HRFPD 75th HISTORY BOOK

The Harlem-Roscoe Fire Protection District #1 is commemorating 75 years as a fire protection district. To celebrate this milestone we are compiling a pictorial history book. This book contains the Department’s historical time lines and pays tribute to its members both past and present. It also includes historic and current photos of people, places, and things that are hallmarks of the strength, courage, and innovation of the Department. This edition will feature personnel photos, action photos, individual firefighter/paramedic histories, memories and quotes.

The large 9” x 12” coffee table style edition has a deluxe hardbound cover and 104 pages with 64 full-color pages. The cost of this historic limited edition is only $49.95 for the standard edition with a hardbound color cover. Or you may choose a genuine bonded leather cover edition for $79.95. Either edition can only be personalized for an additional $7.00 while the book is in pre-order status. We expect this book to deliver late December. Help us meet our pre-order total by ordering today.

To place a credit card order, please call 1-888-263-4702 or order online at www.mtpublishing.com. Please make checks and money orders payable to Harlem-Roscoe Fire History Book. An order form can be picked up at Fire Station #1 at 10544 Main St. in Roscoe or you can follow the link on our website, www.harlemroscoefire.com to download one. Send all payments and orders to M.T. Publishing Company, Inc. PO Box 6802 Evansville, IN 47719-6802.

Please feel free to stop by or call the administrative officer at call 815-623-7867 if you need help or have any questions.

Order your copy of the HRFD 75th History Book by Sept. 30!

“Travel through 75 years of Harlem-Roscoe Fire history through the words and memories of those that lived it.”

Retired Firefighter Donny Ball recalls the time he engineered all three trucks on a fire call in the 1950s. He said, “There were four firefighters at the station when the call came in and we took all three trucks to the scene. I was in charge of operating the tanker, grass rig and pumper until other firefighters arrived in their own vehicles!”

The first real true fire truck was purchased in 1944 for $10,000.

Before Highway 251 was built, the old Highway 51 was Main Street and cars and trucks would come through town fairly fast. Sometimes firefighters had to put out stop signs in the street in front of the old Station One to stop traffic in order to get the trucks out of the station.

Do you know the knickname that was given to this truck? Ask a firefighter that served in the 1970s to 80s and be ready to hear some stories!
Birthdays

July
1st John Bergeron
6th Mike Helland
7th Mike Drost
9th Greg Wernick
Ken Krause
16th John Morgan
18th Bill Null
21st Tim Bergeron

August
7th Tom Lake ’40th’
9th Jeff Morris ’40th’
11th Rico VanderHeyden
14th Tim Schrader
15th John Barth
27th Al Bach
28th Mike Sherbon
28th Keith Lincoln

Total Calls for 2014
1392

Firehouse Scene
The Firehouse Scene is a monthly newsletter produced by the Harlem-Roscoe Fire Prot. Dist.
Editor-in-Chief - Don Shoevlin
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:
www.harlemroscoefire.com
E-mail submissions to Sheryl: hrfdstrost@gmail.com

From the Chief’s Desk
By Fire Chief Don Shoevlin

What a summer it has been. This past month we have seen our share of rain and storms. The firefighters have been kept busy with calls for wires down, trees down, and some flooding calls.

The temperatures have been bearable, but I am sure the dog days of summer will arrive. It is just a question for how long and when. They do, I ask all of you to remember to be especially mindful and take extra precautions in regards to burning, and having recreational fires during dry periods. The heat is a factor as well. Remember to hydrate yourself, but please don’t forget about pets and check on our neighbors if they require.

I would like to thank everyone that participated and supported our first annual golf outing. The “Ignite Our Youth’s Future” Golf Play Day was held on Saturday June 28. The weather was ideal and outcome a great success. Because of all of the support, we were able to raise $10,000 to be awarded next May to an in-district senior who will be continuing their education into college. This is another indication of the Firefighter’s Association giving back to the community. This event, as with many large events, would not be successful without a lot of help from the firefighters and wives. And let’s not forget the event coordinators, Captain Ryan Alms and Firefighter Rob Lukowski. They did an outstanding job as coordinators and obtaining sponsors. They have already begun planning next years golf play day.

We have some public events coming up:

• National Night Out 2014 on August 5th from 5:00 PM til 8:00 PM. We will be at two locations. The Village of Roscoe will be at Life Church and the Village of Machesney Park will be at 251 & 173. This is a joint venture with fire and law enforcement. There will be displays and activities for kids along with informational handouts.
• Roscoe Lions Fall Festival. It will be held Sept. 5-7. “Night Out at The Firehouse”. We will hold this in conjunction with Fire Prevention week. Last year we did this and it was well perceived. This will be held on Tuesday Oct. 7. Watch for more information in future newsletters. I hope you will be able to stop by one if not all locations to visit with us.

2015 is the District’s 75th birthday. Some exciting things are being planned. One of them is the creation of a book about the district’s history. We have flyers at all of the stations and orders are being taken for them. It is going to be a story told through the members who have served the district over the past 75 years.

We greatly appreciate all of your continuous support. If you have any questions please don’t hesitate to call me or stop by. Don’t forget to keep up on the progress of your fire department by visiting our Facebook page or our website. www.harlemroscoefire.com.

Happy Birthday!

Harlem-Roscoe Fire hosted a blood drive for the Rock River Valley Blood Center on June 26.

Blood Drive

Happy Birthday!

Congratulations to Firefighter Jordan Stark and his wife Alison on the birth of their second child, Maizie Ann Stark.

Maizie was born on April 16, 2014. She measured in at 8lbs. 9oz. and 19 inches long. Maizie’s big brother Dexter (age 2) loves to help with his little sister and given her lots of kisses. He was also the first to make her giggle. Alison says Maizie always has a smile.

Maizie’s late grandpa, Bob Stark also served on Harlem-Roscoe. Congrats again Jordan and Alison, she is adorable!

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Lightning Safety

Thunder and lightning storms happen all the time. Know what to do to keep you and your family safe when storms strike!

Safety Tips

Outdoor Safety

- **If you can hear** thunder, you are within striking distance of lightning. Look for shelter inside a home, large building, or a hard-topped vehicle right away.
- **Do not go under** trees for shelter. There is no place outside that is safe during a thunderstorm.
- **Wait at least 30 minutes** after hearing the last clap of thunder before leaving your shelter.
- **Stay away** from windows and doors. Stay off porches.
- **There is no safe place outside.** Places with only a roof on sports fields, golf courses, and picnic areas are not safe during a lightning storm. Small sheds should not be used.
- **If a person is struck** by lightning, call 9-1-1. Get medical help right away.

Indoor Safety

- **Turn off computers.** Stay off corded phones, computers, and other things that put you in direct contact with electricity or plumbing. You can use a cell or cordless phone.
- **Do not** wash your hands, bathe, shower, do laundry, or wash dishes.

FAST FACTS

Lightning may strike as far as 10 miles from any rain.

Commercial Fire

*Photos by Sheryl Drost*

Harlem-Roscoe Firefighters responded to fire alarm at a Thermal Processing Plant in Roscoe on June 23. Upon arrival they found that a machine had been on fire, however it was extinguished by its CO2 suppression system. The building was filled with smoke and had to be mechanically ventilated. There were no injuries to employees or firefighters.
Storm Damage
Photos by Sheel Drost

Firefighters spent over three hours chasing thirteen calls for storm damage on June 30 after a thunderstorm plowed through the district. There were trees and wires down across many roads, on houses, on a car and lightning hit a gas main on a home. The winds also blew down a metal shed. Then a couple crews stood by live wires that were down for most of the night until the electric company arrived.

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The Firehouse Scene - Page 4

The Firehouse Scene - Page 9

Vehicle extrication is the process of removing a person from a vehicle that has been involved in a motor vehicle accident when conventional means of exit are impossible or unusable. This is typically accomplished by utilizing hydraulic tools, including the Jaws of Life. Standards and regulations can be found in NFPA 1670 and 1006. It is sometimes referred to as “removing the vehicle from the person” in reference to the often delicate touch needed to avoid disturbing the victim as much as possible during the extrication.

The basic extrication process consists of, but not limited to, 7 steps:

1. The protection of the zone, Inner & Outer circles of surveys, to avoid a risk of collision (marking out the zone, lighting) and of fire (switching off the ignition, disconnecting the battery, absorbing powder on oil and gasoline pools, fire extinguisher and fire hose ready to use).
2. Patient triage and initial medical assessment of the patient by qualified medical rescuer.
3. The stabilization of the vehicle, to avoid the movements of the vehicle itself (e.g. falling in a ditch), and the movements of the suspension.
4. Glass management and peel & peek, manage the amount of glass in a safe manner and peel all posts before cutting any metal, looking for air bags, canisters, seat belt pretensioners.
5. The opening of the vehicle and the deformation of the structure (such as removing a window) to allow the intervention of a first responder, of a paramedic or of a physician inside the vehicle to better assess the patient and begin care and also to release a possible pressure on the patient. As soon as possible, best before beginning the extrication operation, a medically trained person enters the vehicle to perform the first aid to the patient: mid-level assessment, stopping the bleeding, putting a cervical collar (these operations are likely to provoke vibrations), providing oxygen first aid. NFPA regulation 1006 and 1670 state that all “rescuers” must have medical training before beginning the extrication operation, including cutting the vehicle itself. After the vehicle has been stabilized and access gained to the patient, the EMS team then enters to perform more detailed medical care.
6. Removal of the section of the cabin (usually removal of the roof or door) to allow an extrication in good conditions, especially respecting the head-neck-back, head, nose, bellybutton, toes in a straight line for removal of the patient from the vehicle.
7. The last step is usually performed with a long spine board: the patient is pulled up on it. An extrication splint (KED) can help immobilizing the spine during this operation.

Extrication, as defined by NFPA must be done by medically certified individuals, and as such, many Rescue teams are run by stand-alone emergency medical services departments.

In major cities, where fire departments have FF/Emergency medical technicians, fire departments can run rescue. In NYC, the police department handles some aspects of rescue. In many rural areas, and specifically in New Jersey, usually volunteer First Aid Squads handle rescue. In the Midwest, there are dedicated Rescue Departments that run neither fire trucks nor ambulances nor focus strictly in rescue. There are some departments that are a combination of Fire/EMS, Police/EMS or Rescue/EMS, but the concept is that most organizations that run Rescue have some sort of EMS division or EMT training. As such, there are many different ways extrications are handled. Some are run by completely one organization, such as strictly by an EMS department. Some are a run by a combination department that runs ambulances and fire trucks. Some are run as an inter-agency joint effort. Some are backups to others. And some departments run just a heavy rescue truck. Some departments also might only handle light rescue and door pops, leaving the more complicated rescue and heavy rescue dedicated to a heavy rescue unit.

Extrication includes patient assessment, treatment and removal of patient from vehicle. Some departments only carry with them minimal tools such as one set of Jaws of Life and are only capable of simply “popping” a door off and then must step away to allow the medical rescuers in or to allow a more dedicated heavy rescue team in who has more equipment. Extrication units are supposed to not only have many different kinds of extrication tools, but medical equipment, oxygen, and backboards as well. Extrication is the entire process from fire protection, power unit disengagement, vehicle stabilization, patient stabilization and treatment, removal of vehicle from patient, removal of patient, and transfer to ambulance. Extrication is not just simply popping a door off.

Additional risks with new technologies

Active systems such as airbags make the operations more complicated: when they did not explode (e.g. shock from the rear or vehicle on the roof), the activation can occur any time during the operation, and cause additional trauma to the victim or to the rescuers. This is one of the reasons rescuers disconnect the battery and wait the correct airbag deactivation times before cutting the vehicle. These deactivation times can take anywhere from 5 seconds to 20 minutes to deactivate, even after the power source has been disabled.

New hybrid technologies also include additional high voltage batteries, or batteries located in unusual places. These can expose occupants and rescuers to shock, acid or fire hazards if not dealt with correctly. Some references to the actual nature of the hazards:

Honda Toyota Ford News Summary More.

Some vehicles have an additional (LPG) tank. As the system was not built in, there is a risk of damaging the pipe which is often under the car, releasing the pressurized fuel. The risk of this is minimized by locating the line in a protected position during installation. Modern installations also have a shutoff solenoid at the tank so that rupture will only release the fuel in the line rather than allowing fuel to come out of the tank.
Generally, a CP program should not replace existing resources, but what it is not of services. If the community to be served is in a rural or remote area with the nearest primary care resources many miles away, CP may work within the community to meet that identified need through expanded scope of services, but rather, an expanded role of the EMS system.

Conducting these local CP programs does not involve expanded scope if there is a lack of resources for additional services traditionally provided by other practitioners. The applications for CP services are only limited by your desire to provide them with community resources, reviewing their medications, or in some cases, providing limited patient care in the home. Conducting these local CP programs does not involve expanded scope of services, but rather, an expanded role of the EMS system.

However, in rural communities like West Eagle County, Colorado, and in the very first community paramedic program in Red River, New Mexico, CP programs MAY have an element of expanded scope if there is a lack of resources for additional services traditionally provided by other practitioners. For example, an ED physician may feel that a patient who mayordinarily need to be observationally admitted overnight might be able to be discharged home from the ED with an overnight home visit. Most home care agencies may not have the capacity to see that patient within 60 minutes from discharge – but some EMS agencies may be able to check on that patient overnight and assure he makes it to his primary care physician (PCP) visit the next day, or is transitioned to an established home care agency.

EMS leaders have long imagined a time when EMS would be recognized for the true value its practitioners can bring to the delivery of healthcare services. We are finally at a point in time when the stars are aligning in favor of EMS. Currently, our country’s healthcare expenditure rate is over $8,000 per capita (nearly triple the average for all other industrialized nations) for the privilege of a ranking among the lowest on key performance indicators such as infant mortality, life expectancy and admissions for chronic conditions. Most everyone agrees this is not sustainable or prudent. Regardless of your position on the Affordable Care Act (ACA), its intent is to move the U.S. healthcare system away from one that provides financial incentives.

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Generally, a CP program should not replace existing resources, but augment them - essentially filling a gap in community resources. A CP program is not a replacement for a coordinated patient centered medical home (PCMH) or an already established home care agency. Most communities have established home care agencies, visiting nurse agencies and various primary care clinics. However, there will be patients who might not qualify for these services, or there may be gaps in these services that a CP program can fill. For example, if the ED physician may feel that a patient who mayordinarily need to be observationally admitted overnight might be able to be discharged home from the ED with an overnight home visit. Most home care agencies may not have the capacity to see that patient within 60 minutes from discharge – but some EMS agencies may be able to check on that patient overnight and assure he makes it to his primary care physician (PCP) visit the next day, or is transitioned to an established home care agency.
1st Annual ‘Ignite our Youth’ HRFD Golf Play Day
By Bob Lukowski

Last year, around this time, Capt. Ryan Alms called a meeting to discuss public relation’s ideas. Several ideas were brought to the table but one sparked the most interest—a golf play day. In the past, several individuals expressed interest in having a Harlem-Roscoe golf play day, but the road block was always, “Where do we start?” I sat on a few boards of already formed play days; so with that being said, I thought, “This should be easy!” I was wrong.

Capt. Alms and I set out on our grueling process, learning along the way. We started gathering sponsors back in the end of March beginning of April. We logged numerous hours and, at times, thought the play day was not going to happen. We finally obtained enough sponsors and then the real stress began—is anyone going to play in the golf play day.

We opened registration and nothing happened. I’m sure Capt. Alms can attest to the numerous phone calls from me, stressing about what we were going to do if we did not obtain enough golfers. Commitments were made with sponsors, checks were cashed, and the media was talking about it. The last thing we wanted to do is tell our sponsors, which believed in us, that the play day was not going to happen.

By the end of May, that changed. We obtained 15 team and still, with this amount, we were far off from our goal. Capt. Alms and I reached out to all of you and a special thanks goes out to all that helped. We were able to fill all hole sponsors and a majority of the golfer spots.

The big day finally arrived, June 28, 2014, and there was no turning back. The wheels were in motion and there was nothing we could do. Thank you to Tammy Shoevlin and the rest of the ladies auxiliary; without these ladies, this event would not have gone as smooth as it did. Our photographers, Marcia Soppe and Charlotte Alms did a phenomenal job. I also heard my wife, Nicholle, was quite the aggressive sales lady on the course! It was a fun and successful event but not all went according to plan; these hiccups we will learn from and grow. We ended up with 90 plus golfers and at the end of the day, we hit our goal, raising over $10,000!

So what is the money going towards? Well, as I stated in the beginning, this idea originated from a public relation meeting. As a group, we decided, what better way to better our public image than to invest into our youth’s future. We decided that the money raised would go towards a scholarship to one deserving in-district senior continuing their education into college. After speaking with several of the superintendants in our district, the largest privately funded scholarship in our area is $5,000. Harlem-Roscoe Fire is able to double that, which in our eyes, is fantastic.

We are still ironing out the guidelines in which we are going to follow in awarding the scholarship. We already have a few core ideas formulated and are planning to have all the details turned into the in-district schools by the beginning of the school year. Any insight would be welcomed and encouraged.

Hopefully, this year’s play day is just one of several to follow. I invite all of you to be a part of this event next year by either helping out or golfing. This event, and what it provides for our district, is an awesome gesture that demonstrates the commitment the Harlem-Roscoe Fire Department is able to provide to our community. Please join us next year and help Ignite our Youth’s Future!
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What Community Paramedicine is & why it’s the Future of our Profession

By Matt Zavadsky

Zavadsky is the Public Affairs Director at MedStar Mobile Healthcare, the exclusive emergency and non-emergency EMS provider for Fort Worth and 14 surrounding cities in North Texas. He holds a Master’s Degree in Health Service Administration and has 32 years of experience in EMS including volunteer, fire department, public and private sector EMS agencies. Zavadsky serves as an A-Large Director on the NAEMT Board.

It’s nearly impossible to read any EMS trade journal or attend any EMS conference and not hear about community paramedicine. If you ask three people to define community paramedicine, you’re likely to get six different answers. Here’s a brief primer on the concept of community paramedicine (CP), why everyone is talking about it, and the significance it has for our profession.

What it is

In its most basic form, Community Paramedicine (CP) is the provision of outreach to patients at risk for using the emergency medical or in-patient healthcare system for primary care services, and helping them find more appropriate resources for their medical needs. Providing these services may take many forms, and to be successful, it should be based on filling gaps for local needs. For example:

• In rural areas, it may be using expanded scope of services when primary care resources may be hours away.
• In urban areas, it may be helping frequent users of the emergency care system find primary care resources to meet their medical needs.
• In many communities, it may be assisting patients at risk for costly hospital readmissions and preventing them from needing to be readmitted.

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Generally, a CP program should not replace existing resources, but augment them - essentially filling a gap in community resources. A CP program is not a replacement for a coordinated patient centered medical home (PCMH) or an already established home care agency. Most communities have established home care agencies, visiting nurse agencies and various primary care clinics. However, there will be patients who might not qualify for these services, or there may be gaps in these services that a CP program can fill.

For example, an ED physician may feel that a patient who may ordinarily need to be observationally admitted overnight might be able to be discharged home from the ED with an overnight home visit. Most home care agencies may not have the capacity to see that patient within 60 minutes from discharge – but some EMS agencies may be able to check on that patient overnight and assure he makes it to his primary care physician (PCP) visit the next day, or is transitioned to an established home care agency.

EMS leaders have long imagined a time when EMS would be recognized for the true value its practitioners can bring to the delivery of healthcare services. We are finally at a point in time when the stars are aligning in favor of EMS. Currently, our country’s healthcare expenditure rate is over $8,000 per capita (nearly triple the average for all other industrialized nations) for the privilege of a ranking among the lowest on key performance indicators such as infant mortality, life expectancy and admissions for chronic conditions. Most everyone agrees this is not sustainable or prudent. Regardless of your position on the Affordable Care Act (ACA), its intent is to move the U.S. healthcare system away from one that provides financial incentives.
Storm Damage

By Mike Huffman

Vehicle extraction is the process of removing a person from a vehicle that has been involved in a motor vehicle accident when conventional means of exit are impossible or unusable. This is typically accomplished by utilizing hydraulic tools, including the Jaws of Life. Standards and regulations can be found in NFPA 1670 and 1606. It is sometimes referred to as “removing the vehicle from the person” in reference to the often delicate touch needed to avoid disturbing the victim as much as possible during the extrication.

The basic extrication process consists of, but not limited to, 7 steps:

1. The protection of the zone, Inner & Outer circles of surveys, to avoid a risk of collision (marking out the zone, lighting) and of fire (switching off the ignition, disconnecting the battery, absorbing powder on oil and gasoline pools, fire extinguisher and fire hose ready to use).
2. Patient triage and initial medical assessment of the patient by qualified medical rescuer
3. The stabilization of the vehicle, to avoid the movements of the vehicle itself (e.g. falling in a ditch), and the movement of the suspension.
4. Glass management and peel & peak, manage the amount of glass in a safe manner and peel all posts before cutting any metal, looking for air bags, canisters, seat belt pretensioners.
5. The opening of the vehicle and the deformation of the structure (such as removing a window) to allow the intervention of a first responder, of a medic or of a physician inside the vehicle to better assess the patient and begin care and also to release a possible pressure on the patient. As soon as possible, best before beginning the extraction operation, a medically trained person enters the vehicle to perform the first aid to the patient: mid-level assessment, stopping the bleeding, putting a cervical collar (these operations are likely to provoke vibrations), providing oxygen first aid. NFPA regulation 1006 states that all “rescuers” must have medical training to perform any technical rescue operation, including cutting the vehicle itself (e.g. falling in a ditch), and the movement of the suspension.
6. Removal of the section of the cabin (usually removal of the roof or door) to allow an extrication in good conditions, especially respecting the head-neck-back, head, nose, bellybutton, toes in a straight line for removal of the patient from the vehicle.
7. The last step is usually performed with a long spine board: the patient is pulled up out. An extrication splint (KED) can help immobilizing the spine during this operation.

Extrication, as defined by NFPA must be done by medically certified individuals, and as such, many Rescue teams are run by stand-alone emergency medical services departments.

In major cities, where fire departments have FF/Emergency medical technicians, fire departments can run rescue. In NYC, the police department handles some aspects of rescue. In many rural areas, and specifically in New Jersey, usually volunteer First Aid Squads handle rescue. In the Midwest, there are dedicated Rescue Departments that run neither fire trucks nor ambulances nor focus strictly in rescue. There are some departments that are a combination of Fire/EMS, Police/EMS or Rescue/EMS, but the concept is that most organizations that run Rescue have some sort of EMS division or EMT training. As such, there are many different ways extractions are handled. Some are by run completely by one organization, such as strictly by an EMS department. Some are run by a combination department that runs ambulances and fire trucks.

Some are run as an inter-agency joint effort. Some are backups to others. And some departments run just a heavy rescue truck. Some departments also might only handle light rescue and door pops, leaving the more complicated rescue and heavy rescue dedicated to a heavy rescue unit.

Extrication includes patient assessment, treatment and removal of patient from vehicle. Some departments only carry with them minimal tools such as one set of Jaws of Life and are only capable of simply “popping” a door off and then must step away to allow the medical rescuers in or to allow a more dedicated heavy rescue team in who has more equipment. Extrication units are supposed to not only have many different kinds of extraction tools, but medical equipment, oxygen, and backboards as well.

Extrication is the entire process from fire protection, power unit disengagement, vehicle stabilization, patient stabilization and treatment, removal of vehicle from patient, removal of patient, and transfer to ambulance. Extrication is not just simply popping a door off.

Additional risks with new technologies

Active systems such as airbags make the operations more complicated: when they did not explode (e.g. shock from the rear or vehicle on the roof), the activation can occur any time during the operation, and cause additional trauma to the victim or to the rescuers. This is one of the reasons rescuers disconnect the battery and wait the correct airbag deactivation times before cutting the vehicle. These deactivation times can take anywhere from 5 seconds to 20 minutes to deactivate, even after the power source has been disabled.

New hybrid technologies also include additional high voltage batteries, or batteries located in unusual places. These can expose occupants and rescuers to shock, acid or fire hazards if not dealt with correctly. Some references to the actual nature of the Hazards:

Honda Toyota Ford News Summary More.

Some vehicles have an additional (LPG) tank. As the system was not built in, there is a risk of damaging the pipe which is often under the car, releasing the pressurized fuel. The risk of this is minimized by locating the line in a protected position during installation. Modern installations also have a shutoff solenoid at the tank so that rupture will only release the fuel in the line rather than allowing fuel to come out of the tank.
Lightning Safety

Thunder and lightning storms happen all the time. Know what to do to keep you and your family safe when storms strike!

Outdoor Safety

1. **If you can hear** thunder, you are within striking distance of lightning. Look for shelter inside a home, large building, or a hard-topped vehicle right away.

2. **Do not go under** trees for shelter. There is no place outside that is safe during a thunderstorm.

3. **Wait at least 30 minutes** after hearing the last clap of thunder before leaving your shelter.

4. **Stay away** from windows and doors. Stay off porches.

5. **There is no safe place outside.** Places with only a roof on sports fields, golf courses, and picnic areas are not safe during a lightning storm. Small sheds should not be used.

6. **If a person is struck** by lightning, call 9-1-1. Get medical help right away.

Indoor Safety

1. **Turn off computers.** Stay off corded phones, computers, and other things that put you in direct contact with electricity or plumbing. You can use a cell or cordless phone.

2. **Do not** wash your hands, bathe, shower, do laundry, or wash dishes.

3. **Do not** use electrical appliances.

**FAST FACTS**

Lightning may strike as far as 10 miles from any rain.

Commercial Fire

Harlem-Roscoe Firefighters responded to fire alarm at a Thermal Processing Plant in Roscoe on June 23. Upon arrival they found that a machine had been on fire, however it was extinguished by its CO2 suppression system. The building was filled with smoke and had to be mechanically ventilated. There were no injuries to employees or firefighters.
From the Chief's Desk

By Fire Chief Don Shoevlin

What a summer it has been. This past month we have seen our share of rain and storms. The firefighters have been kept busy with calls for wires down, trees down, and some flooding calls.

The temperatures have been bearable, but I am sure the dog days of summer will arrive. It is just a question for how long and when. When they do, I ask all of you to remember to be especially mindful and take extra precautions in regards to burning, and having recreational fires during dry periods. The heat is a factor as well. Remember to hydrate yourself, but please don’t forget about pets and check on our neighbors if they require.

I would like to thank everyone that participated and supported our first annual golf outing. The “Ignite Our Youth’s Future” Golf Play Day was held on Saturday June 28. The weather was ideal and outcome a great success. Because all of the support, we were able to raise $10,000 to be awarded next May to an in-district senior who will be continuing their education into college. This is another indication of the Firefighter’s Association giving back to the community. This event, as with many large events, would not be successful without a lot of help from the firefighters and wives. And let’s not forget the event coordinators, Captain Ryan Alms and Firefighter Rob Lukowski. They did an outstanding job as coordinators and obtaining sponsors. They have already begun planning next years golf play day.

We have some public events coming up:

- National Night Out 2014 on August 5th from 5:00 PM til 8:00 PM. We will be at two locations. The Village of Roscoe will be at Life Church and the Village of Machesney Park will be at 251 & 173. This is a joint venture with fire and law enforcement. There will be displays and activities for kids along with informational handouts.
- Roscoe Lions Fall Festival. It will be held Sept. 5-7.
- “Night Out at The Firehouse”. We will hold this in conjunction with Fire Prevention week. Last year we did this and it was well perceived. This will be held on Tuesday Oct. 7. Watch for more information in future newsletters. I hope you will be able to stop by one if not all locations to visit with us.

2015 is the District’s 75th birthday. Some exciting things are being planned. One of them is the creation of a book about the district’s history. We have flyers at all of the stations and orders are being taken for them. It is going to be a story told through the members who have served the district over the past 75 years.

We greatly appreciate all of your continuous support. If you have any questions please don’t hesitate to call me or stop by. Don’t forget to keep up on the progress of your fire department by visiting our Facebook page or our website. www.harlemroscoefire.com.
HRFPD 75th HISTORY BOOK

The Harlem-Roscoe Fire Protection District #1 is commemorating 75 years as a fire protection district. To celebrate this milestone we are compiling a pictorial history book. This book contains the Department’s historical time lines and pays tribute to its members both past and present. It also includes historic and current photos of people, places, and things that are hallmarks of the strength, courage, and innovation of the Department. This edition will feature personnel photos, action photos, individual firefighter/paramedic histories, memories and quotes.

The large 9” x 12” coffee table style edition has a deluxe hardbound cover and 104 pages with 64 full-color pages. The cost of this historic limited edition is only $49.95 for the standard edition with a hardbound color cover. Or you may choose a genuine bonded leather cover edition for $79.95. Either edition can only be personalized for an additional $7.00 while the book is in pre-order status. We expect this book to deliver late December. Help us meet our pre-order total by ordering today.

To place a credit card order, please call 1-888-263-4702 or order online at www.mtpublishing.com. Please make checks and money orders payable to: Harlem-Roscoe Fire History Book. An order form can be picked up at Fire Station #1 at 10544 Main St. in Roscoe or you can follow the link on our website, www.harlemroscoefire.com to download one. Send all payments and orders to: M.T. Publishing Company, Inc. PO Box 6802 Evansville, IN 47719-6802.

Please feel free to stop by or call the administrative officer at call 815-623-7867 if you need help or have any questions.

Order your copy of the HRFD 75th History Book by Sept. 30!

“Travel through 75 years of Harlem-Roscoe Fire history through the words and memories of those that lived it.”

Retired firefighter Donny Ball recalls the time he engineered all three trucks on a fire call in the 1950s. He said, “There were four firefighters at the station when the call came in and we took all three trucks to the scene. I was in charge of operating the tanker, grass rig and pumper until other firefighters arrived in their own vehicles.”

Before Highway 251 was built, the old Highway 51 was Main Street and cars and trucks would come through town fairly fast. Sometimes firefighters had to put out stop signs in the street in front of the old Station One to stop traffic in order to get the trucks out of the station.

The first real true fire truck was purchased in 1944 for $10,000.

Do you know the nickname that was given to this truck? Ask a firefighter that served in the 1970s to 80s and be ready to hear some stories!