



CHIEF'S FILE CABINET

Ronny J. Coleman

Diagnosis: Disaster

Imagine that you are at your doctor's office and you are complaining about not feeling well. And, when the doctor asking you where you hurt, you point to a portion of your anatomy. The doctor asks, "and what do you call part of your body?" I suspect you would be very shocked. You would be even more shocked to hear the doctor say, "Gee, I've never seen anything like this before; I guess we'll just have to wait till more symptoms develop before we attempt any medication."

You would bolt from the examining room, looking for someone who understood both anatomy and disease. You would not settle for any less than a person who could examine your physical body and prescribe some type of solution.

There is a parallel in our business. It consists of firefighters knowing the anatomy of buildings as well as the sickness of fire spread and destruction. As professionals we should take a great deal of pride and sense of professionalism from being able to arrive upon a scene and make an accurate diagnosis of what is happening. You will note I say accurate diagnosis, not just a wild guess.

How often does that really happen? If we tell ourselves the truth, it's not as often as it should be. Sure, we have training in size-up, we have the techniques of incident command, and most competent fire officers can generate extensive fire flow on demand. But, that is not what I am referring to. I am focusing upon the ability of a fire officer to look at a building and make all the right moves to save just about everything that is not already lost.

Recently I read an article about a fire in a 13th Century Cathedral in the U.K. The fire was in a complex building, with a head start in the fire crews, yet everything the fire officer did worked to limit the fire to an area that was very small considering the potential loss.

When asked how he accomplished that amazing feat, he confessed, "the reason we did so well was that we were just in this building on familiarization last week. I knew exactly what I had to work with." Granted, the experienced fire officer had a lot more going than that, but his remarks were right on for the diagnosis or disaster. He knew the building and he knew what to do to treat the specific fire problem.

If that building would have burned to the ground it is very doubtful anyone would have criticized the fire officer. This is not because the officer didn't deserve criticism, but because society doesn't have as high a standard for a fire ground officer as they do a doctor. If a patient came in with a minor ailment and things got progressing worse, the doctor right face malpractice at some point.

Let's go back and examine what that fire officer said; "we were just here on familiarization last week."



CHIEF'S FILE CABINET

Ronny J. Coleman

This implies two things. The first is a decision on someone's part to devote some of the fire crew's time to studying a building rather than just looking through it for code violations. The second reference's that the receiving of the information made it clear to the fire officer that more accurate assessments could be made than just guesses.

This is one of the dilemmas that all firefighters must overcome to operate both safely and successfully when fire strikes. A program embodies the concept that makes fire departments have implemented called prefire emergency planning. The problem with this concept is that this one term means many things to the fire services. Depending upon your definition of prefire emergency planning it may reveal a great deal to you and your firefighter, or it may lull you into a complacency that is downright dangerous.

Let me be a little more specific by telling you what prefire planning is not. It is not a piece of paper with a plot plan on it. It is not a visit to a building where you just walk through and look at the occupied spaces. It is not a program where one crew on one shift visits a specific property once every five years. It is not a file in the training division with a copy of the BC's vehicles. It is not a set of color shades or videos used in a briefing when discussing training evolutions for the department. No, it is not anyone of these at all. It's all of these and much more.

From my perspective the concept of good prefire planning is losing ground in many agencies due to workload conflicts. One fire officer has actually told me that he feels the prefire planning program was waiting his turn, because it conflicted with other priorities such as the department's physical fitness program and his personal time. This discussion was conducted in a fire station where the department had only about 2 or 3 working fires per year. His contention was that prefire planning should be given to a staff person who could go out and conduct the visits, draw up the side and do all the paperwork.

His belief was that there were just too many buildings for him and his crew to make any difference.

Is he right? Is preplanning an insignificant task that is not of the same level as other programs?

I would argue now, as I asked them that fire departments that do not engage in any form of pre-emergency planning for the risks, hazards, and values they protect are misleading the public with respect to their competency at protecting life and property. It would be the same as a doctor stating that the patient is not as important as the disease.

But, for purposes of this discussion I will also readily admit that more and more fire departments are facing a crisis of program management. I have reviewed my department workload and have discovered a lot of common interests that make pre-emergency planning almost a luxury.

For example emergency call level has risen considerably in the last few decades. Banding drops often



CHIEF'S FILE CABINET

Ronny J. Coleman

causes individual companies to be out of area more than they are in their area. Mandating training is now higher than most departments have time to complete on their annual cycle.

The list goes on and on. Worse yet, I don't see any relativity to their situation in the immediate future.

So, what is the fire service going to do to remedy the situation? Let's steal a page from the doctor's book and see if we can overcome the gap between what we think we know and what is called for when you complain to a doctor. The doctor will want to know what your "symptoms are."