

Nez Perce - Clearwater NFs

Rapid Lessons Sharing

[“It’s not reality unless it’s shared” - Lt. Col. Pete Blaber](#)

Event Type: Chainsaw Injury/Laceration

Date: August 28, 2022

Location: Wallow Fire, Nez Perce Clearwater National Forest, Idaho

Completed Helispot Becomes Site for Helicopter Medivac



“It was ironic that I was building the helispot only a short while before I was injured and that helispot was in use for the IWI (Incident within an Incident).” – Sawyer

Introduction

On the night of August 12th, 2022, a thunderstorm moved through the North Fork Ranger District scattering lightning strikes across the District. One of those strikes occurred approximately one mile south of the Wallow Mountain Lookout, igniting a wildfire. The fire was reported on August 13th along with several other fires across the Forest.

Agency administrators and Fire Management officials decided on a point protection tactic for the Wallow Fire. Crews were utilized to prep the 101 ATV trail leading up to the lookout. Burnout operations were completed to protect the Wallow Mountain Lookout. A brusher, an engine, and crews were then utilized to begin prep on Forest Service 710 Road in case the fire pushed farther and impacted the second value at risk, an outfitter camp on the 710 Road.

Event Narrative

The morning of August 28th, the crew split into saw teams to continue work on the 710 Road and to begin work on an identified helispot farther away from the fire but closer to where they were working. One squad from the crew and a squad from the local District went up to assess the proposed helispot and then spent the morning improving it. The helispot, H2, was completed at about 1230, called in to Dispatch as completed and the two squads broke for lunch.

After lunch, they broke into 4 saw teams and began leap-frogging from the decommissioned road that led to H2 toward the rest of the crew that were already prepping the 710 Road from the other direction. Because they were working on a steep cutbank and were far away from the fire, they decided to not wear their packs while cutting. The Sawyer and Swamper closest to the helispot noted that it was slicker than the day prior due to the ceanothus leaves

present on the steep slope. They debated whether to cut from down below or get up on the cutbank and cut from above. They ultimately decided to cut from below, making 25-30 feet of progress.

“The stuff we were cutting was crappy brush that came from the top of the cut bank and grew down and out to the road. Difficult to cut in and find where it originated.” – Swamper

The Sawyer had to dig out (kick with his foot) a place to put his feet while cutting at the top of the cutbank. The spot he dug out sloughed out from under his foot, causing him to slide down the bank. While sliding down the cutbank, the Sawyer lost control of the saw, dropping it. It was at this time that the Swamper heard a sound that he said he'll never forget, like the chain had skipped on something. The bar of the saw had landed on the Sawyer's arm while still running. The Sawyer quickly dropped his arm away from the saw but knew he had been cut.



Figure 1. Incident location where the Sawyer slid down the cutbank.

One of the EMTs on the crew happened to be working as part of the next saw team down the road and was sharpening her saw at the time of the incident. She heard the Sawyer say that he had been cut and immediately began getting her personal medical bag unattached from her pack. While the Swamper ran the approximately 200 feet back to the trucks to get the trauma bag, the EMT raced over to the Sawyer, telling him to apply pressure. The EMT had applied one dressing by the time the Swamper returned with the trauma bag. She applied three 4x4 dressings to control initial bleeding prior to applying an Israeli bandage (pressure dressing).

Meanwhile, the EMTs saw partner had called the Crew Boss on the radio to respond to the incident. The Crew Boss was close by and immediately took over as the

Incident Commander (IC) of the medical incident. He had the 8-Line Medical Incident Report filled out quickly, with the incident identified as a Yellow priority. After unsuccessfully trying to notify the Wallow Fire IC of the incident on the TAC (tactical) channel, he notified the Wallow Fire IC on the repeater and then went directly to Dispatch with the 8-Line. The plan was to drive the injured Sawyer to the nearest hospital (approximately 2.5 hours away) and meet with the ground ambulance on the way.

Shortly after relaying the 8-Line, the Sawyer was wrapped and placed in one of the trucks with the AC going. Dispatch called back to notify the IC of the IWI that an agency helicopter was available if needed. The EMT and IC agreed that it would be a good idea to take the helicopter, which was relayed to Dispatch.

“For something so wrong to happen, everything went so right. Right next to the helispot. Right next to the trucks.” – Swamper

It wasn't long after that when the injured Sawyer's vitals began to dip. He was pale, cool and nauseous. At this time, the EMT began administering oxygen with one of the four oxygen tanks the crew carried in their vehicles. The IWI IC updated Dispatch and an ETA (estimated time of arrival) of 30 minutes was given for the helicopter.

The lead from the local District's squad suggested that they use the engine assigned to the fire to wet down the helipad prior to the arrival of the helicopter. Because the decommissioned road leading up to H2 was inaccessible by

vehicle, the IWI IC requested that the engine back up to the road and run hose up to the helispot. After some confusion, the engine parked facing uphill at the bottom of the decommissioned road and ran hose up to the helispot. There was a delay getting the pump started. It was quickly determined that the engine was parked over a bee ground nest. Once they were able to get the pump started, they knocked down the ground nest with some water and walked the injured Sawyer up to the helispot.

The injured Sawyer's vitals came back up before they got him into the shade near the helispot to await the helicopter. Dispatch relayed that a paramedic from the helitack crew would be responding with the helicopter. The IWI IC decided to send the crew EMT along with the injured Sawyer to continue patient care and have a familiar face as he was transported to the next level of care.

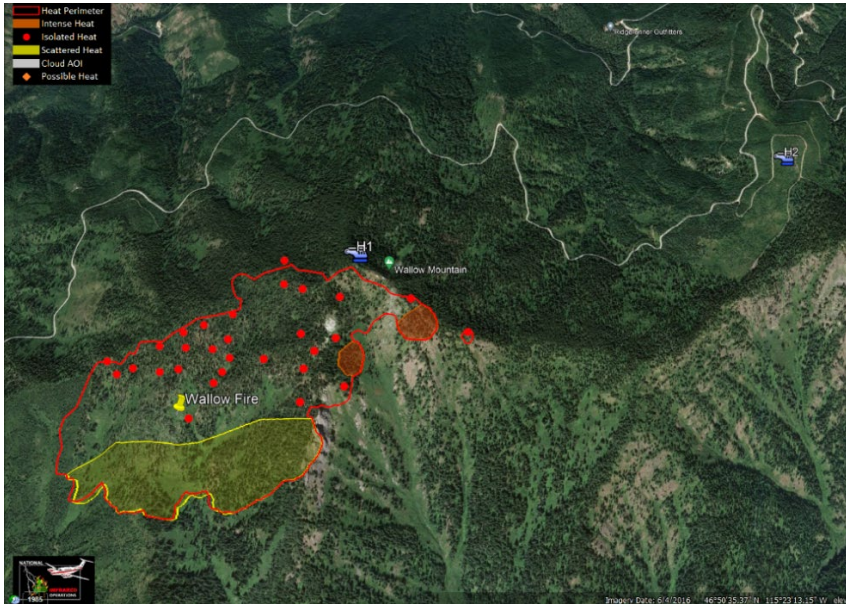


Figure 2. Map showing location of H2 compared to the fire.



Figure 3. Location of the incident in relation to H2.

The helicopter had no issues locating and landing at the helispot. The helitack personnel briefed and loaded the Sawyer and crew EMT in an efficient manner, taking off relatively quick. The oxygen tank from the crew's trauma bag ran out while in flight. The helicopter had three full tanks on board, but they were unable to use them because the wrench needed for those tanks was unavailable. The oxygen tank from the crew vehicles had not required a wrench. However, the Sawyer's oxygen stats were in an acceptable range. Therefore, this did not affect the continuity of care for the remainder of the flight to the hospital. (Although it was later determined that the oxygen tanks the crew carried with their trauma bags were out of date, the oxygen administered was effective and this did not impact the patient's care.)

Once they arrived at the hospital, the EMT said everything went smoothly. There was already a Hospital Liaison in place when they arrived who helped with paperwork, setting up hotel rooms, and calling emergency contacts. The Hospital Liaison also got the EMT resupplied with medical gear, minus the oxygen tank, and provided the EMT with a ride to the hotel. The Crew Boss arrived later in a crew vehicle with the Sawyer and EMT's gear.

It was approximately 1 hour from the time the incident occurred until the helicopter took off with the injured Sawyer. It was approximately another 30 minutes flight time to the hospital.

"We run chainsaws on steep slopes all the time. You're not going to get away from that."

– Incident Within an Incident IC

Lessons to Share

- “We did a lot in critical training this year around responding to IWI. When it finally happened, it proved to be well worth the time spent.” – **Sawyer**
- “Cut what’s most comfortable, even if you have to change how you approach it.” – **Sawyer**
- “Don’t be complacent. Don’t be overconfident.” – **Sawyer**
- “When we had the After-Action Review, we learned it was standard to order both ground and air resources. It’s good to ask local resources their standard protocol when first arriving somewhere.” – **Swamper**
- “In the future we could come up with a smaller medical trauma kit attached to everyone’s packs—like the crew EMTs. It wouldn’t take much and then we would have what we need on us for trauma incidents.” – **Swamper**
- “When hiking into any location, I try to consider the time it takes to hike in, what could go wrong, other issues people have been running into and what I have with me to help with those issues. And what would I do if something happened. Running through possible scenarios in my mind while hiking in helps me prepare myself for potential incidents.” – **EMT**
- Designate someone as the scene commander. This person can keep people back and be the one everyone can refer to or be directed by.
- It’s important for everyone to know their role and not try to do too much. Sometimes the best and most difficult thing you can do during an incident is to stay back, don’t cause distractions or overcomplicate the situation.
- Remember to slow down and calm down during an incident. Don’t rush or panic and potentially cause another incident. The quick and efficient response of the crew members in this incident demonstrates how beneficial it is to train as realistically as possible and as often as possible to prepare for an incident.
- Develop good relationships early on with those you work closely with to help you understand that person and recognize when they might need a break.
- Utilize a Hospital Liaison when the patient is being transported to the next level of care. They can really help get paperwork on track and make things easier for all involved.
- Check your medical gear and make sure everything you need is present and up to date. Are your oxygen tanks good to go and do you have a wrench for them? Do you carry oxygen tanks with you during project work and fires? Consider ordering oxygen tanks via helicopter or paracargo if you think you might need them.
- [Stop the Bleed](#) training is extremely beneficial for everyone, regardless of medical qualifications, to learn the skills needed to stop traumatic bleeding. Several of the crew members involved in this incident took the Stop the Bleed training in the fall of 2022 and shared their experience.

More RLS Lessons

[Beeskov Fire Helispot to Medivac Lessons Learned \(2019\)](#)

An IHC crewmember suffered a chainsaw cut to the lower leg on the Beeskov Fire on the Lolo National Forest. The firefighter was treated by U.S. Forest Service EMTs. The Helena Helitack crew flew the firefighter to a local hospital. The firefighter received stitches and was later released from the hospital.

Pagosa RD – Prescribed Fire Chainsaw Cut (2019)

During prep on a prescribed fire, a firefighter working as a swamper came in contact with the chainsaw and sustained a 5-inch long cut on the upper arm. Another U.S. Forest Service firefighter who happened to also be a Registered Nurse, got the bleeding stopped and assisted in transporting the firefighter to a waiting ambulance. The firefighter was then taken to a hospital, received 21 staples, and was released to light duty.

RLS Team

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And Most Importantly

Thank you to all involved for sharing your experience and the lessons from this incident.

