

THE FIREHOUSE SCENE

*is a publication of the
Harlem-Roscoe Fire Protection District*

February 2023

Fire Chief Patrick Trollop

Editor Sheryl Drost

Ice Rescue Training
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FROM THE CHIEFS DESK
BY FIRE CHIEF PATRICK TROLLOP

BABY STEPS

In January I spoke about the changing of the guard. We are officially a month into the change and most days it still doesn't seem real. Although the department has made a change in the front office we have not changed the quality of service that we provide to the community.

I titled this article "Baby Steps" for multiple reasons. Harlem-Roscoe is a great department and has been the standard in our area, but coming in as the new Fire Chief, I have hundreds of things that I want to change. Some of these changes are small and some are very large. Multiple times throughout the day I have to remember "baby steps". I have to remind myself that nothing changes overnight.

The late fire chief of the Phoenix Fire Department Chief Alan Brunacini once said "there are two things that firemen hate: change and the way things are". One of the most important changes that we are trying to make is a change in our culture and mindset. Not that those were bad previously, we just want to change the way we look at things. I 100% stole this from a Captain in California. His name is Mark Vonappen. He had implemented what he calls the Big 4. We took the Big 4 but we added 1 to it.

DO YOUR JOB

TREAT PEOPLE RIGHT

GIVE ALL OUT EFFORT

HAVE AN ALL IN ATTITUDE

OWN YOUR MISTAKES

We have also begun meeting with our neighboring departments and are in the infancy stages of creating a training program that will include interdepartmental

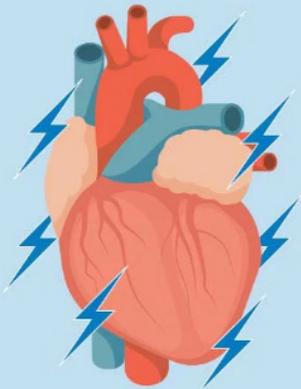
training as well as having a common language while working on scenes together. We need to increase our interoperability with these other departments. Although as I stated earlier we are in the infancy stages of this, so once again "baby steps".

The fire service is ever changing, so there are conversations daily looking at all options and every angle of a problem. We value outside the box thinkers. The outside the box thinkers can provide a different perspective of an issue. Many of those outside the box thinkers are younger and probably more technologically savvy than most of us. Although change can be a good thing, we are not looking to change just because. The baby steps that we are taking will help us become a more proficient fire department.

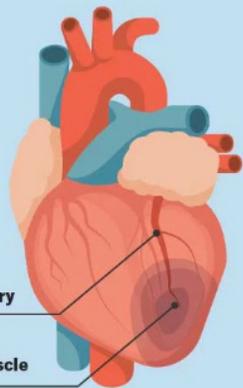
A good friend once told me about the importance of taking baby steps, they said as long as it is in the right direction, progressing is still progress as long as you don't stop moving forward.

Cardiac Arrest Vs. Heart Attack

How cardiac arrest and heart attack are different:



Cardiac arrest happens when rapid, abnormal impulses override your heart's natural rhythm.
It's an electrical issue.



Heart attack occurs when a clogged artery disrupts blood flow to your heart.
A heart attack is a common cause of cardiac arrest.

Blocked Artery
Dying Muscle

HRFD PROMOTIONS AND NEW FIREFIGHTERS

PHOTOS BY SHERYL DROST

Harlem-Roscoe Fire Trustees Bart Munger, John Donahue and Al Bach and Fire Chief Patrick Trollop held a Swearing In Ceremony on Jan. 23rd at Fire Station One. Firefighters Ryan Donner, Rob Lukowski, and Dylan Lackey were promoted the rank of Lieutenant. Firefighter Brett Whiting was sworn in as firefighter, and Lori Lynch was sworn in as a probationary Firefighter. Congratulations Ryan, Rob, Dylan, Brett, and Lori!



L-r, new Lieutenants Ryan Donner, Dylan Lackey, and Rob Lukowski.



Fire Chief Trollop and new Firefighter Brett Whiting



Fire Chief Trollop and new Probationary Firefighter Lori Lynch.





TIMES REKINDLED

By Sheryl Drost

EMERGENCY MEDICAL SERVICE

If a resident in the Harlem-Roscoe Fire Protection District had a heart attack or was injured in an accident in the 1940s they had to wait for an ambulance to arrive from the nearby cities of Rockford or Beloit. The wait could be up to an hour.

Emergency Medical Service started in the 1960's for Harlem-Roscoe. The firefighters were frustrated because they responded to a lot of accidents and medical calls such as heart attacks, and they had no training. So they had the Red Cross come in and give them classes on First Aid and Advanced First Aid. They could now do things such as bandaging and resuscitation. A few of them took EMT classes and then they were authorized to stabilize and transport a patient.

In 1979 Capt. Oscar Presley attended the first Paramedic Class in Winnebago County and Harlem-Roscoe Fire became the first "volunteer" department in the area to have a paramedic. (Presley had previously taken the class in McHenry, but Winnebago Co. would not recognize it). They were prepared to begin treatment through radio instruction by a physician through a White Box Radio/phone and repeater set up. They would need to have local nurses and doctors' to ride along and certify them.

The first EMT classes would consist of an 70 hour course. The first paramedic training class in 1979 included 400 hours of study; 200 hours in class, 100 hours in the hospital and 100 hours experience riding in an ambulance. In comparison, to become a paramedic today, it takes 650 classroom hours, 500 clinical hours minimum, 120 patient contacts, CPR, ACLS (Advanced Cardiac Life Support), PALS (Pediatric Advanced Life Support), PHTLS (Pre-Hospital Trauma Life Support), and 50 team leader rounds.

In 1979, the department had only one paramedic; by 1983, the number had increased to five. Twenty years later, in 1999, there were still only eleven paramedics. Fast forward 44 years to today, Harlem-Roscoe employs 24 Paramedics and 13 EMTs.

Deputy Chief John Bergeron, who is celebrating 40 years with the department this year, was one of those early paramedics. He says, "Today the paramedic is able to make the decisions on the best emergency treatment and initiate them on scene and give their patient report while en-route to the hospital compared to having to call in on the White Box to get permission."

In 1997, the district began staffing two EMTs for shift duty at Station One from 6 a.m. to 6 p.m. Then in 2000, two contracted full time paramedics 24/7 out of Station One and two 12-hour shifts were manned by the volunteer firefighters. By 2007, a night shift had been added as well. Currently the department is staffing all four ambulances 24/7 out of three stations.

Harlem-Roscoe continues to stay on top of new technology. In 1979, the department's first EKG equipment cost \$5950 and was purchased with donations and memorials. Today a monitor defibrillator costs over \$32,000 and each ambulance must have one. The department started with the "White Box" radio/phone and its companion repeater to send EKG strips to the hospital. Today, the ambulances are Wi-Fi hot spots and computers and medical devices that all connect via Bluetooth.

AMBULANCES

In 1973, firefighters raises \$15,000 for a new rescue truck that could carry a patient if needed. That first year, over sixty people were transported to the hospital; however, Swenson's Ambulance Service and Beloit Fire Department were still the main transporters.

In March of 1981, another first for a volunteer fire district in Winnebago County occurred when the department purchased their first true ambulance for \$38,000, and it carried \$20,000 worth of equipment.

The first two modular gas powered trauma units were added in 1981 and another in 1985. The department added a third ambulance in 1990 and a fourth in 1992.

Today, the department still operates 4 ALS ambulances and a new one costs over \$340,000.

TIMES REKINDLED *Continued . . .*



Posted in a local newsletter - "Four Harlem-Roscoe Firemen have recently completed 70 hours of emergency medical training at St. Anthony's Hospital. L-r Captain Oscar Presley, Fireman Clay Winters, Assistant Chief Dick Lyford, and Fire Inspector Terry Pitkus.



Congratulations Rockford's first paramedics! They are: front row, left to right, Michael Woodring, Jeff Crawford, Robert Nelson, Oscar Presley, Robert Landek, Ronald Potenziani, Mark Schanger, Kent Hulett; back row, left to right; Robert Southwood, Steve Leighty, Steve Matzke, Paul Cottrill, David Allen, Ronald Seeley, Lawrence Pelligrino, Bruce Love. Missing from the photo are Michael Truitt and John Luhman.



EMT John Bergeron heads to the department's first rescue truck that could carry a patient on an accident scene in 1984.



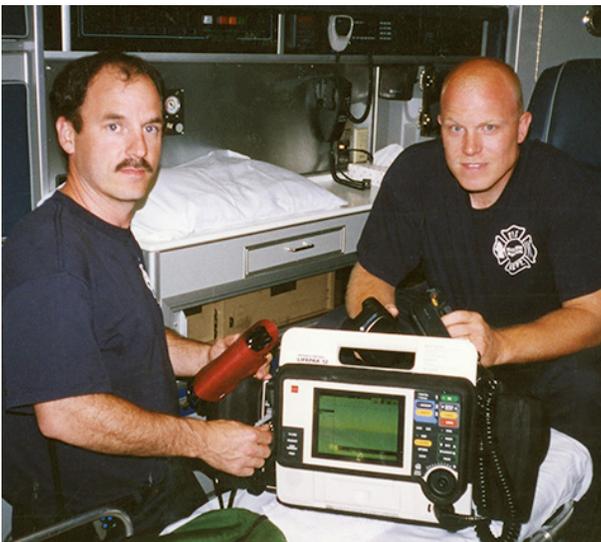
1987 photo of EMS and firefighters wearing the infamous blue jumpsuits



The first two modular gas powered trauma units were added in 1981 and another in 1985.



April 29, 1991



Paramedic John Bergeron and Kirk Wilson show off an early LifePak Defibrillator



2020 & 2021 Ford F550 4x4 Horton Type



American

Heart Month
FEBRUARY 2023
BY LT. SAM MCNAMES

February is heart health month, however we should stay vigilant year round when it comes to the health of our heart. Heart disease kills more than 600,000 Americans every year, but can be prevented in many cases with knowledge and understanding of key warning signs. In EMS, a good amount of calls for service are directly related to heart conditions or conditions indirectly related to heart health. Oftentimes, people wait longer to call for help due to a misunderstanding of the signs and symptoms they are presented with.

Signs of a Heart Attack

- Chest pain or discomfort
- Feeling weak, lightheaded or faint
- Pain or discomfort in the jaw, neck or back
- Pain or discomfort in one or both arms or shoulders
- Shortness of breath

While these are some of the more common known signs of a heart attack, no two people present with the exact same symptoms. Many times, heart attacks can present with more subtle signs, especially early on. It is best to seek medical attention when any symptoms present that seem out of the ordinary. Women are most known for having much lesser symptoms during cardiac events. It is common practice in EMS to treat any complaint from the head to the waist as a possible cardiac driven event until proven otherwise.

What to Expect

When calling 911 during a suspected cardiac event, it is good to know what to expect. If EMS providers suspect a cardiac event, one of the first tests performed will be a 12 lead ECG (electrocardiogram). This requires the placement of 10 electrodes (stickers) placed on your arms and legs and around the left side of your chest. This is a test which allows providers to see a picture of the electrical activity of the heart. By obtaining this picture, providers can see if there are current or past signs of damage to the heart. In some cases, cardiac emergencies cannot be seen on an ECG and further testing in a hospital setting should be performed. Blood work and more extensive tests are often the best indicator of stress being imposed on the heart.

In addition, EMS providers may administer several different medications if suspecting a cardiac emergency. Aspirin is often given to these patients while in the ambulance. This works to prevent blood cells from sticking to each other in the event a clot or blockage has formed within the heart. In an EMS setting, Aspirin is administered by four small, chewable tablets and usually has minimal side effects for the patient. A second medication given prehospital is Nitroglycerin. Nitro acts on the body to expand blood vessels, this also works to prevent further clots and blockages throughout the heart. Nitro is administered by a small, dissolvable tablet which is placed under the tongue. Its side effects most commonly cause a headache shortly after administration and burning where administered. Cardiac emergencies can be scary and stressful but an understanding of the process can hopefully ease the minds of those affected.

The heart is at the center of almost all bodily functions. We should pay close attention to the warning signs given when problems arise. By learning the warning signs and staying vigilant, we can all strive for a heart healthy 2023.



1 MILLION

PEOPLE WHO WILL HAVE A HEART ATTACK OR DIE FROM CORONARY HEART DISEASE THIS YEAR



16.5 MILLION

AMERICANS AGE 20 AND OLDER WHO ARE LIVING WITH CORONARY HEART DISEASE

795,000

PEOPLE WHO WILL HAVE A STROKE THIS YEAR



356,000

CARDIAC ARRESTS THAT OCCUR OUTSIDE A HOSPITAL EACH YEAR



HARD NUMBERS

By AMERICAN HEART ASSOCIATION NEWS

A sampling of U.S. data from the American Heart Association's 2018 heart disease and stroke statistics report.



103 MILLION

ADULTS WITH HIGH BLOOD PRESSURE



6.5 MILLION

AMERICANS AGE 20 AND OLDER WHO ARE LIVING WITH HEART FAILURE

38 PERCENT

RISE IN THE NUMBER OF HIGH BLOOD PRESSURE DEATHS BETWEEN 2005 AND 2015



23 MILLION

ADULTS WITH TYPE 2 DIABETES

15 PERCENT

ADULTS WHO SMOKED IN 2015



56 MILLION

PEOPLE 40 AND OLDER WHO ARE ELIGIBLE FOR CHOLESTEROL-LOWERING STATINS



38 PERCENT

ADULTS WHO WERE OBESE AS OF 2014



Source: "Heart Disease and Stroke Statistics- 2018 Update: A Report from the American Heart Association," Circulation (numbers rounded)

Published Jan. 31, 2018



Twenty-Two Reasons Why a Child Can't Sit Still

By Loren Shlaes, OTR/L

Loren Shlaes, is a pediatric occupational therapist specializing in sensory integration and school related issues, particularly handwriting. She lives and practices in Manhattan. She blogs at <http://www.pediatricOT.blogspot.com/>

1. The child does not get enough exercise. Children require huge amounts of movement, preferably outside, every single day. Movement and exercise is as essential as food for children in order to stay organized, develop and mature their nervous systems, improve their coordination, strength and motor planning, and to be healthy! So many of us live in cities now and have just forgotten how vital it is for a child's health and development to go outside and play. Have parents bring the child to the playground for half an hour before school starts, and let him play on the equipment, or have a game of touch football, statues, or tag. And if his teacher takes away recess as a punishment, you must insist that she find another way to help him manage his behavior. He is acting out because he needs to move more, not less!

2. The child has poor postural stability, low muscle tone, and a weak trunk and spine. This makes sitting physically exhausting, uncomfortable and painful. Circle time is especially grueling since sitting unsupported is such hard work.

3. The child's chair/desk at school does not fit. I can't tell you how many times I've walked into classrooms and seen children whose desks literally come up to their necks while their chairs are so high that their feet are dangling on the floor. Could you sit and do your work like that?

4. The child is tactile defensive and his clothing bothers him. Or he is sitting in too close proximity to others and his alarm system is clanging away, instructing him to flee.

5. The child is sitting with his back exposed and people are walking behind him, again setting off alarm bells. He should be sitting with his back to the wall, preferably niched in a corner.

6. The child is auditory defensive and his ears hurt. A child who can manage in a quiet, low stimulation atmosphere but can't control his behavior in a noisy environment is probably suffering mightily in all of the chaos. Or he may not understand the teacher's instructions if she is talking over many chattering voices. A good clue about auditory defensiveness: a child who runs around the perimeter of the classroom, acts out, and can't engage in any goal oriented behavior when the room is noisy.

7. The child is a poor breather. Shallow breathing sets up the body for fight or flight, and it's very hard to sit still when every cell in your body is urging you to get up and check for predators.

8. The child has undetected visual problems. It's exhausting and frustrating to try to attend to close work if you can't see what you're doing. The child's eyes may be so unstable that he is seeing double, seeing floaters, or visual images are shimmering, which is anxiety provoking. The light in his classroom might be bothering him. In Manhattan many children are expected to sit all day long in inside classrooms with no natural light or outside ventilation. I get headaches just thinking about it.

9. The child's inner ear is not functioning well. The inner ear tells us how alert/upright or at ease we should be in response to movement. {Roller coaster: very alert and upright! Hammock: very drowsy and relaxed.} If the child's inner ear is not registering movement very well, it's not telling the body to sit up and attend. The child is driven to move in order to provide the intensity he needs to stay upright and aroused.

10. The child's nervous system has not matured along with his chronological age. This means that primitive movement patterns, which should be dormant, are instead active and present, dominating the way the child responds to his environment. Primitive reflex patterns lower the child's muscle tone automatically when he turns his head and body in certain positions. This interferes with, among many other things, his balance, equilibrium, and vision. Or things that would not even register to us, like a dog barking in the distance, can throw the child's system into a startle, making it hard for him to stay grounded.

11. The child's metabolic processes are not functioning well. Does the child have undetected food allergies, difficulty sleeping, leaky gut syndrome, candida, heartburn? Is the child constipated? Is he subsisting on a diet of refined carbs, sweets, and processed food, and so is inadequately nourished? Children need lots of high quality protein and complex carbs to fuel their bodies for learning and attention.

12. The child does not get enough sleep, or the sleep that he does get is not resting him properly. Can he transition well to bedtime? Does he get ten or eleven hours every night? Is there good ventilation in his bedroom? Are the lights off in his room? If a child is hard to wake up and grouchy in the mornings, chances are that he isn't a good sleeper. A poorly rested body does not support the brain for learning.

13. The child may be too young or too immature to be in a classroom. In my clinical opinion, most three year old boys would be much better off waiting another year or two before starting school. They simply don't have the emotional or neurological maturity to be handle all of the rules and expectations of the classroom.

14. The expectations of the classroom are too much, and the child feels lost, inadequate, and confused. Four year olds should not be expected to learn to write. They simply don't have the internal stability, attention span, or visual discrimination required for such

high level work yet. Let them wait until they are developmentally ready. One of the very best schools in Manhattan, the Rudolph Steiner School, does not start the children writing until they are seven. Their children have beautiful handwriting and are exceptional scholars.

15. The child is hungry, thirsty, tired, or has to go to the bathroom.

16. The child is over scheduled. Children need lots of unstructured down time to recharge their batteries, allow their brains to integrate new information and their nervous systems to develop and mature, and to connect with their creativity. A child who has two or three activities every day after school and on the weekend is expected to be “on” way too much. Urge parents of young children to cut back on the enrichment programs, schedule just one or two activities after school, and take them outside to play instead.

17. The child is spending too much time in front of screens. This is especially true if the child can't transition well to sleep after spending time on a computer. Is the child watching or playing games with excessively violent content? Instruct parents to strictly limit time spent in front of televisions and computers and use the time instead for playing outside and creative pursuits {crafts, painting, writing stories, playing a musical instrument, dancing, etc.}. Have them turn off the computer a minimum of two hours before bedtime, or better yet, allow the child just an hour or two on the weekend. Screen time takes away from the time a child should be physically active, strengthening his body and developing his nervous system, and it shows up later when the child is driven to move.

18. His parents are going through a hard time, or don't get along. Strife at home will upset any child's equilibrium. Children are far more sensitive to these things than we know. If parents are stressed out, rarely home, argue a lot, tense and hostile with each other, or are otherwise going through their own issues, it will show up in the child's behavior.

19. The child's parents and caretakers don't teach him to respond to adult redirection, so he thinks that obeying grown-ups is optional.

20. The adults who care for the child spend inordinate amounts of time on their electronic devices during their time together, or otherwise ignore him.

21. The child is expected to sit still for too long. I have so very often observed classrooms where very young children were expected to sit for long, long periods without ever getting up, being given a drink of water, or anything to eat.

22. The child is bored. Many reasons why this could be — the grown-ups don't have a realistic idea about the child's attention span, the activity is too difficult or too easy, or the child expects everything to be like television or the computer: loud,



DO YOU KNOW?

By CRR Jen Anderson

HRFD offers a fire extinguisher inspection program once a month, for no cost to the business owners within the Harlem-Roscoe Fire Protection District?? On the 4th Wednesday of every month from 8am-10am. This month it will take place February 22nd at our Station Number 1 located at 10544 Main Street.

A State certified fire inspection company performs all of the inspections & tagging while you wait, usually 5-10 minutes.

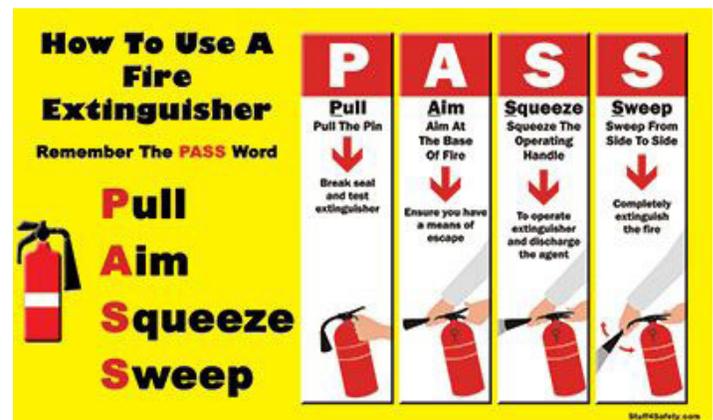
Please take advantage of this program to remain compliant with the life safety code. Again the service is free as long as the fire extinguisher is:

1. less than six (6) years old,
2. has not been discharged,
3. is free of rust or damage,
4. The valve is metal.

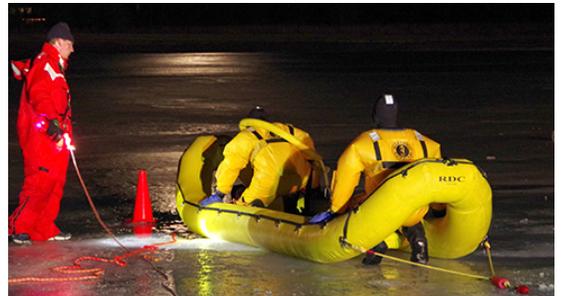
If the extinguisher is older than six years of age it can still be tagged, but will have to be rebuilt & refilled and then it's taggable for another 6 years. No more than 4 extinguishers may be brought in at one time.

Depending on the size and brand of extinguisher, it may be more cost effective to purchase new. The fire extinguisher tech can advise you when he examines your extinguisher.

If you have any questions regarding the Free Extinguisher Inspection & Tagging please do not hesitate to call Station 1 at 815-623-7867 between 8 a.m. to 4:30 p.m.



FEB. 7TH, 2023 ICE RESCUE TRAINING PHOTO ALBUM
PHOTOS BY SHERYL DROST



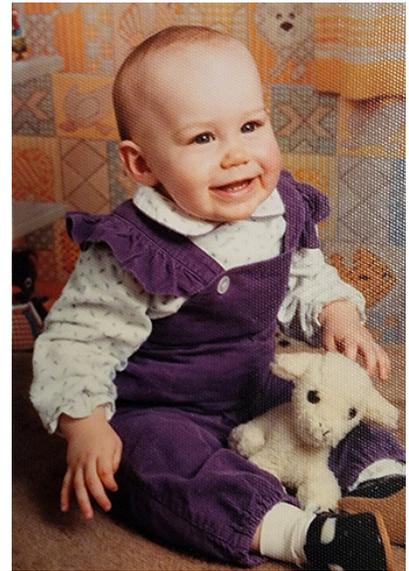
hAPPY BIRTHDAY



John Donovan '60th'
March 4th



Butch Taylor '70th'
February 22nd



Alissa Neubauer '40th'
February 23rd



FEBRUARY

- 10th William Sieracki
- 13th Brandon Sherbon
- 15th David McKee
- 21st Jeff Grant
- 22nd Butch Taylor '70th'
- 23rd Alissa Neubauer '40th'

MARCH

- 3rd Ambriana Corrado
- 4th John Donovan '60th'
- 9th John Donahue
- 9th Tracie McCormick
- 13th Zander Vanderheyden
- 22nd Jay Alms
- 29th Sheryl Drost

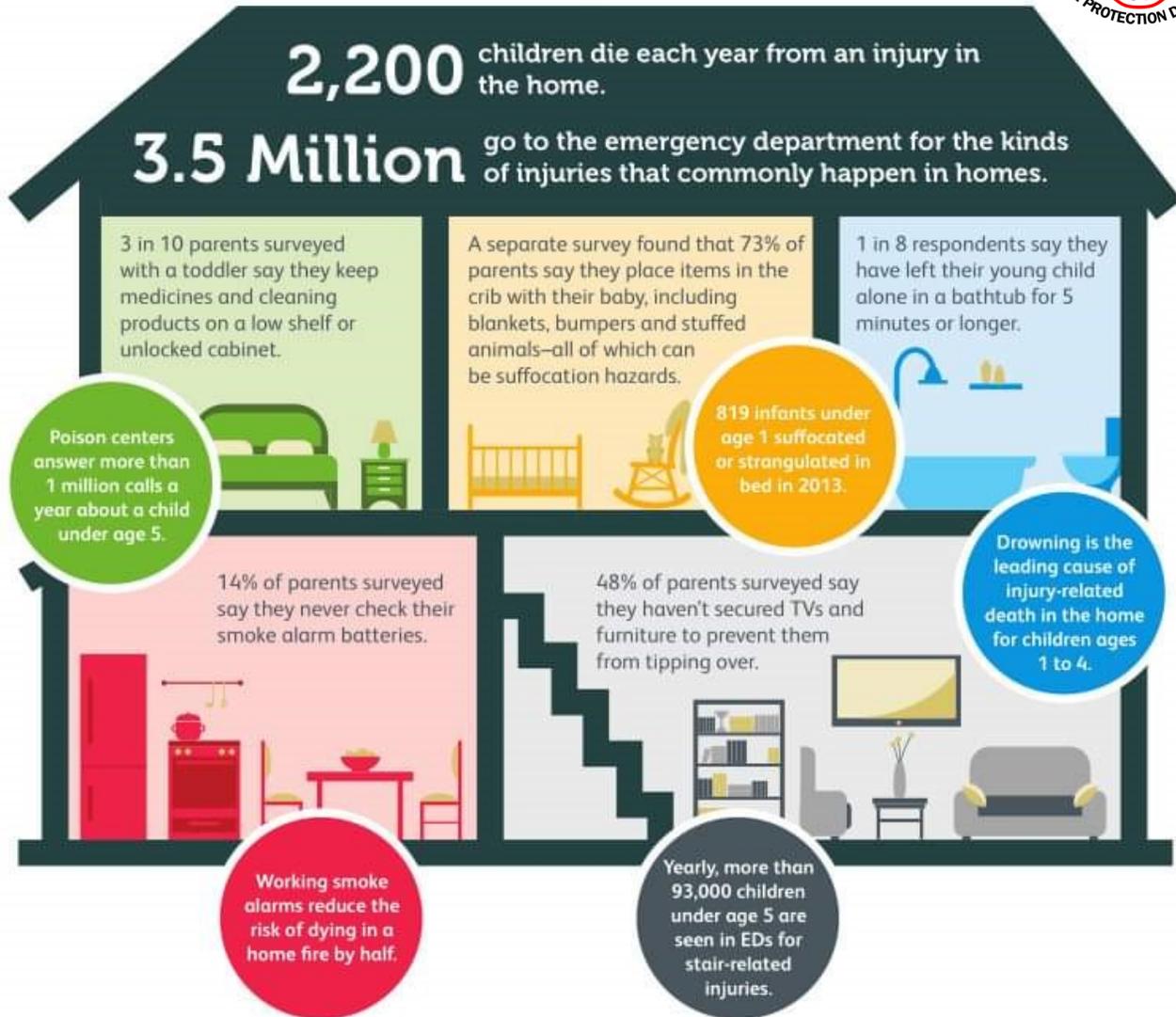
THE FIREHOUSE SCENE

The Firehouse Scene is a monthly newsletter produced by the Harlem-Roscoe Fire Prot. Dist.

Fire Chief - Patrick Trollop
Editor & Layout - Sheryl Drost

The Firehouse Scene is available at Station One - 10544 Main Street in Roscoe and on the department's website after the second Sunday each month.

E-mail submissions to:
Sheryl at: sdrost@harlemroscoefire.org



Top Tips for a Safe Home

- Give young children your full and undivided attention when they are in the bathtub or around water.
- Check smoke alarm batteries every six months to make sure they are working.
- Keep cribs clear of objects, and make sure babies sleep alone, on their backs, and in a crib every time they sleep.
- Install safety gates to keep children from falling down staircases and window guards or stops to prevent falls from windows.
- Keep all medicine up and away, even medicine you take every day. Be alert to medicine stored in other locations, like pills in purses, vitamins on counters, and medicine on nightstands.