



# Table Top Training Drills



## Table Top Training Exercise-October 2011

### Carbon Monoxide

A recent keyword search for “carbon monoxide” at [www.firefighternearmiss.com](http://www.firefighternearmiss.com) revealed over 68 reports ranging from EMS calls to overhaul after the fire has been extinguished. Carbon Monoxide (CO) is colorless, odorless and tasteless; it has been named by many as the silent killer. Sometimes the signs and symptoms are obvious and other times they are puzzling, but either way the dangers are ever present. In near-miss report [10-849](#) an EMS unit is equipped with a CO monitor that is carried with them with their EMS equipment. An excerpt from the report is listed as follows:

*We responded to an EMS call for a fall injury. When the crew arrived at the entrance to the fifth floor apartment, the CO monitor attached to the EMS medical bag began to alarm at 88ppm. The CO level at the side of the patient was 108ppm and the EMS crew called for an engine company to assist and verify the readings. Upon arrival of the engine company, the officers instructed the EMS crew to remove the victim from the apartment and proceed to fresh air. CO readings were between 55ppm and 200ppm in the 5th floor hallway. Evacuation was initiated for the entire 5th floor and additional resources were requested. The apartment in question had readings between 200-335ppm. The leak was finally located in the ceiling at the 5th floor from a gas fed flue for the hot water boiler in the basement. The recent addition of the small CO monitors on all of our EMS medical bags had a direct impact on the safety of the crew and directed the course of action for medical care for the patient.*

FDNY battalion chief and author Frank C. Montagna has written and spoken extensively on the dangers of CO to fire and emergency service members. In his book entitled “Responding to Routine Emergencies” Montagna recommends the following response protocols. Consider these to augment your department or units Standard Operating Protocols.

1. Interview the caller and or occupant to get the history and information on what prompted the call for help. Don’t rely only on the dispatcher.
2. Take readings at the door, if levels are safe then continue moving into the occupancy.
3. Assess and treat the patient/patients.
4. Check all fuel burning appliances.

5. Use a checklist so that nothing is overlooked. Ensure that all members of your crew are working from the same checklist.
6. Expand your search to surrounding occupancies.
7. Consider the ventilation of the area prior to your arrival, this may provide a false negative reading.
8. Take a step back and evaluate all of the information you have gathered. Check closets and cabinets as their numbers may still be high even after ventilation.
9. Set up a worst case scenario and try to duplicate the cause of the alarm using the fuel burning appliances that may have caused the condition.

Call for the assistance of the fuel company. Some companies will have meters that can be left long term at the occupancy to monitor levels.