directing care from that point. If a patient is PCI-ready, we should offer to move the patient on our stretcher to the lab, with guidance from the hospital staff. In some cases, the patient may pause in the ED to have a portable chest x-ray, registration and patient ID applied, and drawing of blood.

For a very few patients who get their care at WRAMC or VAMC, and are having an acute MI. These hospitals have requested their patients come to their hospitals, where they have cardiac cath labs. They are insisting that they want to have the acute MI if the patient is integrated in one of their systems, and transport to their facility is timely.

### **We need to Document**

The CQI program monitors all aspect of treatment and management of STEMI cardiac patients and identify areas needing improvement. The oversight group will monitor EMS system performance on correct patient selection, proper and timely transport, proper EKG reading, and appropriate communication. Please do excellent documentation using the ePCR template for acute MI, and have a copy of the EKG for the hospital and to submit with the ePCR.

Thank You! We are improving the care of our patients and our community. The cardiology providers are thrilled, and we will have another excellent program to report on shortly. As always, let me know if any questions or suggestions to improve.

*Engine 25  
Re-opened  
October 10, 2008*



*A two alarm fire at  
1034 Quebec Pl., NW  
on Nov. 11 resulted in  
one fatality*



*A fundraiser was held for BFC  
Al Dutton in Nov. to help  
defray costs of cancer treatment*



*Capt. Charlie Mack carries a bag  
of toys, units from the third  
battalion delivered to children in  
Barry Farm on Christmas Eve*



*Mayor Fenty congratulated members of rescue squad 2 who rescued a man from a house fire in the unit block of Gallatin street in early December*



*On Dec. 17th - members of the women's advisory council donated clothing to injured female soldiers recuperating at Walter Reed Army Medical Center*

## Protocols

The new departmental protocols are in final review. They will be available for review on the LAN in the near future. In the mean time, members should review the following list of medications to be added to the current pharmaceuticals DCFEMS Dept. carries: Toradol, Tetracaine, Zofran, Hydroxocobalamin, Morphine, Versed, and Valium. Most of the hardware needed to store and lock Controlled Substances is now in place, and the DEA license has been received.

Controlled substance SOG's are in final review, they will be available for review online shortly. All ALS providers should review DCFEMS Protocols for proper use and handling of Morphine, Valium, and Midazolam. Members can view the regulations regarding controlled substances at the department of justice website. Search for Code of Federal Regulations, Title 21, Section 1316. The education component is in final development and will be announced shortly.

## Equipment:

Use of a disposable CPAP system is currently being considered to replace current mechanical/pneumatic system. Members currently trained to use EtCO2 may use the LP12 EtCO2 waveform equipment available from the property section. Members unfamiliar with Et CO2 waveform analysis can go to the following websites for basic information on waveform analysis;

[http://www.physio-control.com/uploadedFiles/learning/clinical-topics/Capno\\_Educational\\_3012492-001.pdf](http://www.physio-control.com/uploadedFiles/learning/clinical-topics/Capno_Educational_3012492-001.pdf)

<http://emscapnography.blogspot.com/>

[http://www.emsresponder.com/print/Emergency--Medical-Services/Beyond-the-Basics--Capnography/1\\$6896](http://www.emsresponder.com/print/Emergency--Medical-Services/Beyond-the-Basics--Capnography/1$6896)

The DCFEMS Department is currently training members in waveform analysis during paramedic refresher, and a power-point is under development for the TA folder on the LAN. 12 Lead EKG analysis training is also being conducted at the training academy during paramedic refresher. Any members who would like to participate on the equipment committee please submit a special report through the chain of command to SGT / A/EMS 2 Keith Long. Other equipment issues should be directed to SGT / A/EMS Supervisor K. Long.

## Administrative:

The Battalion management team development process is currently in phase II of implementation and members are getting better acquainted with the system. Most of the members in the department (ALS and BLS) have been evaluated while operating on the scene of emergencies. Alternative methods are being explored for those members in harder to evaluate positions; they will be evaluated in the near future. Personnel are getting better with the ePCR program.

Any members not currently turned over to operate the ePCR should inform their company officer and request a training class. Richard Pell will be starting continuing education in the field to assist members who need remediation or continuing education. The EMS supervisors have been performing in house training and development with companies. The supervisors have been performing field training and in house drills for members both department wide and on an individual basis. Any members in need of remediation or continuing education please contact your Battalion EMS supervisor for a needs assessment, and what can be done in house versus TA details.

The training division is currently evaluating training needs and developing a short and long term training plan for ALS providers. The plans include two day blocks of refresher and CME in addition to laboratory, clinical, and field training components. Members interested in teaching or working on the development process can contact Capt. C. Ford at the training academy.

Members are reminded to review all protocols relative to patient refusal of care. Protocols N7, N14, N11, and the general patient care protocol.

## NOZZLE OBSTRUCTION

- Thanks to local 36 safety committee

### Incident Review

**In October 2008, Engine Company 2 responded 3<sup>rd</sup> due on a Box Alarm at 401 K street NW for a fire reported on the 5<sup>th</sup> floor. As crews arrived on scene they discovered a fire on the 4<sup>th</sup> floor of a ten (10) story apartment building.**

**The members of Engine Company 2 connected to the standpipe in the stairwell on the 4<sup>th</sup> floor and placed their line in service. Having knocked down the fire the lineman from Engine 2 moved to the window to provide hydraulic ventilation of the apartment. Upon opening the bale to ventilate, it was immediately noticed there was a major obstruction prohibiting water flow from the nozzle. After several unsuccessful attempts to clear the line it was removed from service and replaced with another line. Upon investigation it was found that a large winter glove had become lodged in the nozzle. It remains undetermined where or how the glove entered the standpipe system.**



### Lessons Learned/Reinforced



- View standpipe connections for obstructions using the aid of a flashlight
- Members are reminded to connect to the standpipe below the fire floor
- Notify Wagon Driver & Operations of inadequate flow
- Consider alternate water supply (i.e. Flying standpipe, Pre-connected handlines)
- Stress importance of retreating to a defensive position such as a stairwell until the problem can be corrected
- Remove nozzle tip and attempt to flow water through the 7/8" smooth bore opening in the pipe
- Utilize the nozzle from the 2<sup>nd</sup> standpipe rack
- Routine emergencies in standpipe buildings are excellent training opportunities for preplanning the building
- Ensure crews have the proper tools to remove standpipe cap
- Review procedures for failed/burst line
- Reference: Recruit Training Practical Evolutions of Firefighting Manual: Fire Streams # 2 & Hose # 17

# Flat Roof Primary Ventilation Operations

By Captain Daniel Troxell

## Introduction



Roof operations are among the most important yet sometimes overlooked functions that must be performed on the fire ground. The actions of the roof team can make or break the successful outcome of a working fire incident at a flat-roofed structure. Proper roof ventilation operations can prevent flashover, prevent the spread of fire in cocklofts and attics and make it easier and safer for members to conduct search operations and locate and extinguish the fire. Therefore, it is critical that roof team members be experienced firefighters and have a thorough understanding of the principals of ventilation, fire behavior and building construction. They should also be very familiar with the various types and features of roofs found in their response areas. Most importantly, they should have a thorough understanding of the steps that must be taken to conduct successful roof operations.

Flat roof ventilation operations can be divided into two categories: primary and secondary. Primary flat roof operations involve the venting (opening) of existing roof structures such as scuttle hatches, stairway bulkhead doors, skylights, ventilators, top floor windows and other openings. Secondary flat roof operations involve cutting holes and trench cuts in the roof in order to prevent or halt the spread of fire in the cockloft. This article will concentrate specifically on primary roof operations. Secondary operations will be covered in a future article.

## Flat Roof Primary Ventilation Operations

Primary ventilation operations are conducted during the initial stages of a fire ground operation. They are normally performed by the truck company roof team, which consists of the driver and the tillerman. These operations are designed to provide immediate relief to the crews operating inside the building from smoke and heat, and to provide valuable information to the fire ground commander as well as the other units operating on the fire ground. As with all fire ground functions, these operations must be carried out with safety in mind. Always utilize full PPE, including SCBA. Bring the proper equipment (saw, hook, bar, radio). Always check the height of the parapet wall before climbing over and onto a roof. Always sound the roof for sturdiness before placing your full weight on the roof. When traversing a roof, avoid walking in the middle of the roof (walk near the edges, they are stronger). Once the roof has been accessed, primary roof operations should normally be conducted utilizing the following sequence:



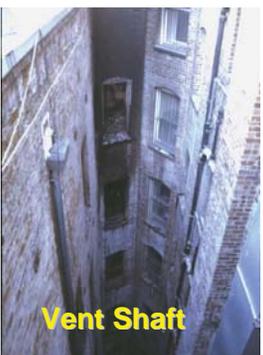
### 1. Open the Skylights



After sizing-up and assessing the conditions, open any skylights that may exist on the roof. Opening the skylights will often provide immediate ventilation to the floors below, especially in row houses. Open the largest skylights first, since these are usually located over stairways or hallways. This can be done by breaking the glass or removing the entire unit off of its frame. If the glass is to be broken out, notify the companies operating below via portable radio or by first breaking out a small amount of glass. After the glass is broken out or removed, probe the opening with a hook to remove draft stops or other obstructions (draft stops are screens or additional panes of glass located at the ceiling level on some skylights). These must be removed or broken-out in order to provide adequate ventilation through a skylight opening. If there are no skylights, open the stairway bulkhead door (if present) and/or open the scuttle hatch to provide initial ventilation.



### 2. Check the Rear, Sides, Light Wells and Shafts

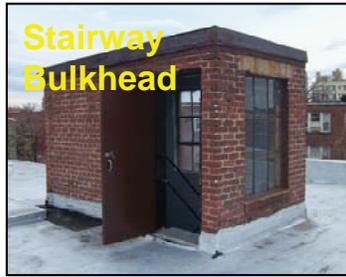


It is extremely important that a member of the roof team check the rear and sides of the building as soon as possible. This is done in order to determine if there are trapped occupants and also to ascertain the exact fire location and conditions. This can be done by one member of the roof team at the same time that initial ventilation is being conducted by the other member. In addition, vent shafts and light wells, which often are present on older multi-family occupancies, should also be checked. Any conditions observed during these checks should be immediately reported to operations. This information is extremely important to the other members operating on the fire ground. Often, the conditions in the rear and/or the exact location of the fire are not obvious from the front of the building. Occupants may be trapped at windows in the rear or at windows that open into light wells and shafts. The roof team can quickly provide this



information to all members on the fire ground via their portable radio, thus allowing companies to quickly advance to the location of the fire and/or trapped occupants. Roof team members should also take note of any heavy mechanical equipment that is supported by the roof structure and that may pose a collapse hazard in the event of a top floor or cockloft fire. These observations, along with any other findings, should also be reported to the truck company officer as well as Operations.

### 3. Open the Stairway Bulkhead Door



After checking the sides and rear, the stairway bulkhead door, if present, should be opened and vented. The stairway bulkhead is a small structure on the roof that is located at the point where an interior stairway terminates at the roof level. These are often found on multi-family dwellings, and provide an excellent ventilation point for the entire building. The bulkhead doors are usually outward-opening and are often locked. As such, these doors usually must be forced using conventional forcible entry operations (Halligan bar and axe). They may also be forced utilizing the chisel end of a roof hook. After being forced, stairway bulkhead doors should be chocked open or the door hinges should be broken off in order to prevent the door from closing. Members should also search just inside the doorway for the presence of trapped victims who may have been overcome after attempting to escape the fire via the roof.



### 4. Open the Scuttle Hatches/Covers



Scuttle hatches or covers can be found on many flat roof buildings. On row houses, they usually only provide access to the cockloft area. On garden apartment type buildings and some other multiple dwellings they may provide access to the top floor via a small ladder attached to the wall in the public hallway. In any case, they can provide an excellent means of ventilating the public hallway/stairway on garden apartment buildings and the top floor public hallway on older multi-family dwellings. They are usually not the best means for ventilating row house roofs, as the access opening in the top floor ceiling may be located in a closet and/or offset and unreachable from the hatch opening. It should be noted that if the fire is located in the cockloft of a large building and the scuttle cover is not directly above the location of the fire, it usually should not be opened. This is because this action may spread the fire by drawing it to the location of the scuttle. Scuttle hatches/covers can be forced and/or removed by utilizing the Halligan bar as well as either end of the roof hook. Once removed, scuttle hatch covers should be turned over and left lying on the roof deck next to opening to alert others to the presence of the opening.



### 5. Vent the Top Floor Windows



If the fire is on the top floor or smoke conditions on the upper floors are heavy, vent the top floor windows from the roof if possible. This can be accomplished by utilizing a roof hook or a Halligan bar attached to a rope or webbing. The rope or webbing can be attached to the fork end via a clove hitch and safety, or via metal clips if the Halligan is equipped with a loop welded at the fork end. The procedures for venting windows in this manner are outlined in "Ventilation 4" of the Practical Evolutions Manual.

Venting the top floor windows from roof in this manner is extremely important if the fire is located on the top floor and is not yet showing out of the windows. Venting the windows at the proper location will allow the engine company to "push" the fire out of the vented windows as they advance into the fire area. This will reduce the likelihood of heat and smoke banking back and down on the members while they operate. Keep in mind that the early and/or indiscriminate venting of windows may cause flashover, back draft, or wind-driven fire conditions on the interior, thus endangering the attack crews. Therefore, when the engine company is in position to begin their attack, the windows closest to the fire (i.e. the fire room) should be vented first, and then, working away from the fire, vent additional windows as needed. As with all horizontal ventilation operations, coordination and communication with the fire attack crews is imperative. This communication does not necessarily need to be verbal, however. The sound or sight of water flowing from an attack line is usually a good indication that it is OK to begin venting.



### 6. Check the Cockloft



After all venting operations have been completed; the cockloft should be checked for smoke conditions and/or fire extension (the cockloft is the area between the top floor ceiling and the roof decking on a flat-roof building). This can be done by checking through the scuttle hatch opening, or by breaking out the "returns" in the skylight opening. If no fire is found in the cockloft, primary roof operations are complete, and members can move on to other fire ground operations. If fire is discovered in the cockloft, members should prepare to commence secondary roof operations.

# RETIRED CORNER



I was appointed to the D. C. Fire Department in the early 60's, assigned to Engine 1. Back then we didn't go directly to the training school like appointees do now. In my case I worked on Engine 1 for six months before being assigned to school. Fortunately, I had been a volunteer fire fighter prior to joining the Department and had some basic knowledge of fire house operations.

The apparatus was open cab design with personnel riding on the back step when responding. When the doors went up if you were not on the apparatus you were left behind to face the consequences. There was emphasis placed on keeping the station and apparatus clean. There were few discipline problems, and they were generally dealt with in house. There was no such thing as ever being late for duty.

In between calls, we certainly had plenty to do. The hose was cotton covered with brass couplings. Each time it was used it had to be rolled, washed and hung up to dry or put in dryers. Once each week the hose was rotated from bottom to top, three sections at a time. We changed our oil in the apparatus at the firehouse. For some reason we were never given oil filters so the oil had to be changed frequently. Apparatus was hosed down during rainy weather. On the day shift, certain days of the week were designated for cleaning the station...windows, brass, floors, interior trim work, stoves, etc.

The shift was three days of day work, three days of night work and three days off. There was a Kelly day, which was an extra day off and was moved each day every tour. If you needed a day off that didn't match your schedule you could trade your Kelly day with anyone as long as the shift was covered. We drilled two hours every day on day work, one outside and the rest inside. On night work there was a one hour drill. We did an informative inspection which was a detailed plan of a building in your immediate area. It was sent to all companies on the box. There were fire prevention inspections to check on fire code violations in your local area. Obviously strong emphasis was placed on prevention and readiness.

The Riots of 1968 were an experience I will never forget. The magnitude of fire in buildings with only one or two companies to handle was unbelievable. This went on for days with the National Guard leading us from fire to fire. During the March on Washington at the Mall the department placed Engine 33 in service in a plywood shack. It seemed to rain forever.

I can truly say there was never a day that I did not enjoy going to work. I can only hope the younger generation will respect this job as much as I did.

- **Butch Oliff** Retired DCFD

## EMPLOYEE SPOTLIGHT

**Name:** Pat Smith

**Assignment:** ELO Plt #2 at the OUC

On the job since March 29, 1989

*Very passionate about my work and a family man*

**Quote:** "When you go to work.....Come to work"

**Memories:** When we worked on nightshifts. Units

would line up at 14th and Rhode Island Ave at the 7-11 to have coffee or Hot Chocolate. When a unit was called for a shooting or a stabbing, you would have 2-3 units responding to that same call to assist each other. We had fun and got the job done.

**Name:** Oscar Mendez, I want people to refer to me as OSCAR.

*A Community Outreach Specialist*

I've been working for DC Fire for 9 Months. I'm from El Salvador and I've been in the US 10 Years. I have a Bachelor's degree in Business Administration – Management. I speak English and Spanish.

**Favorite Memory on the Job:**

When Alan Etter takes me to fires and introduces me around the Department and going to community events.

**Name:** Tiombe A. Johnson – most people call me Tie. Telecommunications Coordinator

**How long I was with DCFEMS:** I have been with DCFEMS since April 2008.

**Something I would like people to know about me:** I love to run and crochet.

**Favorite Quote:** There are risks and costs to action. But they are far less than the long range risks of comfortable inaction. - John F. Kennedy

**Favorite Memory on the job:** My favorite memory on the job was working at a SAVU event. The residents (who we came into contact with) opened their homes to us and were very appreciative and grateful for the service(s) that we provided them. It felt good to be of service to the residents of the District of Columbia.



**Name:** Scott Wilson & Roo

**Assignment:** FIU K-9 Handler

**Years of Service:** 9

**Most memorable day on the job:** January 2, 2000. This was the first day of the rookie school with the DCFD and the beginning of a great career.

When I am not at work I enjoy spending time with my fiancé (AKA the Doctor) and working around my house.

**Favorite Quote:** "It is what it is"



# Departed Brothers and Sisters

Retired Firefighter Eileen P. Smith

October 29, 2008.

Retired Captain John F. Slagle

November 4, 2008.

Retired Firefighter George C. Baliles

November 7, 2008.

Retired Lieutenant Gerald A. Tassa

November 18, 2008.

## Promotions

*The following promotions are effective on Sunday, October 12, 2008*

Lieutenant Jamal D. Carroll

Sergeant Kenneth E. Nehf

*The following promotions are effective on Sunday, November 23, 2008:*

Deputy Fire Chief William T. Flint

Battalion Fire Chief Michael P. Conway

Captain Michael B. Truesdale

Lieutenant Eric M. Bowers

Lieutenant Brian T. Rudy

Sergeant Jason C. Auth

Sergeant Jonathan T. Johnson

Sergeant James C. Barrett

Sergeant Courtney X. Bass

Sergeant Michael G. White

Sergeant Walter W. McCloskey

Sergeant Michael S. Lorentz

Sergeant Brian McAllister

Sergeant Cory M. Goetz

Sergeant Richard W. Norment

Sergeant Peter R. Elliott

Sergeant Michael T. Bell

Sergeant Hosea L. Sampson

Sergeant Brian D. Long

Sergeant Ryan L. Bourassa

Sergeant Randall S. Stroman

Sergeant Brian R. Fraley

Sergeant Matthew C. Cormicle

Sergeant Christopher M. Tucker

Sergeant John C. Hayman III

Sergeant Damian T. Greene

Sergeant David Keefe

Sergeant Marco R. Baylor

Sergeant Ralph L. Thompson

Sergeant Michael A. Roop

Sergeant Henry C. Dent

Sergeant Michael S. Engles

Sergeant Richard E. Stillwell

Sergeant Marshall W. Davies III

Sergeant Stanley J. Jaworski

Sergeant Anthony D. Thorpe

Sergeant Michael Poles

Sergeant Richard A. Polish

*The following retirements are effective on the dates indicated:*

F/F Tech Namon D. Powell

T-17-1

10-11-08

Lieutenant Jesse E. Everette

E-18-3

11-22-08



[www.everyonegoeshome.com](http://www.everyonegoeshome.com)



[www.firehero.org](http://www.firehero.org)

*For More Information or to Submit ideas contact:*

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William Hayes at [william.hayes@dc.gov](mailto:william.hayes@dc.gov)