

# Rapid Lesson Sharing

**Event Type:** Strep Throat Outbreak

**Date:** August/September 2017

**Location:** Lolo Peak Fire, Lolo National Forest;  
Montana



The Lolo Peak Fire burning on July 26. Photo by Rick Miller, courtesy of InciWeb.

## BACKGROUND

The lightning-caused Lolo Peak Fire was detected July 15 on the Lolo National Forest in Montana. By September 6, the fire had grown to 48,686 acres.

On August 2, Brent Witham, a member of the Vista Grande Interagency Hotshot Crew, lost his life in a tree-felling incident on the Lolo Peak Fire.

In addition, two residences and eight outbuildings have been destroyed by this fire. While no evacuations are currently in effect, evacuation warnings are in place.

To date, five Incident Management Teams have rotated through to oversee the command of the Lolo Peak Fire. Turman's Type 1 Northern Rockies Incident Management Team was ordered and in-briefed on August 28. August 29 was a "shadow day" for the sharing of information and gaining orientation and situational awareness to the fire. Transfer of Command from Poncin's Type 1 Northern Rockies IMT to Turman's Type 1 IMT was official at 1700 on August 29.

## NARRATIVE CHRONOLOGY

*This chronology is provided by*

**Bruce A. Martinek, Type 1 Safety Officer on Turman's Type 1 Northern Rockies IMT**

### August 28

#### **Firefighter Tests Positive For Strep Throat**

During the "shadow day," Safety Officers from the previous IMT informed us that one member of a 20-person Type 2 Initial Attack Crew had reported to the Medical Unit the day before complaining of a sore throat. The Southwest Area Interagency Resource Representative (IARR) later told us he had been contacted by the Crew Boss regarding a sick crew member. The IARR instructed the Crew Boss to get the individual to the Medical Unit.



*Strep Throat is a common contagious throat ailment caused by the streptococcal bacteria. If left untreated it is contagious for 2 to 3 weeks in individuals who do not receive antibiotic treatment. Those who receive treatment are usually no longer contagious after approximately 24 hours.*

*Transmission is easily facilitated in a fire camp environment, most frequently by direct contact through mucus droplets aerosolized by coughing, sneezing, spitting, and by indirect contact through sharing of water bottles, canteens, chap sticks, and utensils.*

*The incubation period for individuals who have been exposed may vary from 1 to 5 days before presenting symptoms. The pattern of symptoms are: sore throat, fever, and whitish/yellowish areas on tonsils and throat. Some persons may develop headaches, muscle pain, nausea and vomiting.*



Firing operation on August 26 on the Lolo Peak Fire.  
Photo by Brent Olson, courtesy of InciWeb.

The Medical Unit staff identified the symptoms and made arrangements to transport this individual to an Indian Health Services (IHS) Confederated Salish and Kootenai Tribal clinic in St. Ignatius, Montana for diagnosis.

Testing confirmed that this firefighter was positive for Strep Throat. The individual was treated with antibiotics and returned to fire camp. Medical informed the Southwest Area Interagency Resource Representative that this person's entire crew would now be checked for Strep Throat.

### **August 29**

#### ***Another Crew Member Exhibits Same Illness Symptoms***

Late after shift on this day, another person from the same crew came to the Medical Unit complaining of the same sore throat symptoms. At that late hour, the Indian Health Services clinic was closed. Instructions were given for the individual to return in the morning to be transported for diagnosis and treatment.

Medical Unit staff provided hand sanitizer and discussed with the Crew Boss a desire to educate and inform about Strep and its contagious nature. The Medical Unit staff then talked to the crew and provided them information on Strep Throat and Strep Throat prevention.

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***We now had a total of four crew members from this crew test positive for Strep Throat.  
Our thinking turned to the need to isolate this affected crew.***

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### **August 30**

#### ***The Need to Isolate this Affected Crew***

This morning, the individual from the previous evening and two additional crew members, all from the same crew—and all exhibiting the same symptoms (Sore throat, yellow/white pustules on tonsils and back of throat, swollen glands, fever, difficulty swallowing)—reported to the Medical Unit. All three crew members were transported by Medical Unit personnel to the St. Ignatius Indian Health Services clinic for diagnosis.

All three crew members tested positive for the Strep bacteria and received antibiotic treatment.

We now had a total of four crew members from this crew test positive for Strep Throat. Our thinking turned to the need to isolate this affected crew. We contacted the Ravalli County Public Health Department and the Montana Department of Public Health and Human Services for consultation and concurrence with our thinking. Initially, we had no answer from Ravalli County. The Montana Department of Public Health and Human Services concurred with our plan.



By early September, five IMTs had rotated through to oversee command of the lightning-caused Lolo Peak Fire, which was detected on July 15. Photo courtesy InciWeb.

### **Isolation Camp Established Across Road from ICP**

We set up an isolation camp immediately adjacent to and directly across the road from our main Incident Command Post (ICP). This detached camp provided separate shower, toilets, hand wash station with hot and cold running water, and food service in hot cans from our food unit.

An Advanced Fireline EMT (AEMF) was assigned to the crew to tend to any needs that may arise.

### **Nearby Rice Ridge Fire Safety Officer Forewarned**

As the Strep Throat infection was expanding on our Lolo Peak Fire, two 20-person crews had been reassigned to the nearby Rice Ridge Fire.

We therefore contacted the Rice Ridge Incident Safety Officer, informing about this medical development in the Lolo Peak ICP and forewarned to be aware and watchful of those two crews in

the event any of their members could potentially develop Strep Throat.

## **August 31**

### ***Crew Members Stay in Vehicles—Don't Feel Well Enough to Work***

We received word that a number of the affected crew never got out of their vehicles during today's shift because they did not feel well enough to work.

The incident's Human Resource Specialist and Team Safety Officer drove to the line and this crew's work location (DP-120) to inform the Crew Boss that we were making arrangements for the remainder of the crew to be tested for Strep. They were instructed to drive that afternoon to the St. Ignatius Indian Health Services clinic for testing—and if anyone tested positive for strep, to receive antibiotic treatment.

Due to the lateness of the afternoon, we were informed that the crew's ETA to the clinic would be after hours. The Medical Unit Leader (MEDL) explained the situation and the clinic agreed to staff and remain open until the crew arrived.

Once the crew loaded-up and was enroute, the Medical Unit Leader called the clinic to inform them of the crew's departure and provided an updated, more accurate ETA. However, the clinic responded that they would not stay open. The crew was called and instructed to return to ICP and arrangements would be made to follow the same course of action the next day.

## **September 1**

After some confusion about which clinic to go to, the 16 remaining crew members were tested and treated at the Indian Health Services Clinic in St. Ignatius. Three of the crew tested positive for Strep Throat and were treated with antibiotics.

### **A Total of Seven People from this Crew Now Confirmed to Have Strep Throat**

A total of seven people from the same 20-person crew had now been confirmed to have the Strep infection. The remaining 13 crew members tested negative and were not treated. Swabs from those who tested negative were sent to a lab in Missoula for more conclusive testing. (Those results became available on September 5.)



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***The Safety Officer stressed that these crew members  
must remain in their camp.***

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**Crew Drives Their Vehicles to Local Restaurant for Breakfast**

Arrangements are made with Logistics/Food Unit Leader to feed the crew breakfast. The Food Unit Leader—who informed that he was late with this delivery—delivered breakfast at approximately 0830/0845, but none of the crew were in their camp.

The Southwest Area Interagency Resource Representative called the Crew Boss and was informed that they were at a local restaurant—16 miles and 30 minutes away—having breakfast.

At 1015, the Southwest Area Interagency Resource Representative once again contacted the Crew Boss and asked their location. The Crew Boss informed that they were just finishing breakfast and preparing to leave to return to ICP.

**IARR and Safety Officers Share Information with Crew Boss**

At 1330, the Southwest Area Interagency Resource Representative and two IMT Safety Officers went to the crew's separate camp. On the walk to their camp they met a crew member leaving the area. When asked where he was going, he replied he was going to Ground Support to submit gas issue sheets for their vehicles.

One of the Safety Officers said he would take care of submitting the gas sheets and reminded the crew member that he and the entire crew must remain in their camp to limit the potential spread of Strep.



Retardant line on the Lolo Peak Fire. Photo courtesy InciWeb.

The Safety Officer also informed the Crew Boss to call him, the Logistics Section Chief, the Food Unit Leader, the Human Resource Specialist, or the Interagency Resource Representative with whatever other needs his crew may have and they would be taken care of. The Safety Officer stressed that these crew members must remain in their camp.

The Southwest Area Interagency Resource Representative and two Safety Officers then continued on to speak with the Crew Boss. They explained to the Crew Boss that his crew: 1) must remain separated; 2) the seven crew members treated for Strep Throat could return to work after 48 hours; and 3) they should sanitize their vehicles. They also asked about any additional needs the crew might have.

In addition, they took the crew's vehicle keys in an attempt to ensure that they would not again leave camp.

## **September 2**

### ***No New Strep Cases***

No issues today. Thus far, no new cases have presented within the crew or in the general camp population.

We are making arrangements to meet the needs of the crew and provide an environment as best we can so they may get suitable rest for recovery.

## **September 3**

### ***7 Crew Members Treated with Antibiotics Return to Work***

The 7 crew members who were treated with antibiotics have now passed beyond the period of contagion. They are no longer at risk of being contagious to others. They have returned to work and assimilated back into the general population in camp and can partake in the general facilities at ICP.

## **September 4**

### ***Remaining Crew Members to Return to the Line—and Main ICP Camp***

The 7 crew members are back on the line working as a module in the suppression repair group.

If all the remaining crew members' tests return clear, discussions at our Command and General Staff meeting focused on returning them to duty tomorrow afternoon. Operations will have the 13 remaining in camp return to the line to reunite with the seven other crew members to re-form as a 20-person Type 2 IA Crew and reintegrate into the IAP fully for Wednesday (September 6).

I spoke with the Crew Boss to inform of these decisions. If all reports come back clear the crew should be ready to go back to the line late morning or early afternoon.

I also called the Rice Ridge incident Safety Officer for follow-up regarding the two crews reassigned from the Lolo Peak Fire. There were no signs or symptoms of Strep showing in either of those two crews.

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***All crew members were in good spirits and happy to be back at work  
fully engaged in firefighting.***

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## **September 5**

### ***All Crew Members Now Fully Engaged in Firefighting***

I checked in with the Medical Unit Leader at 0800 to verify his follow-up with the Indian Health Services clinic in St. Ignatius for culture results. I received the news that the tests were clear and the remaining 13 crew members could return to the line and rejoin their crewmates.

The two IMT Safety Officers, the Medical Unit Leader, and Operations Section Chief walked to the isolation camp to inform the crew. The Medical Unit Leader told them they were clear to work. The Operations Section Chief informed them of their assignment. The Safety Officers returned their vehicle keys and informed them of their need to return to the general camping area.

On their way to the food unit, one of the Safety Officers spoke with the Crew Boss in camp this evening—after his entire crew had been out on the line today. All crew members were in good spirits and happy to be back at work fully engaged in firefighting. They moved their tents back to the general camping area in ICP.

This brings the Strep Throat incident on the Lolo Peak Fire to closure.

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## LESSONS

### *What could have gone better/been improved?*

- ❖ Communication could be improved. Garnering understanding and compliance from the affected crew was difficult and often ineffectual. The numerous times the crew collectively, singly, or in groups left their separate camp bears this out after they had received what were believed to be clear specific instructions.
  - ❖ Enforcement of Separation: Use of a road/access or incident security to control ingress/egress of the affected crew and others. Additional enforcement of compliance is necessary when the affected group disregards instructions and potentially jeopardizes the general population of camp and the community.
  - ❖ Develop team protocol defining actions for similar incidents in the future. Identify and inform functions affected and directly involved in dealing with potential quarantine issues:
    - ✓ **Safety, Medical Unit** – Crew medical treatment and welfare.
    - ✓ **Logistics** – Set up and support of quarantine camp—food, shelter, showers, toilets, wash stations, etc.
    - ✓ **Information** – Having answers in response to questions from community and local officials.
    - ✓ **Ground Support** – Transport of infected personnel for medical treatment as necessary and appropriate. Ensure the sanitization of vehicles.
    - ✓ **Plans** – Tracking of resources reassigned during such an outbreak for continued monitoring so contagion is not exported to another fire camp.
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**The following individuals were consulted or were directly involved  
in the identification and management of the Strep Throat incident  
at the Lolo Peak Fire Incident Command Post**

**Stan Lovan**, Safety Officer Type 2

**Bob White**, Medical Unit Leader

**Anna Stull**, Medical Unit Leader Trainee

**Harv Skjerven**, Logistics Section Chief

**James Copeland**, Southwest Area Interagency Resource Representative

**Leo Holley**, Safety Officer Trainee

**Debbie Hassel**, Human Resource Specialist

**Angie Allen**, Ravalli County (Montana) Public Health Department

**Stacey Anderson**, Montana Department of Public Health and Human Services

**Bruce Martinek**, Safety Officer Type 1 (Telephone: 208-819-9131)

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**This RLS was submitted by:**  
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**Turman's Northern Rockies National IMT**

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