Event Type: Smokejumper Injury

Date: September 2, 2025

Location: Stampede Ridge Fire
Cle Elum Ranger District
Washington

"It is a common theme throughout this incident that decision-makers evaluated their choices based on 'what is in the best interest of patient care and makes the most sense given our location and situation.'"

The Story and Lessons from this Smokejumper Injury Incident

On September 2, 2025, the Central Washington Interagency Communications Center (CWICC) was alerted to a probable new fire by one of their automated detection cameras. They contacted the smokejumper plane that was transporting a load of initial attack-ready smokejumpers from Winthrop, Washington to the jump base in Redmond, Oregon and asked them to fly over the reported area to see if they could locate this new fire start, Incident 810, to determine if it was a viable fire for them to jump.

Once they located the fire, the jumpers identified a landing site, checked the air, threw streamers, and decided it was a good location to jump with no significant hazards exceeding normal smokejumper operations. Everyone on the jump load agreed and they jumped in two sticks of two, for a total of four jumpers to be on the ground.

The first two jumpers—Jumpers #1 and #2—landed without issue. The third jumper—Jumper #3—stated that everything went smooth with the jump operations until the last few moments coming into the landing zone, when he realized that he was coming in a little faster and a little farther down the landing path than he wanted to be.

Recognizing potential hazards of uneven terrain and other obstacles associated with potentially overshooting his landing site, he went into a half-brake position as he tried to steer into the later portion of the landing area. Unfortunately, at this point, his parachute brushed a tree that completely collapsed his parachute canopy and caused his descent speed to increase even further—resulting in an undesirably hard impact with the ground upon landing.

Possible Bone Fractures in Both Feet

The two smokejumpers who were already on the ground nearby observed this hard landing and rushed over to make sure their buddy was OK.

Jumper #2 asked: *"You OK?"*

"I'm fine," Jumper #3 responded.

He then mentally performed a rapid self-assessment, which took only a second or two. He was able to determine that his feet were still stinging from the hard impact. But no other significant injuries had occurred to his head, arms, chest, abdomen, hips or legs.

Next, as he attempted to move his feet, his tone changed: *"No, I'm not fine."* When the stinging pain persisted, Jumper #3 suspected that he likely had bone fractures in both his feet.

Jumpers #1 and #2 agreed that Jumper #1 would assume the role of Incident Commander (IC) for the fire, soon to be called the Stampede Ridge Fire, and Jumper #2 would become the Incident Within an Incident IC (IWI IC) to coordinate medical care and extraction for Jumper #3.

Jumper #4 landed smoothly. Because he is an EMT, Jumper #4 began providing patient care and splinting of both of Jumper #3's feet.

Need to Transport the "Green" Patient to the Hospital

The IWI IC notified the smokejumper plane, still circling overhead, that a "Green" Medical injury had occurred during landing and requested additional medical gear be dropped to their location in case it was needed. The IWI IC then notified dispatch (CWICC) and the local Fire Management Officer (FMO) that they had a Green IWI in progress and would need some assistance to get a vehicle to their location that could transport the injured firefighter to the hospital.

They discussed utilization of an ambulance or the Type 6 Fire Engine on its way to help suppress the Stampede Ridge Fire, or getting an additional Forest Service vehicle sent up to get the patient.

The injured firefighter reported that his pain was tolerable, no pain management medications were necessary, and that it made sense to not make "a bigger deal" out of this injury than necessary. The decision was made to wait for an additional agency vehicle for patient transportation, enabling the Type 6 Engine to help suppress the fire and ensuring the medical response complexity could remain low.

Medical Care Facility Decisions

A U.S. Forest Service pickup truck arrived to facilitate patient transport. Jumper #4, the EMT, and the IWI IC helped the patient into the pickup. Because the IWI IC also happened to be the patient's home unit secondary supervisor, the patient's medical condition was stable, and room in the pickup truck was limited, it made sense for the IWI IC to accompany the injured firefighter to the hospital in an unofficial Hospital Liaison capacity and allow Jumper #4 to remain on the Stampede Fire to assist with fire suppression.

Initially, the pickup driver thought they would deliver a Green Medical patient to the local clinic in Cle Elum, Washington. However, the IWI IC explained that the patient had been upgraded to "Yellow," as they were likely dealing with broken bones in both feet and a definitive hospital with imaging capabilities would be preferable to "wasting time" at a local clinic before being eventually transferred to a hospital.

Therefore, they decided to swing into the Cle Elum Ranger District Office to get an agency vehicle for the IWI IC to utilize for patient transport and any follow-up care if needed. Once the patient was loaded into this second agency vehicle, the IWI IC drove the patient and himself to the hospital in Wenatchee, Washington.

There was a discussion as to whether they should have gone to a closer but smaller hospital in Ellensburg or drive an extra 20 minutes to the larger hospital in Wenatchee. The patient happened to be from the local area. Considering his ability to self-advocate both his current condition and his preference to receive care in Wenatchee, where he has a residence and family support for after-hospital care, they proceeded on to the hospital in Wenatchee.

Imaging confirmed bone fractures in both feet. The patient was treated and released from the hospital around 0200 hours. Being in Wenatchee enabled the patient to go to his own residence approximately two miles away, where he will stay for the duration of his recovery.

Key Discussion Points

- It took approximately four hours to get the patient to the hospital. Those in the wildland fire service regularly discuss the need for definitive care to be achievable within an hour, often referred to as "the Golden Hour." Everyone interviewed for this RLS acknowledged an ability to balance response times, complexities, and risks to the patient and responders when a patient's injuries are mild and stable. The RLS Team heard: "Keeping a medical incident small when it can be is a good thing." Decisions were made to initially prolong transport and temporary risk exposure, to reduce overall transport time, and to provide the patient with the highest level of end-state medical care and recovery setting.

- It is worth noting that numerous interviewees stated something to the effect of “we all were trying to do whatever made the most sense at the time, with a focus on taking care of the patient.” It is a common theme throughout this incident that decision-makers evaluated their choices based on “what is in the best interest of patient care and makes the most sense given our location and situation.”
- Hospital Liaisons: Hospital Liaison (HLIA) is an official Red Card qualification with associated training that is strongly recommended for anyone who may find themselves in an official or unofficial role assisting an injured employee to receive medical care. That said, the official title and training are not necessary to advocate for and assist a coworker through the medical care process. As someone the RLS Team interviewed stated: “Just advocate for what makes sense.” The acting Hospital Liaison in this scenario has not had the official HLIA training, yet they were able to effectively and efficiently facilitate the completion of all necessary documentation: BLM Safety Management Information System (SMIS); E-Safety; CA-1 (Federal Employee’s Notice of Traumatic Injury); CA-16 (Authorization for Examination); and CA-20 (Attending Physicians Report). In addition to documentation, the acting HLIA was able to provide patient transportation and make appropriate notifications to the local dispatch center, Duty Officer, Forest Safety Officer, and home unit supervisors. This is an excellent example of doing what makes sense and empowering employees to take care of each other without getting balled-up by official titles they may or may not have. Resources are listed below for additional knowledge, training, and qualification as a Hospital Liaison.

Resources

USFS Hospital Liaison Program

https://www.fs.usda.gov/employee-services/hospital-liaison

Interagency Critical Incident Stress Management Program; Agency Administrator’s Briefing

https://gacc.nifc.gov/cism/cism/documents/agency%20administrators%20briefing_interagency.pdf

Casualty Assistance Field Guide

https://gacc.nifc.gov/sacc/resources/forms/CasualtyAssistanceFieldGuide_Final_110624_1.pdf

U.S. Forest Service Casualty Assistance Program

U.S. Forest Service Employee Assistance Program

Department of Interior Employee Assistance Program

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