

Presentation by

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Cumberland County covers 555 square miles in south central Pennsylvania. Its eastern boundary is the Susquehanna River immediately adjacent to Harrisburg which is, as you all probably know, just upriver from Three Mile Island. Fire and rescue services are provided to the 187,000 residents of the county by 37 independent volunteer fire companies and two federal fire departments on military installations.

We have a total of 376 breathing apparatus in service in the county, broken down as follows:

MSA Demand	101 units	27%
MSA Press. Demand	81 units	22%
Scott Demand	98 units	26%
Scott Press. Demand	76 units	20%
Scott 45 Press. Demand	2 units	less than 1%
Guardsmand Demand	3 units	less than 1%
Survivair Press. Demand	15 units	4%
Bio Pak 60P	2 units	less than 1%

We are certainly not the most important area for any manufacturer nor are we setting any trends that would make us authorities on breathing apparatus. The comments I will make today reflect an attitude of dependence on the manufacturer and any approval agency to provide us with breathing apparatus that reflects good design, proper manufacturing control and both manufacturer and approval agency understanding of the nature of the fire service.

Before I begin any detailed comments, a few background comments are in order. To the best of my knowledge, there is no requirement by law for the fire service to buy, use or maintain our breathing apparatus according to anybody's standard, at least not in Pennsylvania. Any recommended practices or standards that are followed are done so on a voluntary basis by those departments that are progressive enough to care.

The training of users is also, by and large, virtually nonexistent in many fire departments. Some firefighters may read the instructions on the box lid and that will be the extent of their formal training. From that point, most firefighter knowledge of the device comes from on the job training and if he is lucky his experience will teach him the capabilities of both his apparatus and himself. So far we have been lucky and no firefighters have been killed.

The other comment I would make as background is this: Breathing apparatus is expensive. With the price of an average unit at \$600 - \$700 and spare cylinders at \$150 - \$200 we can't afford to buy new units every day. Even the cost to convert units to pressure demand is expensive with prices paid by county departments ranging from \$100 to \$300.

As the purpose of this hearing is to improve user confidence and reduce deaths and injuries while using breathing apparatus I feel I must make some positive recommendations.

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First of all, the fire service must be made aware of the need to provide maintenance for breathing apparatus and proper training for those that use breathing apparatus. This, I am afraid, will be extremely difficult to do. In Pennsylvania we have some fire chiefs that cannot read or write. Many have no formal training in the fire service, and a large percentage don't even take the time to care.

I don't know how it can be done but the fire service needs some agency to monitor the use and care of breathing apparatus. Someone should be able to arrest a fire chief that lets mildew grow inside regulators, stores units with water in the regulator or stores units ready for service with empty cylinders. Equally, both the manufacturer and whatever agency that is formed must have the means to educate the fire service so that they comply to standards out of understanding rather than fear of reprimand.

Cumberland County is fortunate in that we do have a full time training office. We have contacted manufacturers to purchase regulator testers and contacted manufacturers to train our people on care and maintenance. If we receive manufacturer cooperation we will be implementing a continuing program of breathing apparatus inspection and maintenance.

If we receive manufacturer support and the cooperation of the county fire departments I will forward how we established the program and our results. I approach our program with restrained optimism. It will succeed in those departments that care now and those that don't care will continue not to care.

We have all collectively got to convince the fire service of the need for proper breathing apparatus, its proper use and most importantly maintenance. The problems you feel you have with your test procedures are but a small part of the problem, at least in my opinion.

If you create conversation between the fire service both career and volunteer, the manufacturers and NIOSH or whatever agency does testing and certification to determine our needs and our problems then maybe we'll be on the right track.

There is a big difference between breathing apparatus used in controlled industrial situations and the fire service. Our equipment may sit in a station at 70°F, be outside in 20° temperatures for 10 minutes and then be used in a building at 400° for 20 minutes. Not to mention water and fire debris we're exposed to, firefighters and breathing apparatus both are exposed to physical abuse, shock and impact. There is no graceful way to fight fire.

We don and remove our facepieces frequently on the fireground. Yet some breathing apparatus have no convenient shut off, save the cylinder valve. Other pressure demand units that do have a high rate of valve failure.

There are some unnecessary features, such as waist and chest straps that serve no function. Yet if we remove them, we violate your approval. It is my understanding that exchanging brands of cylinders violates the approval. I invite you to attend a major fire as air supply officer and overcome this problem.

The fire service could also use an explanation of manufacturer repair policies. It is hard to justify placing 50% of your breathing apparatus out of service for want of parts. In one case in our county this was four units of six and in another at least 20 units in one department.

The units that were recently to be upgraded are another story. Several departments have ordered parts and not received them for six months.

I could continue and complain about many things. Complaining will do no good but to create antagonisms and promote misunderstanding. In a positive vein I would like to make several suggestions to everyone here.

First, somehow involve the fire service more actively in the entire process, from design to testing to use. Keep in mind that the majority of users in the fire service do not have the level of professionalism of Boston, New York and other big cities. Most departments are rough diamonds, we have good intentions but lack thorough understanding and often the capability to properly care for ourselves.

There needs to be some agency created to oversee and control the use of breathing apparatus by the fire service. It needs to be a supportive organization to educate and promote as well as enforce. Probably it should be federally funded through an agency such as FEMA. I realize it will be costly and it will not be politically advantageous to support such a proposal but gentlemen we are paying the price now -- in terms of human life.

I realize this may have seemed to be a vague presentation. If I may answer any questions at this point, or if I may at any time in the future be of assistance to your organization by providing additional input or help, please let me hear from you.