Fully Involved

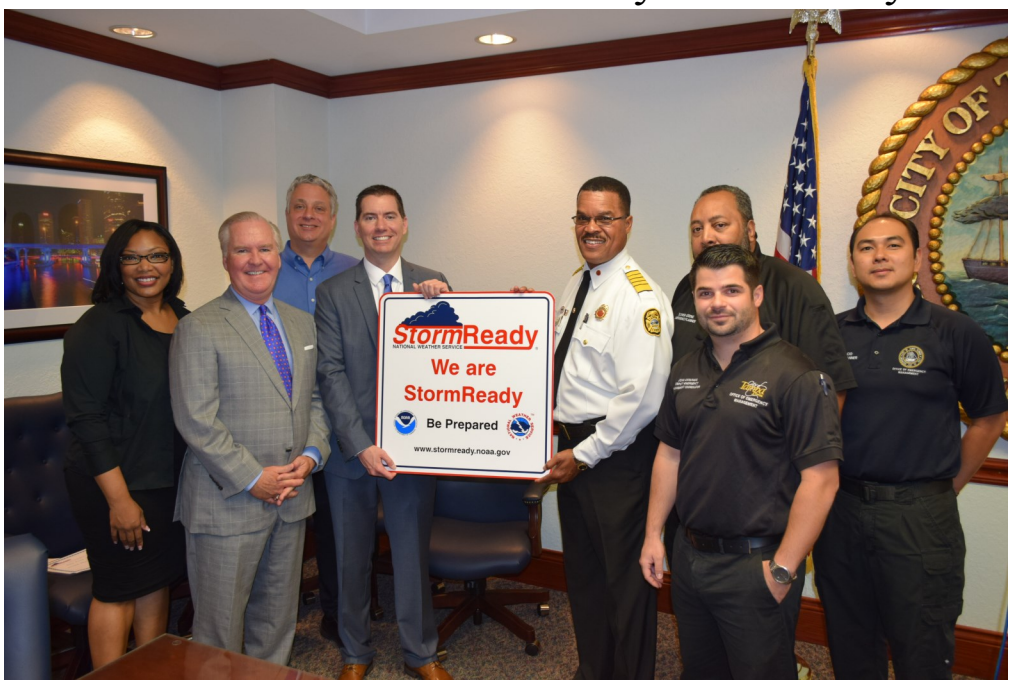
The newsletter For the men and women of Tampa Fire Rescue

2nd Quarter 2016 Volume 3, Issue 2

What's Inside

Tampa is StormReady

National Weather Service officially certifies city



Meteorologists from the National Weather Service present the City of Tampa with a sign stating the city's official certification as a StormReady community June 1. *Photo by Jason Penny*

Meteorologists from the National Weather Service Tampa Bay office designated the City of Tampa as a StormReady Community June 1. Brian LaMarre, Meteorologist-in-Charge, and Warning Coordination Meteorologist Daniel Noah presented Mayor Bob Buckhorn and the city emergency management staff with a sign to accompany the official designation.

"We know that in Tampa it's not a matter of 'if' but 'when' we get hit by a hurricane," said Mayor Buckhorn. The City of Tampa takes emergency preparedness very seriously, Buckhorn said, adding that individuals must also take steps to prepare as well.

The Tampa Office of Emergency Management began taking steps in the months leading up to the 2016 Atlantic Hurricane Season, to prepare for disasters that may occur as a result of severe and complete the requirements to earn the official National Weather Service designation as a StormReady Community. Those requirements include establishing a 24-hour warning point and emergency operations center; providing a way for the community to receive severe weather warnings through multiple sources; creating a system to monitor weather conditions locally; promoting the importance of public readiness through community outreach initiatives; and training community members to become weather spotters.

According to the NWS website close to 98 percent of all presidentially declared disasters are weather related and lead to 500 deaths and $15 billion in damage every year. The StormReady program was set up to generate a "grassroots approach to help communities respond to extreme weather" by providing emergency managers with guidelines on how to improve hazardous weather operations.

From the Chief:

How's My Driving?

All of the response and roadway scene safety policies and SOPs written here at Tampa Fire Rescue will be of little use or help if officers and firefighters fail to abide by them. The most basic responsibility of any emergency responder is first and foremost to account for their own safety and well-being. Failing to operate in the manner we were trained and according to the established SOPs of Tampa Fire Rescue are counteractive to personal safety.

Each member must hold themselves and the members they work directly with accountable for following established safety procedures at all times. If everyone does the right thing all of the time, there is little else that needs to be worried about. However, when someone begins to operate beyond the bounds of safe practice, then others witnessing this behavior must seek to bring them back in line. The "good 'ol boy" way of overlooking, or even validating, unsafe behavior is a culture that can no longer be tolerated. Members must have the courage to stand up and address or stop unsafe behaviors when they are observed.

Each member must exercise reason and good judgment as they relate to emergency vehicle and roadway scene operations. Assuming that each member has been properly trained and is knowledgeable on TFR's procedures, the member must have the ability to apply that information in the appropriate manner.

For example, fire apparatus and rescue cars are given certain privileges as they relate to standard driving procedures that other motorists are not given. We are allowed to exceed posted speed limits, proceed against red lights after coming to a complete stop, and other actions that are beyond standard motor vehicle code requirements when facing an emergency situation. However, should that emergency response vehicle be operated in the emergency mode in every instance? Should operators be driving at excessive speeds, proceeding against negative right-of-way when transporting or responding to a patient with stable vital signs? To a public assist call for service? The operation of our vehicles in this manner would not be within reason and would show poor judgment on behalf of the operator and the crew in the apparatus. This is not an emergency situation requiring these types of response procedures.

This is where the supervisor comes in. Captains and Acting Captains are responsible for the safe operation of the vehicle even though they aren't driving. The driver is responsible to the Highway Traffic Act to operate the vehicle safely. But supervisors have a responsibility under the Occupational Health and Safety Act to ensure that potential and actual hazards are identified and therefore are ultimately in charge of the safety of the crew. That includes ensuring the driver of the vehicle operating it in a safe manner; adhering to applicable legislation as well as departmental procedure. It also includes evaluating traffic, road, and weather conditions to ensure the safe arrival of your crew at each destination.

Supervisors must give drivers clear instructions on how they should perform while under that supervisor's command. Provide clear expectations of the driver in front of the whole crew. Make it also clear that the driver must take this responsibility seriously. Ultimately, the driver is the one that is responsible to the Highway Traffic Act and it would be his or her driving record that would be affected if they are at fault for an incident.

I know all of you who are apparatus drivers out there can relay a story of how some bonehead driver from the general public has pulled a stupid move in front of you while you were responding. It seems so simple to us. Don't they see the 30-ton truck with the red and white flashing lights? Can't they hear the sirens? Quite frankly: no. That is obvious. But the other aspect of this is that we scare people. As we approach motorists while in emergency mode with lights and sirens, a lot of people don't remember, don't realize, or can't think fast enough to know what to do.

Finally, if the public has called us for assistance it is our responsibility to arrive as fast as possible. As *fast* as possible needs to be balanced with as *safe* as possible. If we can go out the door with the mindset of as safe as possible we will always be using due diligence for the protection of the crew as well as a due regard for the safety of the general public. One sure way to minimize your response time to an alarm is to get out of the station as soon as your apparatus has received the dispatch. This time-honored tactic not only decreases your response time, but prevents the perceived necessity to make up the time by driving faster. Simply put, you make up time in the station, not on the road.

With the increased motor vehicle and pedestrian traffic on our roadways, we need to drive more defensively than ever before. It would be nice if we could drive the motorists' vehicles for them!

Until next time, stay safe out there and I'll see you soon…

Fully Involved

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Public Information Officer: Jason A. Penny
Contributors: Supervisor Barbara Tripp
Tiffany Kline, OHN
D/E Persio Abreu

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New Tampa, Pasco crews conduct drafting ops training

By D/E Persio Abreu

District 3 hosted an interdepartmental training event with the crews of Engine 21, Engine 22 and Pasco County Engine 16 and Tanker 16 at Station 22 in New Tampa April 29. The training focused on Pasco County's drafting and tanker capabilities.

The term drafting refers to the use of suction to move water from a vessel or body of water below the intake of a suction pump. In areas where access to a commercial hydrant is not available it might be necessary to draft water from a pond or river to insure adequate water supply during firefighting operations.

It works using a suction pump that creates a partial vacuum, or draft, and the atmospheric pressure on the water's surface forces the water into the engine pump, usually through a rigid pipe (sometimes called a dry hydrant) or a semi-rigid hard suction hose. Pasco's tanker is equipped with three automatic-dump discharges, which have the ability to empty the 1500-gallon tank in roughly three minutes.

The Pasco crews demonstrated the deployment of their portable tank, showing how the attachment that is used in replacement of the standard screen for a hard suction is primed by attaching to a 1 ¾-inch hand line. That attachment also allows the pool to be drained down to the last one to two inches of water. The deployment and set up can be accomplished in five to seven minutes with six crewmembers. According to the Pasco crew if Tampa Fire Rescue needed to set up drafting operations it would be best to request two tankers so that they would be able to shuttle them to ensure there would be no interruption of water supply.

TFR Engine 22 and PCFR Tanker 16 conduct drafting operations during training at Station 22 April 29.

Identifying areas with limited or non-existent is critical when creating pre-fire plans. You don't want to be surprised to find that there are no hydrants available during combat operations. The tankers are a valuable mutual aid asset and it was a worthwhile opportunity to gain an understanding of the operation and to set up the equipment.

TFR welcomes newest firefighters

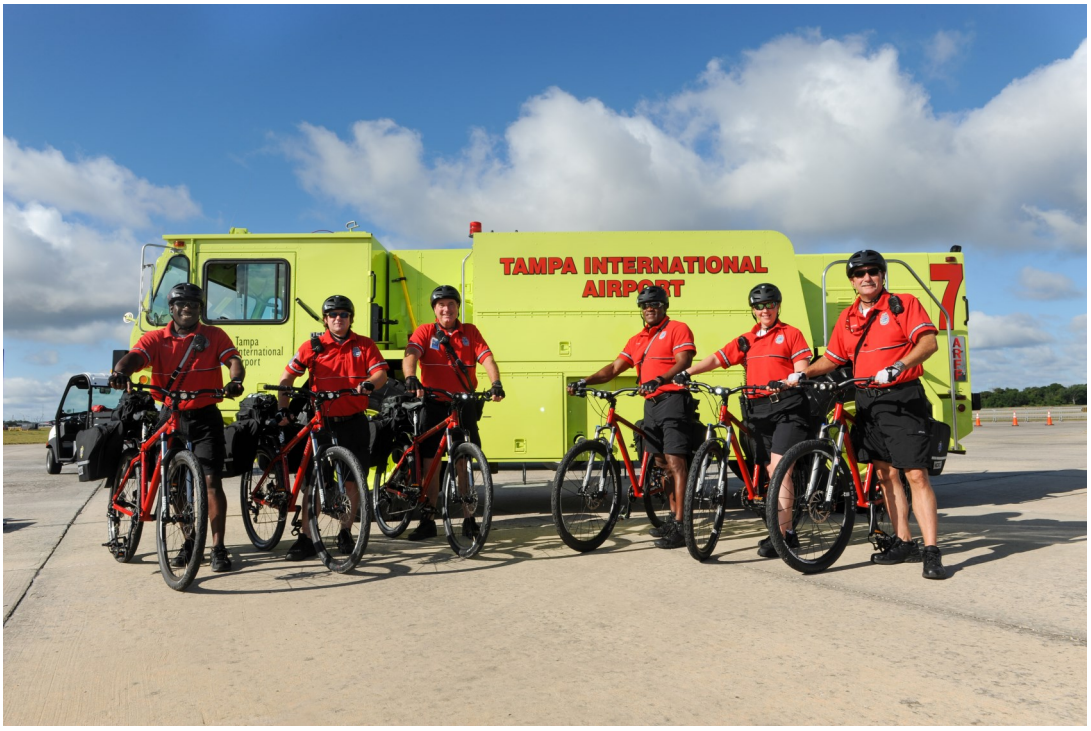
Recruit class 2016-02 graduated June 17 at the Tampa Firefighters Museum. From Left: Mayor Bob Buckhorn, Andrew Lusher, David Gonzalez, Fidel Martinez, Derrick McGhee, Robert Murphy, Rachel Williams, Kyle McKee, Jordan Cash, Joseph Gloger, Edgar Calle, Anil Harnarain, Fire Chief Tom Forward. ***Photo by Jason A. Penny***

Tampa Fire Rescue recognized at Our Heroes Luncheon

Sisters Madison and Gabrielle Dallas were both awarded a Coy L. Sykes scholarship at the 2016 Our Heroes Luncheon April 26. Madison and Gabrielle are the daughters of Capt. John Dallas and his wife, Melanie. From left to right: Charles Sykes, CEO Sykes Enterprises; Melanie Dallas, Madison Dallas, Gabrielle Dallas, Capt. John Dallas, Chief Tom Forward, and John H. Sykes. *Photo by Jason A. Penny*

Firefighter Matt Kohan was recognized as Tampa Fire Rescue's Firefighter of the Year at the 2016 Our Heroes Luncheon April 26. From Left to right: Personnel Chief (and Matt's father) Jace Kohan, Firefighter Matt Kohan, Fire Chief Tom Forward. *Photo by Jason A. Penny*

ARFF forms bike teams



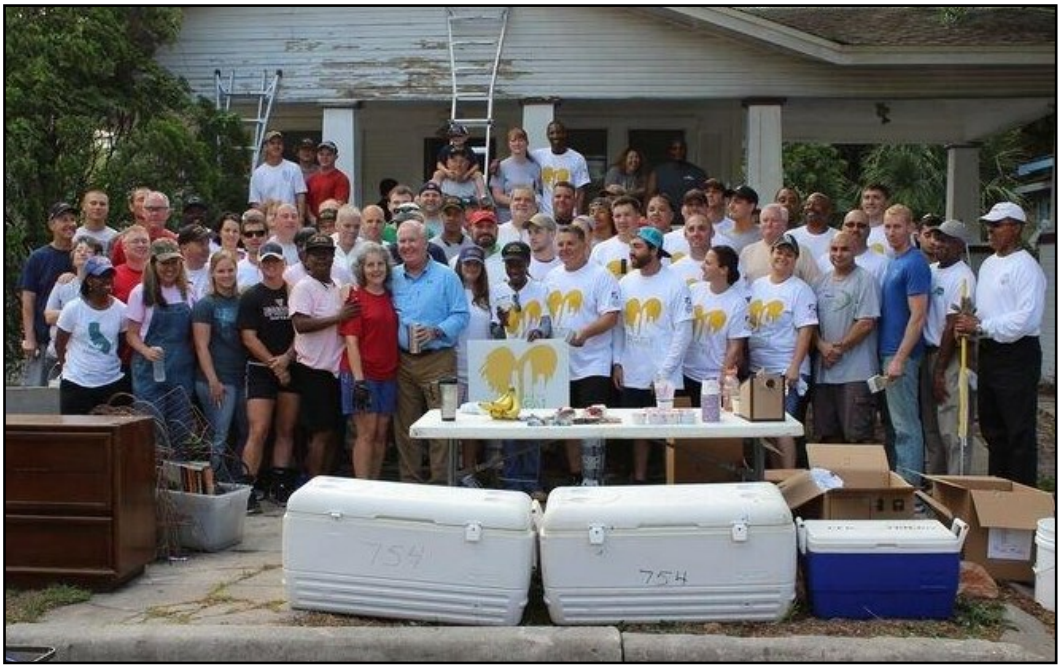
The ARFF Division formed the new Paramedic Bicycle Response Team following an International Police Mountain Bike Association certification class April 4-8. Eight ARFF personnel and two TIA police officer spent more than 40 hours during the course which included class room portions and a practical riding portion for on- and off-road riding.

ARFF bicycle paramedics will patrol the landside terminal, airsides and all of TIA during peak travel times and special events. The decreased response times and the interaction with the public will provide a higher level of customer service for all TIA passengers.

The inaugural event for the bike team was April's 5K Runway Fun Run. The bike team assisted four individuals requiring emergency medical service and had many positive interactions with the participants. The program is still in its infancy and will be growing from this point forward.

You'll see the ARFF Bike Team riding and responding on six new custom Volcanic mountain bikes. These bikes are highly customized and very rugged for EMS and Police use with the frames 100 percent hand made in the USA for long term use and durability.

More than 70 volunteer for Paint Your Heart Out 2016

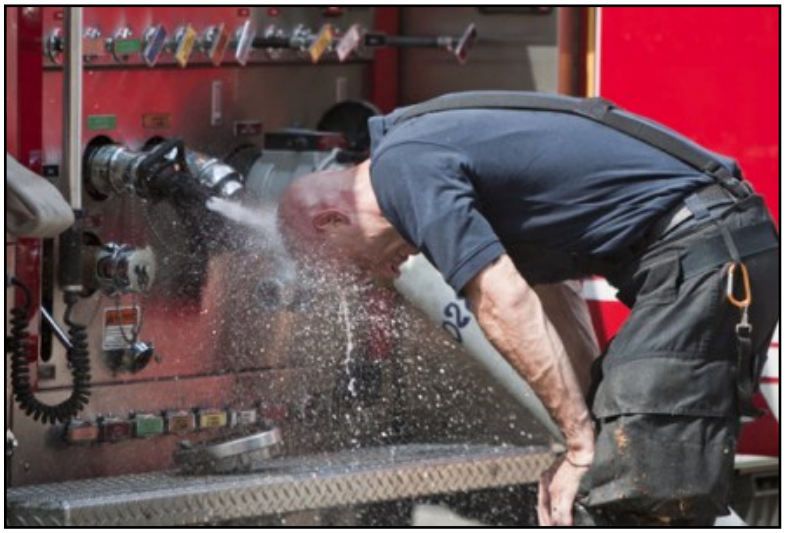


Paint Your Heart Out is a volunteer-based program that has operated in the City of Tampa for 27 years and they have painted over 2,700 homes. Tampa Fire Rescue has been an annual participant. This year the Tampa Fire Rescue had more than 72 men and women volunteers including Leary and HCC students, current rookies, veteran staff members, the HCFR Fire Marshal, and wives and husbands who assisted in painting three homes in South Seminole Heights. TFR combined efforts with the IAFF Local 754, who supply lunch and extra supplies for all of the volunteers. If you haven't volunteered before there is always next year!

In the Heat of Battle

Heat Exposure in Firefighters

By Tiffany Kline, R.N., C.O.H.N



Firefighters are often exposed to extreme heat or work in hot environments when responding to fire, medical, or HAZMAT alarms. As we move into the summer months in Florida, the heat and humidity can become intense, even when not wearing personal protective equipment (PPE) or performing physical work. Exposure to extreme heat can result in occupational illnesses caused by heat stress, including: heat stroke, heat exhaustion, heat syncope, heat cramps, heat rashes, or even death. Heat can also increase a firefighter's risk of injuries, as it may result in sweaty palms (reducing grasping and grip abilities), fogged safety glasses or masks, dizziness, and reduced brain function affecting reasoning ability which can create additional hazards.

Updated information on the biological effects of heat has become available in recent studies, specifically increasing the understanding of the central ner-vous system, circulatory regulation, the sweating mechanism, water and electrolyte balance, and dietary factors. New knowledge has been established about risk factors that can increase a firefighter's threat of heat-related illness. Those over the age of 60 are at additional risk for suffering from heat disorders. Heat disorders among the obese and overweight occur more frequently than in lean individuals.

Another factor affecting heat-related illness is use of alcohol, prescription drugs, and caffeine. Caffeine use has long been argued against, as it has a diuretic effect and may reduce fluid volume, leading to cardiovascular strain during heat exposure. However, more recent studies have found that the effect of caffeine on heat tolerance may be much less than previously suspected.

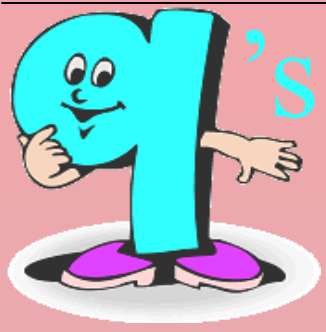
The definition of heat stroke has also changed in recent years. Heat stroke is now classified as either classic heat stroke or exertional heat stroke, which is more common in firefighting. Characteristics of the individual (e.g., age and health status), type of activity (e.g., sedentary versus strenuous exertion), and symptoms (e.g., sweating versus dry skin) vary between these two classi-fications. Many firefighters have incorrectly been taught that as long as they were still sweating they were not in danger of heat stroke.

Heat stress can be reduced by modifying metabolic heat production or heat exchange by convection, radiation, or evaporation. In a controlled environment, these last three can be modified through engineering controls, including increasing ventilation, bringing in cooler outside air, reducing the hot temperature of a radiant heat source, shielding the firefighter, and using cooling equip-ment. Heat stress can also be administratively controlled through limiting the exposure time or temperature (e.g., work/rest schedules), reducing metabolic heat load, and enhancing heat toler-ance (e.g., acclimatization). Although most healthy firefighters will be able to acclimatize over a period of time, some firefighters may be heat intolerant. Heat intolerance may be related to many factors. On-scene Rehab is critical to prevent adverse outcomes and for early identification of signs that may be due to heat-related illness. The reduction of adverse health effects can be accomplished by the proper application of engineering and work practice controls, firefighter training and acclimatization, measurements and assessment of heat stress, medical monitor-ing, and proper use of heat-protective clothing and personal protective equipment (PPE).

Many of the bodily responses to heat exposure are desirable and beneficial. However, at some levels of heat stress, a firefighter's compensatory mechanisms can render them incapable of maintaining a body temperature at a level required for normal body functions. As a result, the risk of heat-related illnesses, dis-orders, and other hazards increases. The level of heat stress at which excessive heat strain will result depends on the heat tolerance capabilities of the firefighter. However, even though there is a wide range of heat tolerance between firefighters, each individual has an upper limit for heat stress, beyond which the resulting heat strain can cause him or her to become a heat casualty. In most firefighters, appropriate repeated exposure to elevated heat stress causes a series of physiologic adaptations called acclimatization, whereby the body becomes more efficient in coping with the heat stress. Such an acclimatized firefighter can tol-erate a greater heat stress before a harmful level of heat strain occurs. Lack of acclimatization has been shown to be a major factor associated with firefighter heat-related illness and death.

Firefighters that are wearing bunker gear or level A PPE with lower air and vapor permeability or insulation values greater than those for the conventional one-layer work clothing ensemble are at a significantly greater risk of heat related illness. PPE will, of necessity, alter the rate and amount of heat exchange between the skin and the ambient air by convection, con-duction, radiation, and sweat evaporation. In general, the thicker and greater the air and vapor impermeability of the cloth-ing barrier layer or layers, the more it interferes with convective, radiative, and evaporative heat exchange.

Heat, 8



Q's Corner

By Rescue Division Supervisor Barbara Tripp

Welcome back to Q's Corner. Q would like to thank everyone for the positive input and responses with Q's Corner, it was well received. Q will address issues and questions from the field in this newsletter or personally.

Happy EMS week to all; especially to the Rescue Division. Thanks to all of you for the great things you do to make Tampa Fire Rescue number one.

In this issue, we will continue to discuss National Fire Incident Reporting System (NFIRS) reporting system, documentation, accountability, and Q's Tips from Quality Assurance.

Q has reviewed many reports and has noticed big improvements with NFIRS coding. There are still a few crew members who are still using 00 with Incident type and Action taken. Remember, when a unit responds to a medical call that is not involving a Traffic accident the code should be 321 not 300. When a unit checks for injuries, provides BLS and/or ALS, or transports a patient, the code is not 30. The Primary Action Taken will be 31, 32, 33, or 34 and Additional action taken should be documented accordingly, i.e. 34 if transporting. When 00 is used in NFIRS, incorrect data and statistics are the result. The incorrect data and incorrect statistics will affect Tampa Fire Rescue's requests for benefits. The Rescue Division is fully aware and currently working on a solution for the pop up that may appear on the screen when completing the medical report. We appreciate your patience on this matter.

Many have asked "What is the correct information that should be in a patient report?" Glad you asked because Q has some answers that will help get you started. Do you remember back in the day when you were in Paramedic School and the teacher introduced you to many mnemonics? Remember SAMPLE, OPQRST, AVPU, DCAP-BTLS, and PMS? This is the information that should be documented in the patient report. For example, if you respond to a patient that complains of chest pain, the mnemonics that should be included are SAMPLE, OPQRST, and AVPU. If the same patient had injury (primary or secondary to the chest pain) then you should add information pertaining to DCAP-BTLS & PMS. When these areas are covered in the narrative/report, the assessing Paramedic(s) will limit the amount of auditing from TFR QA, Division/District Chiefs, Operations, and the State of Florida. Listed in TFR Medical Protocol under the Administrative Section, there is a policy in place called Patient Care Report Documentation. Review this section. It also has helpful information. Q hopes this helps many of you and if not, please feel free to contact Q or the Rescue Division for further guidance and assistance.

After reviewing information about documentation, it brings us to the topic of accountability. Accountability is defined as an obligation to accept responsibility or to account for one's actions. Why is the term being used in Q's Corner? Because we have to remember we are all accountable for our actions as a person, human, EMT/paramedic, and most of all a City of Tampa employee. We are accountable for all equipment used, personal protective gear, and our positive attitude each and every day. It may not be aired every day on the tear and go, but you should know your dedication and commitment to TFR is noticeable and appreciated. When a patient is in TFR's care, TFR is responsible and accountable for the patient until TFR transfers the patient to another authority. The latest concern with accountability is related to MVC when all individuals, patrons, passengers, and/or vehicles are not assessed or acknowledged. Even if a patron, passenger, or occupant refuses assistance, assessment, treatment, or transport, TFR units are accountable to acknowledge the situation and document accordingly. By performing this small acknowledgement, it reduces the amount of complaints in the Rescue and Operations Divisions.

Now let's talk about Q's tips for the second quarter and the State of Florida Department of Health Inspection that was recently conducted. The summer is quickly approaching and the forecast is: HOT! Q's main tip for the summer is to stay hydrated by increasing fluid intake. Q is referring to the good electrolyte fluid for the party goers. Review the article Emergency Incident Rehabilitation in the TFR Rules and Regulations section 508 and the TFR Medical Protocol Treatment section as well as Heat Emergencies. TFR was inspected by the State in April and passed without any major issues. Below are some items of interest that were brought up during the inspection:

- Every Rescue unit is required to have two, minimum 5 lbs. each, ABC fire extinguishers fully charged; one located on the exterior of the unit and one in the patient compartment.
- A patient has the right to ask and verify your credentials.
- Every stretcher should have a minimum of three straps to secure the patient.
- IV fluids cannot be iced or heated and administered to patients without the use of a Safe Refrigerator/Warmer IV Device with controlled temperatures and approved by the Medical Director.

Q is looking forward to addressing more concerns in the next issue of Fully Involved. If you have some question or need answers, please feel free to contact Q's Corner at 274-7517 or anyone in the Rescue Division. Here's a final thought: The person that makes the biggest difference in your career is you. Until next time, Q is keepin' it real on the corner.

HEAT:

Although heat disorders are interrelated and seldom occur as discrete entities, each has unique clinical characteristics. These disorders range from simple postural heat syncope (fainting) to the complexities of heat stroke. A common feature in all the heat-related disorders (except simple postural heat syncope) is some degree of elevated body temperature, which may be com-plicated by deficits of body water. The prognosis depends on the absolute level of the elevated body temperature, the promptness of treatment to lower the body temperature, and the extent of deficiency or imbalance of fluids or electrolytes.

Heat Stroke. Heat stroke can occur as either classic or exer-tional. Classic heat stroke includes a major disruption of central nervous system func-tion (unconsciousness or convulsions) and a lack of sweating.

Heat Exhaustion. Heat exhaustion is often considered a precursor to the more serious heat stroke. The symptoms are: headache, nausea, vertigo, weakness, thirst, heavy sweating, and irritability. Decreased urine output is common to both heat exhaustion and the early stages of heat stroke. There is wide variation in the ability to tolerate an increased mean body temperature. Failure to replace water predisposes an individual to one or more of the heat disorders, especially heat exhaustion and heat stroke.

Heat Cramps. Heat cramps are not uncommon in individu-als who work hard in the heat. The exact cause or causes have not been determined, but heat cramps may be attributed to or associated with a continued loss of salt in the sweat, accom-panied by a copious intake of water without appropriate replacement of salt. Other elec-trolytes, such as magnesium, calcium, and potassium, may also be involved. Cramps often occur in the muscles principally used during work and can be readily alleviated by rest, the inges-tion of water, and the correction of any body fluid electrolyte imbalance (e.g., with sports drinks containing carbohydrates and electrolytes). Salt tablets should not be taken. Salt losses are best replaced by the inges-tion of normal salted foods or fluids over many hours.

Heat Syncope. Heat syncope (fainting) usually occurs with prolonged standing or sudden rising from a sitting or supine position; in such instances, temporary circulatory failure, due to pooling of blood in the peripheral veins, results in a decrease in diastolic filling of the heart. Symptoms of heat syncope include light-headedness, dizziness, and fainting. Factors that may contribute to heat syncope include dehydration and lack of acclimatiza-tion. Firefighters who have fainted will usually recover rapidly if they sit or lie down; however, complete recovery of stable blood pressure and HR may take an hour or two.

Heat Rashes. The most common heat rash is prickly heat (miliaria rubra), which appears as red papules, usually in areas where clothing is restrictive, and gives rise to a prickling sensation, partic-ularly as sweating increases. It occurs in skin that is persistently wetted by unevaporated sweat, apparently because the keratinous layers of the skin absorb water, swell, and mechani-cally obstruct the sweat ducts. If untreated, the papules may become infected and develop secondary staphylo-coccal infections. Another skin disorder (miliaria crystallina) appears with the onset of sweating in skin previously injured at the surface, commonly in sunburned areas. The damage prevents the escape of sweat and results in the formation of small to large watery vesicles, which rapidly subside once sweating stops; the problem ceases to exist once the damaged skin is sloughed.

In most cases, these rashes disappear with return to a cool environment. When a sub-stantial part of the day is spent in cool and/or dry areas so that the skin surface can dry, the rashes are less likely to occur or occur with diminished frequency. Although heat rashes are not dangerous in themselves, each can impair areas of skin and reduce sweating that reduces evaporative heat loss and impacts thermoregulation. Wet and/or damaged skin can also absorb toxic chemi-cals more readily than dry, unbroken skin.

Dehydration. Under heat stress conditions where sweat pro-duction may reach 6 to 8 liters in a workday, voluntary replacement of the water lost in the sweat is usually incomplete. The normal thirst mechanism is not sensitive enough to urge us to drink enough water or other fluids to pre-vent dehydration. If dehydration exceeds 1.5% to 2% of body weight, then tolerance to heat stress begins to deteriorate, heart rate and body temperature increase, and work capac-ity decreases. When dehydration exceeds 5%, it may lead to collapse and to dehydration heat-related ill-ness. Since thirst is not an adequate guide for water replacement, firefighters should be encouraged to drink water or other fluids every 15 to 20 minutes. The fluids should be less than 15°C (59°F). For work that requires an increased level of activity in a hot envi-ronment for a prolonged period of time (≥2 hours), sports drinks that contain carbohy-drates and electrolytes (e.g., Gatorade) should be used in place of water in order to replace the electrolytes lost from sweating and to avoid hyponatremia (serum sodium concen-tration <136 mEq·L-1) from excessive con-sumption of plain water.

There are a few things firefighters can do to safely perform their duties in hot environment. Come to work well hydrated and nourished, and continue to hydrate throughout the shift according to the guidelines provided above. Participate in active acclimatization before beginning work in a hot environment, when returning to work following an illness, or returning after time off of greater than two weeks. Actively engage in On-scene Rehab. Finally, report signs of heat stress or illness early, and seek the appropriate treatment.

CLEARWATER THRESHERS

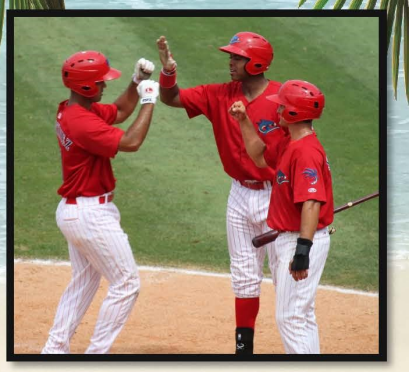
TAMPA FIRE RESCUE NIGHT OUT AT THE BALLPARK & PREGAME SOFTBALL!!

Allstate. You're in good hands.

SATURDAY, AUGUST 20 Softball @ 2:00—Threshers @ 6:15

CLEARWATER THRESHERS VS. DAYTONA TORTUGAS

CALLING ALL TFR MEMBERS, FRIENDS AND FAMILY!



Enjoy a night of Baseball, **SOFTBALL** & **FIREWORKS**

Ticket Prices are $18.00/person (ages 4 and under are FREE!)

Each ticket includes: Pregame SOFTBALL, Hot Corner Café seating, POST-GAME FIREWORKS &

ALL YOU CAN EAT AND DRINK FROM 5:00-7:30PM

Hot Dogs, Hamburgers, Cheeseburgers, Peanuts, Popcorn, Chips, Ice Cream Sandwiches, Soft Drinks & Bottled Water

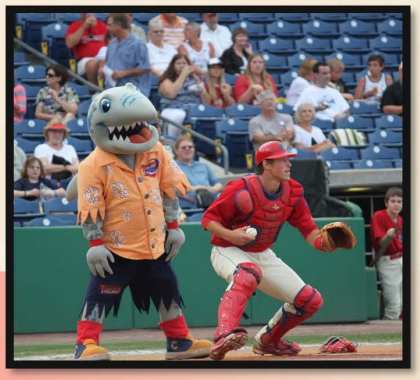
$2.50 16oz Draft Beer from 5-7:30!

$5.00 of each ticket sold goes back to TFR!

Pregame Softball!

Tampa Fire Dept VS. Clearwater Fire Dept

Event Cosponsored by: Nicole De La Guardia, Exclusive Agent—All State



Allstate. You're in good hands.

TAMPA FIRE RESCUE FLORIDA

FOR TICKETS CONTACT: AT TBD

bright house NETWORKS field

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Camp Hopetáke

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AFTAC

versus

Tampa Bay Firefighter

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vs

AFTAC HOCKEY

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