Rapid Lesson Sharing

Event Type: Medical Response to a Limb Strike

Date: August 30, 2025

Location: Emigrant Fire
Oakridge, Oregon

The Story and Lessons from this Multi-Layered Medical Support Extraction Response Incident

A firefighter on Division Alpha was struck by a falling tree limb during tree felling operations. Although the firefighter followed proper escape procedures, the tree he cut hit another tree while falling and caused that tree to shed a branch, which struck him on the head and shoulder. The patient was initially reported to have lost consciousness. The incident was originally assessed as a "Green" injury by the crew. After assessment by advanced medical personnel, the incident was upgraded to a "Red" and reported to Emigrant Communications through the IWI Process.

Immediate response was initiated:

- A nearby EMT arrived quickly and assessed vitals.
- A paramedic began IV access and administered medications.
- A Type 1 Rapid Extraction Module Support (REMS) team supported care.
- The incident ambulance transported the firefighter to the helibase.

An air ambulance was ordered from Cottage Grove. However, due to heavy smoke and reduced visibility the air ambulance was unable to reach the landing zone (Helispot 5). The air ambulance was diverted to Oakridge helibase but ultimately had to turn back again due to poor visibility. The patient was transported by ground to the helibase. The Medical Unit Leader coordinated with a paramedic pre-positioned at helibase and the U.S. Forest Service short-haul crew to configure a Bell 407 helicopter for medevac.

During the wait for the ground ambulance the sky over the helibase cleared enough for the Forest Service short-haul ship to lift. Clear air between the helibase and the Level 2 Trauma Center in Eugene now allowed the remaining leg of the transport to be completed by air.

The patient was treated and released later that evening to his family. He is now recovering at home.

Lessons

- **Smoke Conditions Can Rapidly Change Air Evacuation Viability**: Even planned and cleared helispots may become unusable due to shifting smoke and fire behavior.
- **Staging Paramedics Early and Progressive Resource Management Adds Flexibility**: A single role Paramedic Fireline (EMPF) was assigned to the Emigrant Fire. After review of the Paramedic's skillset, it was learned that he was a flight medic during his routine "day job." He was assigned to the helibase as a medevac resource. Having a flight paramedic assigned and briefed on aviation resources provided an immediate and viable contingency when the air ambulance aborted.
- **Comprehensive Medical Planning Matters**: The multi-layered medical support—EMTs, paramedics, REMS,

ALS ambulance, flight resources—all activated in sequence as needed. Having these resources identified and staged was critical.

- **SAFECOM and TFR Incursion**: While enroute to Peace Health Hospital with the patient the helicopter assigned to the air transport (Forest Service short-haul) unintentionally flew into closed airspace over a college football game. The language from the SAFECOM pertinent to this incursion:

  "Two radio frequencies were given to the aircraft to communicate with the hospital upon arrival and notification was given that pilot would need to park adjacent to the hospital due to closure of their landing pad. During flight, pilot attempted to reach the hospital multiple times using both frequencies, but was unsuccessful, so they contacted helibase and had them place another phone call to inform the hospital of their location. Neither the VMED nor hospital frequency worked upon arrival, however, the patient was transferred successfully, and an appropriate frequency was received. The initially given frequency was correct except it was missing specific tone guards that the hospital radio was utilizing. In addition to the communication issues coming into the hospital, there was a TFR [temporary flight restriction] in place for a college football game that encompassed the hospital's location. This information had not been relayed to the pilot. Communications were established with an air traffic controller and explanation of the breach was communicated. After the transfer, the aircraft returned to the helibase without incident."

Successes

- **Layered Medical Response Worked**: The integration of different levels of care (EMT, ALS, REMS, Air) allowed for uninterrupted and escalating medical support.
- **Pre-incident Briefing and Staging of Resources**: Having a plan that included manifesting a flight paramedic, briefing them, and coordinating with Air Ops ahead of time proved invaluable.
- **Rapid Coordination Across Units**: Communication between Medical Unit Leader, Air Operations, and the Communications Unit ensured efficiency under dynamic conditions.
- **IWI Process:** A well-practiced IWI plan and adherence to the process by incident management teams and field resources allows for rapid adaptation to the situation if it escalates outside the norm.

Challenges

- **Medical Incident Report:** Ensure that a complete Medical Incident Report (8-Line) is communicated to Incident Communications in a timely fashion.
- **Aviation Resource Limitations Due to Smoke**: Despite good planning, reliance on aerial medevac was hampered by smoke and visibility constraints.
- **Road Congestion, a Bottleneck in Response**: The initial plan to send the county ambulance directly to Division Alpha was reconsidered to avoid clogging key access routes—a challenge in remote fire geographies, especially in areas with heavy industrial equipment working on the line.
- **Ability to Adjust Response in Real-Time**: Adjusting landing zones, coordinating ambulance paths, and reallocating helicopters require thorough situational awareness of the incident operations and constant communication with resources committed to the IWI as well as the definitive care facility.

Actions Moving Forward

1. **Review and Reassess Helispots Regularly**: Visibility and access conditions must be reassessed continually throughout the day, not just pre-planned.
2. **Ensure TFR information for scheduled events in local area are provided and accounted for in medical plans.**
3. **Continue Staging Flight-Capable Paramedics Early**: Maintain this as a best practice on future incidents where air medevac could be necessary.
4. **Build and Exercise Layered Medical Contingency Plans**: Encourage MEDLs (Medical Unit Leaders) to design medical plans that anticipate failure of any one element (ground or air transport). Develop contingency plans to react to adverse situations.
5. **Reinforce the Importance of Pre-Positioning EMTs, Paramedics, REMS and ALS Units**: Their positioning was crucial in this incident. This should be the standard expectation on all incidents where a high risk exists.
6. **After-Action Reviews with All Medical Responders**: Hold structured debriefs post-incident to identify friction points in communication, transitions of care and logistics surrounding an IWI.

This RLS was submitted by:

Incident Overhead

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