Running head: IDENTIFYING THE ESSENTIAL COMPONENTS

Leading Community Risk Reduction

Identifying the Essential Components of a Senior Citizen Home Safety Education Program for the South Milwaukee Fire Department

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CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

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Abstract

The problem is that the South Milwaukee Fire Department has not identified the essential components of a Senior Citizen Home Safety Education Program for incorporation into their delivery of public education programs and therefore, senior citizens are at greater risk of injury or death. The purpose of this research was to identify those essential components. Through a descriptive research methodology involving the review of available literature, a search of the World Wide Web, conducting a feedback assessment with other fire departments, and conducting personal interviews, the following questions were answered: (1)What other agencies, outside of the fire service, provide home safety education programs for senior citizens? (2)What information is available from sources outside the fire service regarding home safety education programs for senior citizens? (3)What are the components of senior citizen home safety education programs being provided by other fire departments? and finally, (4)What public education programs are currently being provided by the South Milwaukee Fire Department? The result of this research was the identification of a list of components felt to be essential in the development of a comprehensive Senior Citizen Home Safety Program for the South Milwaukee Fire Department.

Table of Contents

Appendices

Identifying the Essential Components of a Senior Citizen Home Safety Education Program for the South Milwaukee Fire Department

Introduction

According to the Home Safety Council, an average of more than 7,000 adults, age 65 and older, die as a result of a home injury each year in the United States. Older adults also report that they experience an average of 2.3 million unintentional nonfatal home injuries each year. Falls, as the leading cause, account for more than 66% of these nonfatal home injuries (Web page, ¶6). In addition, the elderly continue to experience a disproportionate share of fire deaths as the relative risk to individuals aged 65 and over from dying in a fire is 2.6 times greater than that of the general population (Federal Emergency Management Agency [FEMA], 2008). The problem is that the South Milwaukee Fire Department has not identified the essential components of a Senior Citizen Home Safety Education Program for incorporation into their delivery of public education programs and therefore, senior citizens are at greater risk of injury or death. The purpose of this research is to identify the essential components of a Senior Citizen Home Safety Education Program for the South Milwaukee Fire Department.

Through a descriptive research methodology involving the review of available literature, a search of the World Wide Web, conducting a feedback assessment with other fire departments, and conducting personal interviews, the following questions will be answered: (1)What other agencies, outside of the fire service, provide home safety education programs for senior citizens? (2)What information is available from sources outside the fire service regarding home safety education programs for senior citizens? (3)What are the components of senior citizen home safety education programs being provided by other fire departments? and finally, (4)What public education programs are currently being provided by the South Milwaukee Fire Department?

Background and Significance

The South Milwaukee Fire Department (SMFD) is considered a combination department (WI DOC Web page, 2008, ¶4) in that it has 26 full-time staff members, including the fire chief, and relies upon 12 paid-on-call firefighters to compliment daily on-duty staffing levels that range from a maximum of 8 to a minimum of 6. Duty shifts are separated into three platoons comprised of a fire captain, a fire lieutenant and either six or seven firefighters, depending on the shift. Budget cuts enacted two years ago resulted in the reduction in staffing on two of the three platoons. Platoons work a 24-hour day, averaging a 56-hour work week following a one-day on, one-day off, one-day on, one-day off, one-day on, four-day off rotation that is often referred to as the California Schedule. All personnel are cross-trained at either the emergency medical technician or paramedic level of emergency medical licensure.

Operating out of one fire station, the SMFD protects approximately 21,256 residents (U.S. Census Bureau, 2000) in a primary response area of nearly 4.8 square miles. In addition, the SMFD responds as part of an automatic mutual aid program for major incidents such as structure fires to three surrounding communities (Cudahy, Oak Creek and St. Francis) that increases it's response area to approximately 42 square miles and 72,000 residents.

In October, 2006, Milwaukee County became a division of the Mutual Aid Box Alarm System (MABAS) which was adopted by the State of Wisconsin as the official state-sanctioned mutual aid response system. MABAS is a mutual aid organization comprised of over 550 member fire departments that has been in existence since the late 1960's and is heavily rooted throughout Northern Illinois, Southern Wisconsin, and the bordering communities from Iowa, Indiana, and Missouri (MABAS Web page, ¶1). In the event of a serious large-scale emergency, the MABAS virtually expands the SMFD's response area to include anywhere in Southern Wisconsin and Northern Illinois.

Since it's inception in 1893, the SMFD has evolved into what could be considered an all-hazard department providing an extensive array of services including advanced and basic life support emergency medical services, fire suppression, specialized rescue response including open water, low-angle and confined space, hazardous materials response, fire inspection duties, and fire prevention activities. In 2007, the SMFD responded to 2,869 requests for service with nearly 86% of them being emergency medical responses. This call volume represents an overall increase of over 5% above the previous year's total (Annual Report, 2007, p. 12).

The SMFD has always taken a very aggressive and proactive approach to providing public education programs to the citizens who live, work, visit or invest in the community as is reflected in the SMFD Mission Statement (Annual Report, 2007, p. 1). These efforts were confirmed in a December, 2000, consolidation feasibility report issued by the Tri-Data Corporation of Arlington, Virginia, for the cities of South Milwaukee and Cudahy, which stated "there is a surprising amount of public education available in both cities, more than in many comparably sized communities" (p. 10). In addition, the high value placed on education and prevention efforts was evidenced in the re-designing of the department uniform patch nearly twenty years ago when a priority issue was the identification of our education and prevention roles on the patch (Appendix A).

One factor contributing to the emergence of fire and life safety education from the foundation of public fire education was the fire service role as first responders to a wide variety of non-fire emergencies which eased the way for fire and life safety educators to serve as the education component of fire department first responder programs (Carter, H. and Rausch, E., 2008, p. 98). However, according to Smoke (1999), "if we expect firefighters to be enthusiastic about fire prevention, we have to help them understand the community's fire problems, help them understand how to reduce these problems, and help them to effectively communicate this to

the public we serve." In order to provide an effective level of service, Ward (2006) believes that both emergency service and public education efforts have to be fine-tuned to identify and meet the needs in each particular community (p. 176).

The year 2000 Census figures reflect that people age 65 and over account for 12.4% of the total population of the City of South Milwaukee (U.S. Census, 2000). These figures are in direct comparison to what is reported by Greenberg (2007), who stated that about one in every eight, or 12.4 percent, of the U.S. population is an older American (p. 2). However, the SMFD 2007 EMS Run Report Summary (Appendix B) indicates that 58.8% of our patient contacts were with persons age 60 and over. The Tri-Data Report (2000) identified a high rate of falls as a special problem that existed in both cities as the leading cause of injuries, even surpassing traffic accidents (p. 11). According to Corso, Finkelstein, Miller, and Stevens (2006), fall related injuries among older adults are associated with substantial economic costs that are borne by individuals, society, and the medical care system (p. 294). To address this significant fall problem, the Tri-Data Report recommended that the ". . . South Milwaukee Fire Department should focus efforts on fall prevention" (2000, p. 11). Corso, et.al. (2006) further stated that the incidence of fall related injuries can be decreased, the health and quality of life of older adults can be improved, and associated healthcare costs can be significantly reduced by employing effective interventions (p. 294).

Since the risk to the older adult population of the community has been identified locally, this research is in direct relationship to the Intervention Strategies component of the Five-Step Model of Community Risk Reduction espoused in the *Leading Community Risk Reduction* class. The result of this research will be the identification of the essential components of a Senior Citizen Home Safety Education Program for the South Milwaukee Fire Department, therefore reducing the risk of injury or death to this at-risk age group.

This research project also supports the United States Fire Administration (USFA) operational objectives of "reducing the loss of life from fire in the age group 65 years old and above", "promoting within communities a comprehensive, multi-hazard risk reduction plan led by the fire service organization", and "to respond appropriately in a timely manner to emerging issues" (NFA, 2005, p. 3).

Literature Review

This component of the research project began with the determination that research would best be accomplished through a literature review of fire service textbooks, publications from different government agencies, documents obtained from the Internet and several personal interviews.

To effectively research literature for answers to the first and second questions: What other agencies, outside of the fire service, provide home safety education programs for senior citizens? and, What information is available from sources outside the fire service regarding home safety education programs for senior citizens?, it was felt that the best approach was to examine the agencies at all levels of government (federal, state and local) and the programs they provided in response to the threat of injury or death faced by the older adult population.

According to the Centers for Disease Control (CDC), the United States is on the brink of a longevity revolution as the number of older Americans will have more than doubled to 70 million, or one in every five Americans, by the year 2030 (Web page, ¶1). The assumption is that there will be a corresponding increase in fire deaths and injuries among older adults, as well (FEMA, 2008). In addition, Parra & Stevens (2000, p. 1), identify falls as a serious public health problem among older adults which reinforces the CDC's position that the effect these injuries have on the quality of life of older adults and on the U.S. health-care system proves the need for a broader use of scientifically proven fall-prevention interventions (CDC, 2008, p. 1658). In

response to this problem, Parra & Stevens provide a very comprehensive list of agencies that have fall prevention programs in place, while the CDC provides several fall prevention brochures, posters and home safety checklists on their Web page and, in cooperation with the National Center for Injury Prevention and Control, recently released a guide for developing community-based fall prevention programs for older adults.

Jarvinen, Kannus, Palvanen, Parkkan, and Sievanen, (2005, pp. 1885-93), confirmed that falls are a significant cause of injury and death among older adults, particularly elderly women. They also identified that comprehensive fall prevention programs include several components, including regular exercise, strength and flexibility training, attention to nutrition, proper medication management, vision assessments, and an environmental evaluation to remove tripping hazards and lighting deficiencies.

The Institute of Food and Agricultural Services at the University of Florida is very well aware of the myriad of issues related to aging as Florida ranks first in the United States in the percent of the population who is full-time and seasonal residents over the age of 65 (Smith, 2003, ¶2). As a result, they have developed an eight-topic program entitled *Aging in the 21st Century,* that addresses issues such as: health and medical care, family relationships, economic concerns, caregiving, home modifications, retirement, and nutrition and diet (Smith, K., 2003, p. 1). According to Buckman (2006), working with senior citizens requires a special approach as it may be necessary to educate them about the hazards of habits they have developed over many years and that they are now being asked to change. In essence, our goal may be to have them unlearn now what they have learned over the years.

The Florida Injury Prevention Program for Seniors (FLIPS) was implemented by the State of Florida as an education and awareness initiative that focuses on preventing injuries from falls, fires and poisonings among older adults. This program is an interdepartmental cooperative

effort among the departments of Elder Affairs, Health, Financial Services (Fire Marshal's Office) and also includes universities, the Florida Student Nurses Association, hospitals, county health departments, and many other local agencies and organizations in Florida (Web page, ¶4). The FLIPS has also identified that the risk for fire-related injuries increases with age - at 75 years of age the risk increases to three times and at 85 years to four times that of other age groups (Web page, ¶3).

On a local level, Jacqueline Ove, the City of South Milwaukee Public Health Administrator, reported that, in her estimates, at least 40% of the home visits made by the public health nurses are to individuals that are 65 years of age or older. She also stated that the South Milwaukee Health Department (SMHD) interacted with the elderly through home visits, blood pressure and cholesterol screening clinics, and on occasion responded to first aid / sudden illness calls at the South Milwaukee Senior Center, which is located adjacent to the SMHD offices (personal communications, April 26, 2008).

Ove went on to explain that the SMHD provides influenza vaccinations for the Community Based Residential Facilities (CBRF) in South Milwaukee, as well as for the home bound elderly population and are also able to teach a fall prevention program entitled, *It's a Matter of Balance*. This program is coordinated with an Occupational Therapist and offered at the South Milwaukee Senior Center. Home safety assessments for the elderly are also provided during home visits.

According to FEMA, older adults represent one of the highest fire risk populations in the United States as fires and burns are a leading cause of death from unintentional injuries (1999, p. 3). Complications associated with aging, such as the progressive degeneration of physical, cognitive, and emotional capabilities, increase the likelihood that an elderly person will accidentally start a fire and at the same time reduce his or her chance of surviving it (1999, p. 3).

FEMA further stresses the importance of exit drills, the use of smoke detectors, and a risk assessment based on the demonstrated abilities of the older adult instead of the individual's impairment (1999, pp. 19-20).

To address the third question: What are the components of senior citizen home safety education programs being provided by other fire departments?, a search of the Internet found fire departments of varying demographics located across the country that offered similar programs.

Since 1996, the Phoenix Fire Department (PFD) has recognized the need for a special team to concentrate efforts on fire safety education for seniors. As a result, the *Safety for Seniors* program was initiated. This community outreach program is a cooperative effort between the PFD, Phoenix Police Department, Phoenix Neighborhood Services Bureau, managers / supervisors of senior housing facilities, Arizona State University and many other agencies (2002, p. 3).

The *Safety for Seniors* program consists of a 35 – 45 minute slide presentation delivered by members of the Senior Outreach Team. The original goal of the program was to concentrate on providing fire safety information to seniors living in high-rise apartments but has now evolved into a much more comprehensive program that is delivered to both high-rise and multiple occupancy residences and entails the delivery of life safety information in addition to fire safety. A PFD Senior Outreach Program Checklist is utilized to assure each resident receives a thorough inspection and standardized safety messages (Appendix C).

The St. Charles (IL) Fire Department also has a program in place known as the *Safety for Seniors* program. According to their Web site, this program is . . . "designed to make our community a safer place for seniors" (Web page, ¶1). The *Safety for Seniors* program consists of two parts: *The Home Safety Program*, which offers seniors free smoke detectors and carbon monoxide detectors, along with a free home safety check and the *Vial of Life* program. The *Vial*

of Life program is designed to assist emergency rescue teams in medical treatment in the event that a senior is found alone and unconscious or unable to communicate. A medical data form containing vital information, such as allergies, medications, contacts, etc., is inserted into a vial and kept in the top right hand shelf of the refrigerator door (Web page, ¶2).

In Lakewood, Colorado, the West Metro Fire Protection District recognizes that ninety-two percent of seniors in their community live in private or independent residences and, in an average year, 26% of those seniors are transported to a hospital by West Metro. The majority of these transports are due to unintentional injuries caused by fires and falls in the home (Web page, ¶1). Upon receiving a FEMA Fire Act grant, West Metro Fire & Rescue initiated a comprehensive senior safety program called *Safety for Senior Citizens*. The components of the program are available on a CD-Rom or downloadable on their Internet site and include forms, lesson plans, handouts and other materials that were developed by West Metro Fire Rescue's Community Outreach Division personnel.

Components of the program include the *File of Life* program, home safety inspections, and safety presentations that address the topics of fire prevention and fall prevention. The safety presentations are designed for senior citizens residing in private residences or in assisted living facilities and are delivered by a firefighter with the assistance of a senior citizen volunteer. Issues addressed in the one-hour program include; awareness of increased fire and fall risks for older adults, appropriate actions to take during an emergency, how to use and update the *File of Life*, identifying fall and fire risks, and motivating seniors to take control of fire and fall prevention in their places of residence. The *File of Life* program is very similar to the earlier mentioned *Vial of Life* program, however, it involves a medical form that is placed in a magnetic pouch and affixed to the outside of the occupant’s refrigerator.

While West Metro's *Safety for Senior Citizens* presentations address the high rate of home fire and fall related injuries among seniors, those at greatest risk of unintentional injury and death are those who are reluctant or unable to leave their homes to attend such a presentation due to limited mobility and other health and social concerns. Additionally, many seniors live in older residences that have not been updated to comply with fire codes (Web page, ¶2).

In response to the need for increased community interaction, the West Metro Fire & Rescue personnel supplemented its *Safety for Senior Citizens* program presentations with free home safety inspections for seniors. These inspections were advertised through flyers, restaurant cards and newspaper articles that promoted the home inspections and encouraged seniors to call and schedule an inspection. After going through the home with the Senior Home Safety Checklist (Appendix D), the resident was asked to sign a Home Inspection Liability Release form (Appendix E) which would then allow the firefighter to install the necessary safety items for the senior. A Home Inspection Evaluation (Appendix F), with a stamped, self-addressed envelope, was then left with the resident in order to obtain feedback on the effectiveness of the program.

The Scottsdale (AZ) Fire Department (SFD) has a program in place as a result of a collaborative effort with the City of Scottsdale Senior Centers and Scottsdale Healthcare called *2 Fit 2 Fall* (2007). The aim of the *2 Fit 2 Fall* campaign is to educate seniors on the steps they can take at home and in their personal lives to reduce their risk of falling. Each partner in the collaborative has an area it focuses on to reduce falls. While each of the involved agencies has their own individual program, the SFD enlists a program called *Home Safe Home*, a free program where trained volunteers visit seniors' homes to educate homeowners on fall and trip hazards. Smoke alarms are also checked and replaced free of charge and nightlights are offered to

homeowners to reduce the risk of falling in the dark. If home modifications are needed, SFD personnel refer the resident to nonprofit organizations who may be able to provide assistance.

The St. Paul (MN) Fire Department utilizes a program jointly developed by the National Fire Protection Association (NFPA) and the CDC entitled, *Remembering When: A Fire and Fall Prevention Program for Older Adults* (Web page, ¶6). This program was developed to help older adults live safely at home for as long as possible and is centered around 16 key safety messages – eight fire prevention and eight fall prevention – developed by experts from national and local safety organizations. Like many programs, *Remembering When* was designed to be implemented by a coalition comprising the local fire department, as well as, service clubs, social and religious organizations, retirement communities, and others who can best decide how to deliver the program to the local senior population.

In response to the fourth question; What public education programs are currently being provided by the South Milwaukee Fire Department?, Lieutenant Craig Boschke, Public Education Coordinator for the SMFD, stated that the SMFD provides a comprehensive array of public fire education programs, however, they are essentially focused on the younger school-age children and not older adults. Occasional talks are provided to senior groups upon request, however, no formal senior citizen home safety program currently exists within the SMFD (personal communication, April 30, 2008).

In summary, this literature review has shown the wide variety of programs that are in place at all three levels of government (federal, state and local) and by agencies outside of the fire service. It is evident that most of these programs are a collaborative effort between both municipal and private enterprises. Finally, although there are several programs that have a multi-hazard approach, many of them deal specifically with two main issues, fall prevention and fire safety.

Procedures

The procedures enlisted for this applied research project consisted of a review of relevant literature for questions #1, #2 and #3, the completion of a feedback instrument by select fire departments for question #3, and several personal interviews for questions #1, #2 and #4. To fulfill the information gathering objective, an online feedback instrument (Appendix G) was developed using the services provided by the SurveyMonkey.com Web site. The Web site link to the instrument was then distributed via e-mail (Appendix H) to fifty fire departments of varying demographics across the United States (Appendix I) and the results obtained from the SurveyMonkey.com Web site (Appendix J). A search for relevant information led to sources outside of the fire service that spanned three levels of government (federal, state and local), as well as private organizations and partnerships. Sources within the fire service were obtained from both Internet searches and from the Learning Resource Center while the author was visiting the National Fire Academy in Emmitsburg, Maryland.

In an attempt to obtain additional information relating to questions #1: What other agencies, outside of the fire service, provide home safety education programs for senior citizens? and #2: What information is available from sources outside the fire service regarding home safety education programs for senior citizens?, an interview was conducted with Jacqueline Ove, Public Health Administrator for the City of South Milwaukee. Ms. Ove was chosen because of her expertise in dealing with senior citizen issues and her genuine concern for providing a high level of service to the community. Ms. Ove was asked the following questions: How long have you been involved in public health? What level of interaction does the South Milwaukee Health Department (SMHD) have with the senior citizen population of South Milwaukee? What formal programs does the SMHD have in place concerning senior citizens? What other agencies provide senior citizen home safety programs in South Milwaukee? and Do you feel a formal Senior

Citizen Home Safety Education Program would be beneficial in South Milwaukee? This interview was conducted at Ms. Ove's office located at the City Hall Complex in South Milwaukee on Friday, April 25, 2008, at 1:30 p.m..

To answer the 4th and final question: What public education programs are currently being provided by the South Milwaukee Fire Department?, an interview with Lt. Craig Boschke was conducted. Lt. Boschke was chosen for this interview because of his role as the Public Education Coordinator for the SMFD. During this interview, which was conducted at the SMFD fire station on Thursday, April 30, 2008, at 9:00 a.m., Lt. Boschke was asked the following questions: What is your role in public education with the SMFD? What programs does the SMFD have in place for public education? Do you believe that a Senior Citizen Home Safety Education Program would be beneficial in South Milwaukee? What do you believe are the essential components of a comprehensive Senior Citizen Home Safety Education Program? and What are the limitations placed on public education for the SMFD?

Results

In this research, four questions were asked. In response to question #1: What other agencies, outside of the fire service, provide home safety education programs for senior citizens?, it was learned through the literature review and personal interviews that many agencies, at all levels of government, provide home safety education programs for senior citizens. In addition, there are private partnerships that provide educational programs, as well. An example of the federal agencies include the Federal Emergency Management Agency and the Centers for Disease Control. The Florida Injury Prevention Program for Seniors (FLIPS), offered by the Florida State Department of Elder Affairs, exemplifies a program offered at the state level and, on a local level, the services offered by the City of South Milwaukee Health Department

and many fire departments, including the West Metro Fire Protection District in Lakewood, Colorado, showcase how local government can get involved in educating our senior population.

Finally, the Home Safety Council clearly demonstrates that partnerships between private enterprises and government agencies can be effective in promoting home safety education programs for senior citizens. The Home Safety Council has formed these partnerships with many sponsors, including the United States Department of Homeland Security, National Fire Sprinkler Association, First Alert Corporation, Dole Food Company, and the Rubbermaid Corporation, just to name a few.

Question #2 asked: What information is available from sources outside the fire service regarding home safety education programs for senior citizens? Each of the agencies found to conduct home safety education programs for senior citizens provide written information about the content of their individual programs and have handouts such as brochures and door hangers that are used to both promote the programs and reinforce the lessons that are being taught. They also enlist a variety of forms and checklists to provide consistency and uniformity in delivering the home safety messages and conducting their home safety inspections.

It was also learned through this research that many of the agencies, such as the Association for the Advancement of Retired Persons, the Centers for Disease Control, the National Safety Council, and the West Metro Fire Protection District, have very informative and interactive Web sites that allow users to access a wealth of information regarding home safety issues.

A wide variety of issues were identified for question #3: What are the components of senior citizen home safety education programs being provided by other fire departments?, through the distribution of the feedback instrument (Appendix G). Although the main focus of most programs concentrated on general home safety (44%), fall prevention (40%) and fire safety

(40%), there were several programs that also targeted additional, more specific topics. The results of the feedback instrument that was distributed (Appendix J) seeking information for question #3 also revealed that only thirty of the fifty departments contacted actually had any form of senior citizen home safety program in place. However, from those that did have such a program in place, the following are examples of what other departments have as components of their programs: the File of Life or Vial of Life program (40%), proper use of the 9-1-1 system (34%), cooking and kitchen safety (34%), carbon monoxide detectors (28%), medical alerting systems (16%), residential key box systems (18%), home oxygen safety (14%), and medication safety (8%).

Finally, to answer question #4: What public education programs are currently being provided by the South Milwaukee Fire Department?, Lt. Craig Boschke, the South Milwaukee Fire Department Fire Prevention Coordinator, was interviewed. Lt. Boschke revealed during the interview that the SMFD has multiple programs in place that provide fire/safety education to many age groups in grades K-4 through 1st grade, and also provides a multiple week fire safety program to all 5th graders within the South Milwaukee School District. In addition, the SMFD supports the efforts of a local McDonald's Restaurant with a Safety Days event which is held during the month of September. There are also additional programs that are offered by the SMFD that are typically supportive efforts for other entities such as the South Milwaukee Library's Summer Reading Program. The SMFD also takes part in many special requests for public education such as career interest events (Job Fairs), portable fire extinguisher instruction/demonstrations, fire station tours, Juvenile Fire Setter Intervention education sessions, in-house blood pressure readings and basic first aid classes and the SMFD provides two important educational and potentially life-saving tools to the citizens of South Milwaukee; the

File of Life, which was explained earlier, and, upon request, free smoke detectors and / or smoke detector batteries.

As referenced earlier, the interview with Jacqueline Ove contained several other questions relating to the research for this project. During the interview, Ove indicated that she had been involved in public health for 15 years. When asked about the level of interaction that the South Milwaukee Health Department (SMHD) had with the senior population of South Milwaukee, Ove responded by saying that, in her estimation, at least 40% of the home visits made by the public health nurses are to individuals that are 65 years of age or older. In addition, the SMHD interacts with the elderly through home visits, blood pressure and cholesterol screening clinics, and on occasion, response to first aid/ sudden illness calls at the South Milwaukee Senior Center.

Ove also provided information concerning the formal programs that the SMHD has in place for senior citizens such as influenza vaccinations for the Community Based Residential Facilities (CBRF) in South Milwaukee, as well as for the home bound elderly population. She further stated that they are able to teach the "*It's a Matter of Balance"* Program, which is a fall prevention program coordinated with an Occupational Therapist and offered at the South Milwaukee Senior Center. They also offer home safety assessments for the elderly during home visits, provide blood pressure and cholesterol screening, and administer other age appropriate immunizations.

When questioned about what other agencies provided senior citizen home safety programs in South Milwaukee, Ove stated that, to her knowledge, the Department on Aging conducted home reviews, but she also stated that she was not sure if it is done using a formal tool and that it is just an assessment and she was not sure if it was standard practice at every visit they made.

Finally, when asked if she felt a formal Senior Citizen Home Safety Education Program would be beneficial in South Milwaukee, Ove responded that she believed it would. She went on to say that because of the cities population over the age of 65 and people are staying in their own homes longer, she thought a refresher for home safety would be important. She also felt that, although she wasn't sure what type of education seniors get when moving into apartment complex living, they would benefit from a program as many of these people are coming from homes into unfamiliar surroundings and apartment living is different from living in a single family dwelling. She also felt it was important for them to have a refresher of what safety features should be in place and what they can do to make their apartment safer, to help eliminate risk of falls, what emergency exits were nearest to their apartment, and what to do if they can't use the elevator, for example.

The interview with Lt. Boschke also enlisted questions seeking additional information regarding the topic of home safety programs for senior citizens. In addition to the information from the interview summarized previously in response to question number four, Boschke provided a description of his role in public education with the SMFD as being a Fire Lieutenant responsible for the organizing and administration of all public education events for the SMFD. Since the SMFD is relatively small, consisting of 25 full time-career members, Boschke stated that this enabled him to routinely participate in the events and programs, not simply oversee the activities.

When asked if he believed that a Senior Citizen Home Safety Education Program would be beneficial in South Milwaukee, Boschke responded by stating that, yes, of course it would be extremely valuable since South Milwaukee has a large, elderly population and since the SMFD does not currently have a Senior Citizen Home Safety Education Program in place. Boschke also

went on to state that he has noticed several issues that could be addressed in a formal presentation.

Lt. Boschke was also asked what he believed the essential components of a comprehensive Senior Citizen Home Safety Education Program would be. In response to that question, Boschke stated that he believed that home safety is a very broad term and one that could literally cover hundreds of points or concepts for the average senior citizen. By using what he had been witness to out in the "field", Boschke felt that some seniors may not be up to speed on technology and "the way things are done now". That being the case, he felt that it might be beneficial to discuss advancements in certain technology with respect to current smoke and carbon monoxide detectors, fire / EMS activation comparing the use of 9-1-1 vs. seven-digit phone numbers or automatic medical notification systems such as Life-line type products, the File of Life program, phones with speed dial and easily read numbers, safer home appliances, home security services, and how to properly react to fire alarms or the actual threat of fire.

To further the SMFD's interaction with the senior population of our community, Boschke also felt it would also be ideal if a representative could go to evaluate a senior citizen's home and discuss/recommend tips for general safety such as general cleanliness/organization, safety handholds, proper lighting, tripping hazards, proper medicine storage/organization, home security, etc. The idea behind this in-home evaluation would be, according to Boschke, that it is easy to inform an individual of these home safety concepts, but that the average person is somewhat "blinded" or unaware of the concepts of surveying their own home and that it "takes a fresh set of eyes to point it all out".

Boschke further felt that, as with any target audience, the person(s) involved in a program such as this must be of unique talent since it may require the instructor to have great patience and

a tolerable personality and that person must hold a true passion for public relations and general concern for public safety to effectively carry out the fire department message.

Finally, Boschke was asked about the limitations placed on public education for the SMFD. He responded by saying that the main limitation for the SMFD is staffing in that the small size of our department hinders our efforts in public education. Boschke went on to report that, in the recent years, the SMFD has had to terminate one or two programs due to limited staffing. Also, compared to larger fire departments, Boschke stated, that the SMFD does not have the luxury of having a public education specialist like many larger fire departments do. The benefit is, according to Boschke, that these dedicated persons and support teams are able to consistently and effectively research, plan and administer a full compliment of public education programs throughout the year.

Discussion

Although it was not the original intent of the project, the research conducted for this project clearly showed the need for providing home safety education for the senior population of our community. According to Greenberg (2007), the segment of the population that is age 65 and over will increase 15% from 35 million in 2000 to 40 million in 2010 (p.2). That being the case, the assumption can be made that the number of unintentional injuries that occur to this target group will increase, as well. And, since the relative risk of dying in a fire rises substantially for the oldest segment of our population, the increase in overall population of this group will likely result in an increase in the number of fire deaths, as well.

The HSC (2004) stated that improving home safety will require several kinds of approaches and partnerships among different groups (p.11). This affirms the position of FEMA (2002) who recommends developing and utilizing private sector partnerships with enterprises that have investments in the reduction of fire losses (p. 24). The research showed that many of

the education projects taking place today are the result of these partnerships or other collaborative efforts. Examples of these partnerships are the Phoenix Fire Department's *Safety for Seniors* program, the West Metro Fire Protection District's, *Safety for Senior Citizens* program, and the Scottsdale Fire Department's, *2 Fit 2 Fall* campaign that is designed to educate seniors on the steps they can take at home and in their personal lives to reduce their risk of falling (Web page, 2008). Each partner in this collaborative effort, which enlists the SFD, Scottsdale Healthcare and the City of Scottsdale Senior Centers, has an area it focuses on to reduce falls.

The main focus of this research was to identify the essential components of a Senior Citizen Home Safety Program for incorporation into the public education programs being offered by the SMFD. The research identified many programs and their components and the results of the feedback instrument were consistent with the federal and state programs that were identified in the research results. As shown by the results of the feedback instrument (Appendix J), issues concerning general home safety, fall prevention, and fire safety were the most prevalent components of many programs, but other items such as cooking safety, residential key box systems, File of Life or Vial of Life programs, and the safe use of extension cords and appliances were identified as being part of others.

The organizational impact of this research project is substantial. Since the South Milwaukee Fire Department currently has no formal senior citizen home safety program in place, the findings of this research are a significant step towards not only indentifying the essential components of a senior citizen home safety program, but aiding in the development and implementation of such a program whose goal would be to reduce the risk of injury or death to the 65 and over age group.

Recommendations

The goal of this project was to research and identify the essential components of a Senior Citizen Home Safety Program. Based on the results of this research, it is highly recommended that a comprehensive Senior Citizen Home Safety Program for the South Milwaukee Fire Department contain the following components:

- General Home Safety
    - Smoke Detectors
    - Carbon Monoxide Detectors
    - Proper Lighting
    - Security – Locks & Latches
    - Use of 9-1-1
    - File of Life / Vial of Life
    - Residential Key Box Information
    - Medical Alerting / Notification Systems
- Fire Safety
    - Space Heaters
    - Candles
    - Smoking
    - Stop, Drop and Roll
    - Exit Drills in the Home
- Slip, Trip & Fall Safety
    - Trip Hazards
    - Proper Footwear
    - Proper Lighting
- Kitchen Safety (Knives, jars, etc.)
- Cooking Safety (use of appliances, etc.)
- Wellness / Fitness
    - Medication Awareness
    - Strength / Balance Training
    - Home Oxygen Safety
- Bathroom Safety
    - Grab Rails
    - Extension Cords / Appliances

This list of components will provide a starting point for the department to develop and implement a program with the goal of reducing the risk of injury and death to our senior population. The next logical step is to present the findings of this research project to the South Milwaukee Fire Department Public Education Committee and the Fire Chief for discussion and

possible incorporation into a program developed specifically for the 65 and over age group. Of course, further evaluation would be necessary to determine exactly how the program would be delivered and where the education sessions would be conducted. It is important to remember that the development of the subject matter or curriculum is merely one part of the overall public education effort.

Finally, because of the wide scope of the aforementioned topics, the recommendations contained herein could easily serve as a starting point for any agency that is interested in designing a senior citizen home safety program for their community.

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Appendix A


SOUTH
MILWAUKEE
ORGANIZED
FIRE
1893
EMS
HAZ
MAT
EDUCATION
PREVENTION

Appendix B

SMFD 2007 EMS Run Summary (By Age)

Age Group	% of Total	
0-9 yrs.	2.6	
10-19 yrs.	4.4	
20-29 yrs.	7.0	
30-39 yrs.	8.0	
40-49 yrs.	9.7	
50-59 yrs.	9.5	
60-69 yrs.	9.3	58.8
70-79 yrs.	15.9	
80-89 yrs.	24.0	
90-99 yrs.	8.3	
100+ yrs.	1.3	

Appendix C

Phoenix Fire Department Senior Outreach Program Checklist

Phoenix Fire Department

PACE / Senior Outreach Program Checklist

Resident Name:

Address: Zip:

Phone:

Smoke Alarm:	**Yes**	**No**	**N/A**
Do you have one?			
Does it work?			
Fire Safety:			
Is there a fire plan?			
Are there two ways out?			
Do you know where your house keys are?			
Is there a phone near your bed?			
Do you know "crawl low under smoke"?			
If your clothes catch on fire, will you smother flames with a towel, or blanket?			
Turn pot and pan handles in?			
Keep lids to your pots and pans nearby?			
Wear short sleeves or close fitting sleeves when cooking?			

Reminder: If you leave the kitchen while cooking turn off the stove.

Smoking: Do you-	**Yes**	**No**	**N/A**
Use a large non-tip ashtray?			
Dampen ashes before emptying ashtray?			
Empty ashtrays often?			
Avoid smoking in bed?			
Other Safety Issues: Do you-	**Yes**	**No**	**N/A**
Keep portable heaters at least three feet from anything that can burn? (like newspapers, silk plants, etc.)			
Use a separate outlet for appliances? (Not extension cords)			
Have rubber-backed rugs?			
Have a grab bar or rubber bathmats in tub or shower?			
Have hallways and walk areas free of clutter?			
Store items on easy to reach shelves?			
Have chairs with stable legs?			
Have a flashlight near your bed for nighttime emergencies?			
Have emergency information posted or easy to find?			

PACE Counselor:

Phone number: Date:

Appendix D

West Metro Fire Rescue Home Inspection Checklist*

Home Safety Checklist for Senior Citizens
Fall and Fire Prevention

Falls are the most common of home accidents: falls from ladders or stairs and trips or slips on floors or sidewalks. Senior Citizens are most likely to be the victims of falls. Falls in the home cause over 6100 deaths each year.

Fires and burns are second in frequency of home accidents. Actual burns or asphyxiation from smoke or toxic fumes are the major problems. Senior Citizens are frequent victims. Fire and burns in the home cause over 3900 deaths each year.

The following checklist designed to help eliminate some of the major causes of falls and fires in the home. Please take a moment to go through your home and identify hazards in your home so that you can correct them.

YES	NO	CORRECTED	GENERAL SAFETY
☐	☐	☐	Emergency numbers in large print are placed near each telephone.
☐	☐	☐	The "File of Life" is updated and placed on the refrigerator.
☐	☐	☐	Telephone or personal contact is made with a friend, neighbor or relative daily, so someone knows you are okay.
☐	☐	☐	There is a telephone near the bed.
☐	☐	☐	Water temperature is set at 120 degrees or less.
☐	☐	☐	You have your furnace cleaned and serviced yearly.
☐	☐	☐	Household chemicals and matches are properly stored away from foods.
☐	☐	☐	Cleaners, disinfectants and insecticides are stored in original containers.
☐	☐	☐	Medicine cabinets are secured and checked regularly for outdated medications, which are disposed of properly.
☐	☐	☐	Canes, walkers and wheelchairs are in good condition.
☐	☐	☐	You take the time needed and avoid rushing when moving around the home (to answer the phone or go to the bathroom) outside the home (to catch the bus, etc).
			FALL PREVENTION
☐	☐	☐	All stairways are clear of objects which could cause a person to trip.
☐	☐	☐	All stairways have a firmly anchored handrail.
☐	☐	☐	All stairways are well-lighted.
☐	☐	☐	All throw rugs are skid-proof and lay flat on the floor.
☐	☐	☐	All carpets are securely anchored.
☐	☐	☐	All entrance ways, exits, halls and walks are well-lighted.
☐	☐	☐	Night lights are used to prevent stumbling around in the dark.

Appendix D (con't)

YES	NO	CORRECTED	FALL PREVENTION (con't)
☐	☐	☐	All walks, porches and doorways are clear of obstacles.
☐	☐	☐	All hard-surfaced floors are clean and spills are wiped up immediately.
☐	☐	☐	Proper footwear is worn to prevent slips, trips and falls.
☐	☐	☐	Bath tubs and showers have non-skid strips or suction mats in them.
☐	☐	☐	Grab bars are installed in bathtubs and showers.
☐	☐	☐	Electrical cords and telephone cords are placed out of high-traffic areas.
☐	☐	☐	Furniture is arranged so a path is clear for people to walk around the room safely.
☐	☐	☐	The floor is kept clear of clutter (magazines, books, boxes, blankets, towels, shoes and other objects).
☐	☐	☐	Frequently used kitchen items are kept on lower shelves.
☐	☐	☐	A sturdy step-stool with a bar to hold on to (or handles) is available for reaching objects on high shelves.
			SMOKE ALARMS
☐	☐	☐	Your home has at least one smoke alarm on every level.
☐	☐	☐	All smoke alarms are in good working order (clean, free of dust and grime).
☐	☐	☐	All smoke alarms are less than 10 years old.
☐	☐	☐	Smoke alarms are tested monthly.
☐	☐	☐	Smoke alarm batteries are replaced every 6-12 months.
			CARBON MONOXIDE (CO) DETECTORS
☐	☐	☐	Your home has CO detectors near bedroom areas and family rooms.
☐	☐	☐	Your CO detectors are approved by a testing laboratory, such as Underwriters Laboratory (UL), have a digital read-out of CO levels and have a manual reset button and test button.
☐	☐	☐	Your CO detectors are dust-free and clean.
☐	☐	☐	You test your CO detectors monthly.
☐	☐	☐	You (and other members of your household) are familiar with the effects of CO poisoning (flu-like symptoms, headache, nausea, vomiting, fatigue, drowsiness, confusion, fast heart rate).
☐	☐	☐	You (and other members of your household) are aware of possible sources of CO (gas stoves, hot water heaters, gas/oil furnaces, charcoal grills, gas space heaters, wood burning stoves, fireplaces, lawnmowers, pilot lights, car exhaust, tobacco smoke).

Appendix D (con't)

YES	NO	CORRECTED	FIRE EXTINGUISHERS
☐	☐	☐	Fire extinguishers are in the home and garage.
☐	☐	☐	Fire extinguishers are easy to reach.
☐	☐	☐	You know how to use fire extinguishers (PASS method).
☐	☐	☐	Fire extinguishers are tipped upside down or lightly shaken at least once a year, to prevent contents from settling and solidifying.
			EXITING & EMERGENCY PROCEDURES
☐	☐	☐	You have a written evacuation plan and practice it.
☐	☐	☐	You can identify two ways out of every room.
☐	☐	☐	You know how and when to call 9-1-1 to report an emergency.
☐	☐	☐	You have the address and phone number for your home written in large print near every telephone.
☐	☐	☐	Your address is visible from the street and well lit.
☐	☐	☐	Windows open easily and are not blocked.
			KITCHEN
☐	☐	☐	Potholders and oven mitts (not towels) are used to move hot pots and pans.
☐	☐	☐	Pot handles are turned inward on the stove when cooking
☐	☐	☐	Towels and other combustibles are kept away from the stove/oven.
☐	☐	☐	You always attend to a stove or oven in use.
			BEDROOMS
☐	☐	☐	Working smoke alarms are near all sleeping areas.
☐	☐	☐	A lamp is within easy reach of the bed.
☐	☐	☐	UL (Underwriter Laboratories) tested and approved night-lights are used.
			GARAGE
☐	☐	☐	Flammable liquids are capped and stored in closed containers.
☐	☐	☐	Power tools and chemicals are locked inside a cabinet.
☐	☐	☐	Oil-soaked rags are stored in tightly closed metal containers.
☐	☐	☐	Automobile is never running in the garage, even if the garage door is open.

Home Modifications Needed:

☐ Grab bars	☐ Bath Mat	☐ Smoke alarms
☐ Night lights	☐ Carbon Monoxide Alarm	☐ Batteries
☐ Non-skid backing for rugs	☐ Safety Walk Tape	

☐ Other:_____

- *Modified to fit report formatting*

Appendix E

West Metro Fire Rescue Liability Release Form

REQUIRED PRIOR TO HOME INSPECTION AND/OR INSTALLATION OF SMOKE or CO ALARMS

Name _____
Address _____
Shift station or WMFR employee doing inspection and/or install: _____
Printed Name of Resident:_____
# of people living at address: _____
Division or Officer's name: _____

WEST METRO FIRE & RESCUE
Home Inspection, Smoke Alarm and/or Carbon Monoxide Alarm Liability Release Form

I understand and agree that West Metro Fire/Rescue is providing a free:
☐ Home Inspection
☐ Smoke Alarm
☐ Carbon Monoxide Alarm
☐ Other Home Safety Product(s): _____
as a public service in the interest of promoting safety and that West Metro Fire/Rescue is not a seller or dealer of Smoke Alarms, Carbon Monoxide Alarms or Home Safety Products, and does not warranty, guarantee, certify or endorse this or any other brand of Smoke Alarms, Carbon Monoxide Alarms or Home Safety Products.

I verify that the new:
☐ Smoke Alarm
☐ Carbon Monoxide Alarm
☐ Other Home Safety Product(s): _____
is/are in working condition at this time and that I have received and read a copy of the manufacturer's owner's manual. I understand and accept the responsibility for inspecting and maintaining the Smoke Alarm, Carbon Monoxide Alarm or other Home Safety Product(s) in accordance with manufacturer's instructions, including checking each alarm weekly for proper operation. I further understand that in order for the Smoke Alarm or Carbon Monoxide Alarm to be effective, I need to replace and install the battery as specified by the manufacturer. As the owner, I am responsible for providing the batteries and any other necessary maintenance.

I understand that having one Smoke Alarm in my home does not give me a level of protection that is considered adequate according to the newest standards, but that it does provide the minimum level of protection required by the Building Code for existing dwellings.

In exchange for accepting a free Smoke Alarm, Carbon Monoxide Alarm or other Home Safety Product(s) or having a Smoke Alarm, Carbon Monoxide Alarm or other Home Safety Product(s) installed by the West Metro Fire Protection District, I do hereby release and discharge the West Metro Fire Protection District and its officers, agents, and employees from any and all action causes of action, claims, demands, damages, costs, or losses arising form the use of said Smoke Alarm unit, Carbon Monoxide Alarm or other Home Safety Product(s). Therefore, I agree not to make any demand or claim or file any lawsuit against the West Metro Fire Protection District and its officers, agents, and employees in connection with this Smoke Alarm Program.

I have read and understand the above provisions. The terms and provisions of this Liability Release Form are binding on me, my legal representative, and all my successors, assignees, heirs, and estate.

_____	_____	_____
DATE	RECIPIENT'S SIGNATURE	WMFR SIGNATURE

Include any additional comments on the back of this sheet.

Appendix F

West Metro Home Inspection Evaluation

Safety for Senior Citizens

Fire and Fall Prevention

Home Inspection Evaluation

Name: _____ Telephone #: _____
Address: _____ City:_____
State: _____ Zip code: _____

Please evaluate the following items by checking the appropriate response:

	Excellent	**Good**	**Fair**	**Poor**	**N/A**
The usefulness of the **Home Safety Checklist**					
The identification of **fire risks** for senior citizens					
The identification of **fall risks** for senior citizens					
Information regarding the **"File of Life"**					
The usefulness of the **free safety items** provided for the home					
The **professionalism** of West Metro Fire Rescue's staff					

1. Would you purchase recommended home safety items if they were not provided?
   ☐ Yes ☐ No
2. Did your home have working smoke alarms prior to today's visit?
   ☐ Yes ☐ No
3. Did your home have working carbon monoxide alarms prior to today's visit?
   ☐ Yes ☐ No
4. Did your home have working fire extinguishers prior to today's visit?
   ☐ Yes ☐ No
5. Would you recommend this service to your friends or family?
   ☐ Yes ☐ No

Feel free to write additional comments on the back of this sheet.

Appendix G

Feedback Instrument

Page One

Dear Fire Service Colleague:

I am currently enrolled in the National Fire Academy's Executive Fire Officer Program. Following each course of this four-year commitment, I am required to complete an applied research project that addresses a current topic affecting the South Milwaukee Fire Department. The topic I have chosen for the Leading Community Risk Reduction course is "Identifying the Essential Components of a Senior Citizen Home Safety Education Program for the South Milwaukee Fire Department". Although our department has a very aggressive public education effort, we have no established program targeting the senior population of our community.

To gather information regarding Senior Citizen Home Safety Education Programs, I have created a short feedback instrument geared towards learning what programs other fire departments have in place for this at-risk target group. I realize that your time is very valuable, so I have attempted to make the instrument as short and easy as possible.

Joseph Knitter
Fire Captain
South Milwaukee Fire Department

Page Two

Does your fire department currently have a Senior Citizen Home Safety Program in place ?

☐ No. Thank you for your involvement with my applied research project. Your participation is complete. You may exit the survey by selecting "Exit this survey" above.

☐ Yes. Please continue on to the following page.

Page Three

From the following choices, please select ALL components included in your department's Senior Citizen Home Safety Program.

☐ General Home Safety
☐ a. Smoke Detectors
☐ b. Carbon Monoxide Detectors
☐ c. Proper Lighting
☐ d. Security – Locks & Latches
☐ e. Use of 9-1-1
☐ f. File of Life / Vial of Life
☐ g. Residential Key Box Information
☐ h. Medical Alerting / Notification Systems
☐ Fire Safety
☐ a. Space Heaters
☐ b. Candles
☐ c. Smoking
☐ d. Stop, Drop and Roll
☐ e. Exit Drills in the Home

Appendix G (con't)

Feedback Instrument

☐ Slip, Trip & Fall Safety
☐ a. Trip Hazards
☐ b. Proper Footwear
☐ c. Proper Lighting
☐ Kitchen Safety (Knives, jars, etc.)
☐ Cooking Safety (use of appliances, etc.)
☐ Wellness / Fitness
☐ a. Medication Awareness
☐ b. Strength / Balance Training
☐ c. Vision Assessment
☐ d. Nutrition / Supplements
☐ e. Home Oxygen Safety
☐ Bathroom Safety
☐ a. Grab Rails
☐ b. Extension Cords / Appliances
☐ Scams / Financial Safety

Does your program include subject matter not included in the list above? If so, please list here.
A. _____
B. _____
C. _____
D. _____
E. _____

Page Four
Thank you for participating in this research effort. The results of this research will appear in my Applied Research Project, "Identifying the Essential Components of a Senior Citizen Home Safety Education Program for the South Milwaukee Fire Department".

Appendix H

Feedback Instrument Letter

Dear Fire Service Colleague:

As you know, I am currently enrolled in the National Fire Academy's Executive Fire Officer Program. Following each course of this four-year commitment, I am required to complete an applied research project that addresses a current topic affecting the South Milwaukee Fire Department. The topic I have chosen for the Leading Community Risk Reduction course is "Identifying the Essential Components of a Senior Citizen Home Safety Education Program for the South Milwaukee Fire Department". Although our department has a very aggressive public education effort, we have no established program targeting the senior population of our community.

To gather information regarding Senior Citizen Home Safety Education Programs, I have created a short feedback instrument geared towards learning what programs other fire departments have in place for this at-risk target group. I realize that your time is very valuable, so I have attempted to make the instrument as short and easy as possible. If you are not familiar with your department's education efforts, I ask that you please forward this e-mail to the appropriate person in your department. Thank you.

The feedback instrument can be accessed at
http://www.surveymonkey.com/s.aspx?sm=T9sFOnz4Q5Clh6Fdsvuc2w_3d_3d

If you were unable to "click" on the link above for access, please cut and paste the link into your Web browser.

You will notice that the feedback instrument contains "check-boxes" that will allow you to complete it in a relatively short amount of time. Although the results of this instrument will be used in the completion of my research project, your identity will be kept completely confidential.

I would like to thank you in advance for completing this feedback instrument and helping me complete my research project. If you have any questions, please do not hesitate to e-mail me. My goal is to have all of the instruments completed no later than **May 15, 2008.** Your cooperation in helping me achieve this is greatly appreciated.

Thank you, once again, for assisting me in my research efforts.

Sincerely,

JOSEPH KNITTER
Fire Captain
South Milwaukee Fire Department

Appendix I

Feedback Instrument Recipients

The following departments of varying demographics were asked to complete the feedback instrument. In most cases, the feedback instrument link was sent to the Fire Chief, another Chief Fire Officer or the Training Officer who was requested to either complete the instrument themselves or pass it on to the most appropriate person for completion. It is my belief that the response to the feedback instrument was provided by the appropriate person in an honest and objective manner.

Appleton Fire Department	Appleton, WI
Ashtabula Fire Department	Ashtabula, OH
Aurora Fire Department	Aurora, CO
Beach Park Fire Protection District	Beach Park, IL
Castle Rock Fire & Rescue	Castle Rock, CO
Central Kitsap Fire & Rescue	Silverdale, WA
Clay Fire Territory	St. Joseph Co., IN
Columbus Fire Department	Columbus, OH
Cudahy Fire Department	Cudahy, WI
Cunningham Fire District	Denver, CO
Duxbury Fire Department	Duxbury, MA
Elgin Fire Department	Elgin, IL
Fostoria City Fire & EMS	Fostoria, OH
Franklin Fire Department	Franklin, WI
Greendale Fire Department	Greendale, WI
Greenfield Fire Department	Greenfield, WI
Hales Corners Fire Department	Hales Corners, WI
Homer Fire Department	Homer, AK
Howell Area Fire Department	Howell, MI
Joplin Fire Department	Joplin, MO
Kenosha Fire Department	Kenosha, WI
Littleton Fire Rescue	Littleton, CO
Mequon Fire Department	Mequon, WI
Meridian Fire Department	Meridian, ID
Millbrae Fire Department	Millbrae, CA
Mitchell International Fire Department	Milwaukee, WI
New Berlin Fire Department	New Berlin, WI
North Charleston Fire Department	North Charleston, SC
North Shore Fire Department	Brown Deer, WI
Oak Creek Fire Department	Oak Creek, WI
Orange County Fire Authority	Irvine, CA
Peoria Fire Department	Peoria, AZ
Pleasantview Fire Protection District	La Grange Highlands, IL
Renton Fire Department	Renton, WA
Rocky Mount Fire Department	Rocky Mount, NC
Saint Francis Fire Department	Saint Francis, WI

Appendix I (con't)

Feedback Instrument Recipients

Sandusky Fire Department	Sandusky, OH
Spokane Valley Fire Department	Spokane, WA
Stafford County Fire & Rescue	Stafford, VA
Sturtevant Fire & Rescue	Sturtevant, WI
Town of Brookfield Fire Department	Town of Brookfield, WI
Tualatin Valley Fire & Rescue	Aloha, OR
Tulsa Fire Department	Tulsa, OK
Virginia Beach Fire Department	Virginia Beach, VA
Wauwatosa Fire Department	Wauwatosa, WI
West Allis Fire Department	West Allis, WI
West Bend Fire Department	West Bend, WI
West Hartford Fire Department	West Hartford, CT
Whitman Fire & Rescue	Whitman, MA
Wichita Fire Department	Wichita, KS

Appendix J

Feedback Instrument Results

Does your fire department currently have a Senior Citizen Home Safety Program in place ?		
	Response Percent	Response Count
No. Thank you for your involvement with my applied research project. Your participation is complete. You may exit the survey by selecting "Exit this survey" above.	44%	22
Yes. Please continue on to the following page.	56%	28
answered question	100%	50
skipped question		0

From the following choices, please select ALL components included in your department's Senior Citizen Home Safety Program.			
		Response Percent	Response Count
General Home Safety	▪▪▪▪▪▪▪▪▪	44%	22
a. Smoke Detectors	▪▪▪▪▪▪▪▪▪▪▪	56%	28
b. Carbon Monoxide Detectors	▪▪▪▪▪▪	28%	14
c. Proper Lighting	▪▪▪	16%	8
d. Security – Locks & Latches	▪▪	10%	5
e. Use of 9-1-1	▪▪▪▪▪▪▪	34%	17
f. File of Life – Vial of Life	▪▪▪▪▪▪▪▪	40%	20
g. Residential Key Box Systems	▪▪▪▪	18%	9
h. Medical Alerting / Notification Systems	▪▪▪	16%	8
Fire Safety	▪▪▪▪▪▪▪▪▪	44%	22
a. Space Heaters	▪▪▪▪▪▪▪▪	42%	21
b. Candles	▪▪▪▪▪▪▪	34%	17
c. Smoking	▪▪▪▪▪▪▪	36%	18
d. Stop, Drop & Roll	▪▪▪▪▪	26%	13
e. Exit Drills in the Home	▪▪▪▪▪▪▪▪	38%	19
Slip, Trip & Fall Safety	▪▪▪▪▪▪▪▪	40%	20
a. Trip Hazards	▪▪▪▪▪▪▪▪	40%	20
b. Proper Footwear	▪▪▪	16%	8
c. Proper Lighting	▪▪▪	14%	7
Kitchen Safety (Knives, jars, etc.)	▪▪▪▪	18%	9
Cooking Safety (Use of appliances, etc.)	▪▪▪▪▪▪▪	34%	17
Wellness/ Fitness	▪	4%	2
a. Medication Awareness	▪▪	8%	4
b. Strength / Balance Training	▪	4%	2

Appendix J

Feedback Instrument Results (con't)

		Response Percent	Response Count
c. Vision Assessment	▪	2%	1
d. Nutrition / Supplements		0%	0
e. Home Oxygen Safety	▪▪▪	14%	7
Bathroom Safety	▪▪▪▪	18%	9
a. Grab Rails	▪▪▪▪	18%	9
b. Extension Cords / Appliances	▪▪▪▪▪▪	30%	15
Scams / Financial Safety		0%	0
	answered question	56%	28
	skipped question	44%	22

Does your program include subject matter not included in the list above? If so, please list here.			
		Response Percent	Response Count
A.	Exit drills being presented as evacuation procedures	n/a	n/a
B.	Emergency beacon lights	n/a	n/a
C.	Blood pressure checks / health	n/a	n/a
D.			
E.			
	answered question	6%	3
	skipped question	n/a	n/a