



RAPID LESSONS SHARING

**Montana DNRC
August 17, 2019**

Summary of Incident:

A DNRC Initial Attack Crew was conducting line construction exercises for their weekly crew training. The Unit's designated training day is Saturday, so the entire crew attended morning briefing and PT at the station prior to starting the exercise. Weather conditions were clear with temperatures in the mid to low 60's. Early into the line digging exercise it was noticed that one firefighter's face was flushed, she was leaning heavily on her tool and slumping over significantly. It took approximately 20 minutes to complete the first portion of line construction exercise, after taking a short break (1-2 minutes) the firefighter fell to the ground. Upon initial assessment by crewmembers, the firefighter was unresponsive but breathing. Patient care was initiated immediately by checking vitals, removing PPE, and applying cool wet clothing to the underarms, neck and groin area. One member of the crew is a Paramedic and he took over patient care being assisted by another crewmember who is EMT qualified. Other crewmembers returned to the Station to retrieve the SKED and medical bag. The paramedic contacted dispatch and relayed the incident requesting an ALS response from the local Fire Department, this also initiated a response from the local Air Ambulance. The paramedic also sent two crewmembers to a nearby opening to assess it for a helispot location. It was decided that the best action was to transport the patient to the Station's helibase to rendezvous with ALS. The patient was loaded into the SKED and moved by using a "leap frog" method about 150 yards at a time to the helibase. The patient was transported to the hospital by Air Ambulance. She was treated for dehydration and released from the hospital later that night. On August 18th the Unit Fire Leadership conducted an After-Action Review of the incident and the following day the R-1 CISM Peer Support response was utilized for a debriefing with all crewmembers that were involved.

Contributing Factors:

- The firefighter had been battling cold/flu symptoms for the past week and was not feeling well that morning.
- The firefighter had been taking cold medicine to minimize symptoms and continue to work.
- The firefighter was concerned about telling anyone she wasn't feeling well.

What Was Done Well:

- Immediate patient care and quick decision making on patient extraction method led to getting the patient to ALS care within the "Golden Hour".
- Delegation of tasks and open communication between crewmembers doing the tasks allowed crewmembers to maintain a manageable span of control and tie everything together quickly without confusion.
- A rapid extraction from the line to ALS care. The firefighter lost consciousness at 1510 hrs. and patient care was transferred to the Air Ambulance crew shortly before 1600 hrs.



RAPID LESSONS SHARING

What Was Done Well (continued):

- Notification process involved Line Authority and Supervisors early enough that they were able to assist with Agency accident/injury procedures. This took some workload off the IWI Incident Commander allowing him to concentrate on patient care and extraction.
- Consistent training on Incident-within-incident procedures provided the crew knowledge on SKED use, extraction methods, and radio plans. This greatly increased efficiency, teamwork, and time sensitive decision-making ability.
- An Agency Liaison for the family and hospital was present at the Emergency room for the duration of the incident. The Liaison was able to communicate with family members and Agency leadership passing on updates and comforting the patient. The Liaison also completed required forms to initiate worker's compensation claims.
- Use of the R-1 CISM peer support response gave crewmembers an opportunity to share their thoughts and answer any questions they had concerning the incident.

Recommendations/Lessons Learned:

- "We need to continue creating an environment where everyone feels comfortable enough to speak up and sit out of training or fire suppression if they are not feeling well."
- More emphasis should be put on all the factors that go into being fire ready, including proper hydration, and rest/recuperation after an illness.
- While the medical kit was within a quarter to half mile of the incident, additional emphasis will be placed on keeping it on hand and even pre-staging it with an ATV wherever possible.
- When personnel are available, a dedicated notetaker and timekeeper should be utilized during medical emergencies to aid in the documentation.
- ALS rendezvous locations were miscommunicated to the responding ambulances by the 911 center. Confirming with Dispatch Centers that correct information is being passed on to responders is critical.