NEWS FROM THE ELLSBURG VOLUNTEER FIRE DEPARTMENT 2018.05.03

Our May meeting took place on Thursday, May 3, at 6:30pm at the Bass Lake Firehall. We have been working on getting our equipment ready for the next season. The snowmobile has been put in the back of the firehall. The skis have been taken off of the Orion Rescue Sled and replaced with wheels. The tracks have been taken off of our 4-wheeler and replaced with wheels also. Our Zodiac boat has been filled with air and stocked with life jackets and paddles. Now we are ready for emergencies on a lake or on the ATV trails. We have serviced our portable pumps that can be placed in a lake and allow us to pump water out of that lake. This is very important in our area because we have no fire hydrants.

Congratulations to our members Loren Dean Mesedahl and his son Loren Michael Mesedahl! Since January, these two have been attending firefighter classes every Monday and Wednesday evening, and one Saturday a month. These classes were held in Hermantown and at the Lake Superior College Firefighting facilities. This was a huge commitment that these men took on so that they could become volunteer firefighters for our township. In May, they took their final written and practical tests. We are so proud of you! Two more firefighters to protect the residents of Ellsburg Township!

Our department has been planning our participation in the annual Melrude 4th of July Parade and Picnic. This fun event will take place on July 7 this year. We plan to have some things to raffle and some things to give away. We will have our fire engines and hoses so that we can play some water games. Maybe challenge the Cotton VFD to duel with us! You will be able to play water games, too. Make sure that you stop by our tables to check out our displays and goodies! And candy! We need lots of candy to throw during the parade. Last year, we had about 3000 pieces of candy but that was not enough. Maybe we will have to get 10,000 pieces this year?

We had a wonderful time at Big Truck Night at the Southridge School on May 10. We brought our big Engine 11 and a tanker. The kids enjoyed looking over our equipment and getting in the driver's seat. We had coloring books, pamphlets, fire hats, toys, candy, and stuffed Dalmatian dogs as giveaways. I know, I know! I didn't bring enough stuff and we had nothing left after an hour. Come to the parade on July 7 if you didn't get your Dalmatian! I promise to get more by then. And, oh yes, candy!

Engines and Tankers are big vehicles to drive. Our tankers hold about 2000 gallons of water each. Our engines hold about 250 gallons of water each. This impacts how these vehicles can be driven. You must stop slowly and carefully or you will feel that water sloshing behind you and pushing the vehicle forward. Emergency responders must train regularly on how to safely drive these vehicles. An obstacle course was set up at our Bass Lake Firehall in May. Jon Olsen, a firefighter instructor, was on hand to instruct and test our drivers. We had to drive forwards, backwards, and in a serpentine course without hitting the cones that were set up. We had to back into the firehall and make 3 point turns on Mink Road. There must always be a spotter for the driver when backing up since the driver cannot see behind the vehicle. We learned the proper hand signals that the spotter must use to signal the driver. Of course, we must always wear seatbelts. 25% of firefighter fatalities are vehicle related, and 80% of firefighters killed in collisions were not wearing seatbelts. Actually, vehicle accidents are the second leading cause of firefighter deaths. Cancer, not fire, is the number one cause of firefighter deaths. I am happy to report that all of our drivers that tested passed.

There also was a classroom portion of this EVOC (Emergency Vehicle Operator Course) training. Remember all those films of car accidents that we had to watch in our Driver's Ed classes when we were teens? Well we had to watch more of those films, only this time they involved fire trucks and other emergency vehicles. There were fire trucks flipped on their sides, fire trucks t-boned by other fire trucks, and fire trucks that ended up in ditches or buildings because of miscalculations and speeding. When you drive these vehicles, even in an emergency, you must obey the traffic rules. This means that you cannot run through intersections without stopping to check for traffic. Lights and sirens are just a request to pass through. They do not guarantee that other drivers will yield to you. In this age of impaired and distracted driving, emergency vehicle drivers cannot assume that their flashing lights and sirens are even seen or heard. Studies have shown that the brain of an impaired driver focuses more readily on the color red. This means that these drivers get drawn into the red lights of the braking car ahead of them, the red lights at an intersection, or the flashing red lights of an emergency vehicle. However, this does not mean that they stop for these lights. Rather, they get drawn to them like a moth to a light, which results in accidents. Because of this phenomenon, emergency vehicles are now being equipped with amber lights and hi visibility angled stripes on the back of the rigs. The color amber and the diagonal direction of the stripes have been shown to make the brain more alert. Hopefully, this will cut down on the number of emergency workers that get killed each year because they are being hit by impaired and distracted drivers.

North Memorial Air Care held an Open House at their base at the Eveleth Airport on May 8. We were able to explore their ship and review their protocols for take-off and landing zones. How convenient that they were called out for a transport while we were there and had to launch! We watched the preparations and launch of their helicopter and then settled in for a delicious dinner. They had speakers from their team who taught us about pediatric trauma, crew resource management, and mass casualty incidents. Emergency responders must develop skills in sound decision making and critical thinking. This is learned through repeated training for various incidents. Always train like it is real. Know your equipment and what resources you have and learn how to form a plan of action. On a mass casualty incident, the focus must be on doing the best that you can for the most number of people. Practice and train so that common procedures can be done automatically and your team learns to work together efficiently. In a stressful situation, the body reacts with a fight, flight, or freeze response. Recognizing this, and forcing yourself to take a deep breath, will help you regain control of yourself and get to work. Emergency responders must also have an abundance of compassion. This cannot be taught. It is a part of who we are and why we volunteer to help those in our community any time of any day. It is what drives us to be first responders.

Both LifeLink III and North Memorial gave us lessons on pediatric emergencies. The most common causes of trauma in a child less than 1 year old is suffocation and drowning. Burns are the leading cause of death in ages 1-4. Fatalities in the 5-19 age group usually result from motor vehicle, bicycle, or pedestrian accidents. Motor vehicle accidents also include ATV, snowmobile, and other off road vehicles. Children can get thrown out of these vehicles because of bumps or sharp turns, and then they get run over. Head trauma occurs in 80% of pediatric injuries. The child may fall and bump his head and begin crying. Then the caretaker soothes the child and tries to distract him with either a treat or something else to look at. The child quiets down and begins playing again, not knowing that the headache he is getting is a sign that something is wrong. A child's skull has very limited spare room. The swelling in his brain from the bruising or tear of brain tissue pushes more on the brain because there is no room for it to go. Now the child may begin vomiting. Vomiting after a fall or knock on the head is a sign of a brain injury. Another sign is purplish colored skin behind the ears or around the eyes. This brain injury is getting very serious now. The child will become sleepy as the perfusion of the brain is decreased. The well- meaning caretaker sends the child to bed to sleep it off. The child may have seizures or not wake up again. This is a potentially fatal situation. Play it safe and have a child evaluated if he receives any bump or knock to the head. This includes a bump from a thrown ball, a fall on a dock or down steps even if they are carpeted, or any connection with an object to the head. Don't forget that diving into a lake head-first can result in a head injury because of contact with a submerged log or other floating object.

The second most common lethal injury to a child is abdominal trauma. A blow to the abdomen can cause blood vessels or organs to bleed. Children have much less abdominal fat to cushion these vessels and organs. Purplish colored skin that develops around the umbilicus or on the sides between the last rib and the top of the hip are signs that there is internal bleeding. Again, children may cry after an injury, and then resume playing unaware that the growing pressure that they feel in their abdomen can be an indication of a lethal development. Suddenly, they will pass out. The blood volume of a child is much less than that of an adult. Therefore, losing a little has a greater effect. Children can seem fine and then crash quickly. The good thing is that children can also rebound quickly if they get medical help early. So watch those children! A quiet child is not always a good thing. Be alert for head and abdominal trauma. Recognize the behavioral and skin changes that signal a lethal development. It is always safer to be checked out before these signs develop. Call 911 and we will be there to help!

EVOC Training

North Memorial Air Care Open House

Big Truck Night a Southridge School

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