

PEI FIREFIGHTERS ASSOCIATION
ANNUAL MEETING 2002
Kinkora Fire Department

Due to a fire, the host chief was unavailable, on his behalf, Dave Blacquiére welcomed everyone and introduced Riverview Chief Doug Hamer who spoke on media relations. In Atlantic Canada there are not a lot of reporters looking for the dirt behind the story like it is in the US. Media is there to get a story, they do not need to get the info from the FD. They do not need to be close to get pictures. Do not expect that anything is "off the record." How do you develop trust with the media - invite them into your organization. Allow them access to some of your staff. Share with all the news agencies. Get to know the local reporters by name. A few "screw ups" do not make a divorce. Why cooperate with Media? They are very good allies during Fire Prevention week, Haz Mat or evacuation. Government officials read the papers every day. Media can provide information to assist in arson investigation (maybe). They keep citizens informed. They are listening on the scanners. You want to create a public image that enhances people wanting to join your department.

Types of media - Radio (local, regional, national), Television (Local - all with national affiliation, local cable television, cable specialty channels, print (local, regional & national, magazines). Radio tips - maintain good local contacts, have a "good voice" do the interview, think and think again before opening your mouth (once said you can't take it back), listen to the question and listen again before answering, expect the same question again and again, try to tape the interview during the interview itself, listen with a critical view to do it better next time, "I don't know" is a legitimate answer, remember you are a firefighter not a newspaper reporter. Television tips - look like a firefighter, look at the reporter not the camera, you probably have less than 30 seconds so make it count, they want to see a chief officer, if you don't know say so, know what or who is behind you, do not allow other firefighters behind the camera distract you, watch out for the scrum (large group of aggressive reporters), remember that you could literally be talking to the world, watch the interview with a critical eye to improvement, take off sunglasses. ATV is #1 in Atlantic Canada, CBC is #1 in PEI. Print Media - print stories stay around much longer than TV, much more detailed, more opportunity to get your accurate message out, issue press releases, issue photos if you wish and screen them, listen very carefully this is the easiest medium for a reporter to make mistakes, provide them with your printed material, stories and photos can become international. Be careful against use of "fire lingo" with reporters who are not familiar. Do not plagiarize, give members credit, do not repeat stories between publications. Use caution when releasing names (avoid it completely if possible), you cannot control who the media talks to but you may be able to steer them, fires present an opportunity to get your message out, emphasize what your firefighters did, don't let other agencies control the story, contact the editor if there are ethical concerns, be careful presuming cause.

Following a break, guest speaker Colin Campbell was introduced by Kent Cook to speak on Critical Incident Stress Management. Colin is Chair of the PEI and President of the Atlantic CISM network. PEI has been around since 1996 involved in well over one hundred incidents. Half the service provided by the network has been with Firefighters. CIS Debriefing differs from operational debriefing, it is not intended to discuss how things can be done better in the future, rather they are about the people who were involved in the situation and how they are effected. Critical Incident is 1) any even that is outside the range of usual human experience and is potentially psychologically traumatic; 2) any situation where one feels overwhelmed by their sense of vulnerability or lack of

control over the situation; 3) a situation faced by personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later. CIS Reactions: muscle tremors, profuse sweating, stomach upset, difficulty making decisions, short term memory problems, poor concentration, tunnel vision, frustration, self doubt, irritability, anger and resentment. Acute reactions (within the first 72 hours): anger, physical weakness, excitement, nervous anxiety, mental exhaustion, tears, perceived pressure from the family, defensiveness, depression, headaches, impotence, overall irritability. These are normal results to normal people who were involved in abnormal events. In time the reactions will subside, however, they may resurface without notice at any time. Within 24 hours about 85% of people involved in critical incident will experience some form of reaction. Within 3 weeks about 40% will have a reaction. After 6 months it is down to 20%. After 1 year roughly 3% still have some sort of reaction. About 1.5% will have lifelong reactions. These may be minor reactions (a nightmare); but they may also be severe. Chronic effects may result in depression, sleep disruption, loss of emotional control, alcohol/substance abuse, reflection on "what ifs", distancing self, fear of working alone, labeling peers/clients, personality changes, alteration on job perception, memory distortion. Best to not bring family into debriefing session, this is also true of the other members in the department who were not involved in situation, it only brings more people into the incident. Depending on the situation it may be best to not have the chief present either. Book by Jeff Mitchel, Emergency Stress Situations may provide more information. Encourage peers to talk but don't drag it out of them, talk to your spouses about how you feel (don't need to talk about the specifics of the situation). Listen. Network will not get into discussions on department operations.

Door prizes were drawn for following dinner.

Claude Dorgan spoke on the First Responder relationship with the Ambulance service. Tignish started after an industrial accident, still have some members who prefer to remain on duties such as traffic control. Have all gone through defibrillator and first response training. After one year as first responders have one life to their credit. Morale has increased significantly because of this new venture. Tignish Fire Department received public credit for their services in the past year. Dispatching was a problem initially, however, they have developed a method to assist them and the ambulance service. The local ambulance service and the community has to be behind you to make this program work - CPR courses offered in the community etc. Since they have started with First Response, they have had less trouble with raising funds - to the point of people making very generous donations. Families have to be behind the initiative, especially now as they approach 120 calls per year (60% medical). Have to be prepared ahead of time for going into situations where you or your members may know the individual who has the emergency that you are responding to. CIS debriefing has been a helpful aspect with this venture. This also takes the department more into the public eye and may open you up to more criticism. If Tignish FD can assist in any way with any other department who wishes to set up a first response system, Claude will be glad to assist.

Krista MacKay from Patterson Palmer law firm spoke on legality's with Fire Departments. What can a fire department or firefighter be sued for? Negligence, which is decided by 1) duty of care (is a duty of care owed to the person you are working for), the answer for firefighters is yes. 2) standard of care - a certain level of skill has to be met, NFPA has set the standard. 3) breach of standard of care. 4) must be a loss sustained. 5) loss sustained has to be a direct result of your not meeting the standard of care. Standard for paid firefighter is different than for volunteers.

