Rapid Lesson Sharing

Event Type: Tree Strike

Date: April 23, 2025

Location: Apalachicola National Forest

Executive Summary

The number and severity of these unintended outcomes can be reduced and the response to them can be improved through learning

The Juniper Swamp Fire on the Apalachicola National Forest was a Type 3 incident that was managed by local and visiting fire managers and firefighting resources. During this fire, a firefighter was struck on top of his hard hat while monitoring a fireline to ensure that it held.

To utilize the outcome as an opportunity for the Forest and for the entire wildland fire community to learn from, a Rapid Lessons Sharing Team was assembled to conduct interviews and review findings from this incident. During the RLS Team's review: 14 individuals and decision-makers were interviewed; the impacted hard hat was analyzed; and decision documents were collected and reviewed. There was no discovery of policy violation nor any wrongdoing regarding anyone involved.

This was a normal work incident in a high-risk environment. It is important to acknowledge that any wildland fire response has risk in multiple forms. There is not a "No-Risk" option. With that in mind, the wildland fire community can acknowledge that injuries and accidents will never be eliminated. However, the number and severity of these unintended outcomes can be reduced and the response to them can be improved through learning.

Fire Start Determined to be Lightning

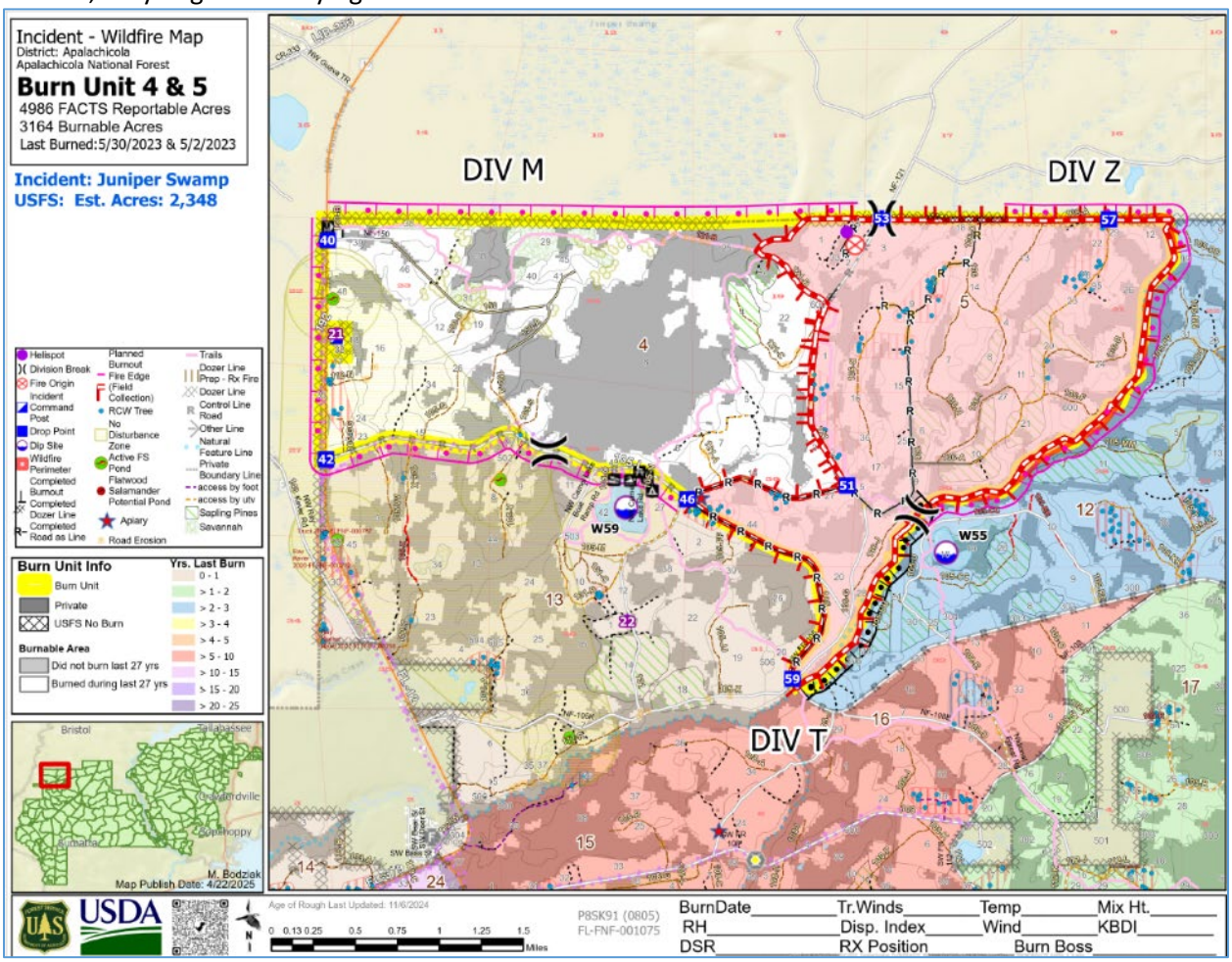
The Juniper Swamp Fire on the Apalachicola National Forest began on April 12, 2025. Upon discovery, the Forest's initial attack response stopped the fire's forward progress at approximately 50 acres. After two days, the firefighters determined that the Juniper Swamp Fire was started by lightning and, thus, elected to utilize pre-existing features on the landscape to contain the fire at a larger "footprint."

From the Wildland Fire Decision Support System Decision:

"Personnel will utilize ignition operations to move the fire from its current location to the course of action boundary. Personnel will use ignition tactics based on current and predicted weather to mitigate smoke impacts to those identified communities to the north and west of the planning area. The incident has burned under low to moderate environmental conditions, mimicking good prescribed fire effects. Fire personnel are utilizing indirect suppression tactics and utilizing existing control features to hold the fire to within the current course of action boundary."

To support this strategy for the fire, the Apalachicola National Forest elected to establish a Type 3 organization. They took a few days to order all the necessary components to staff the incident for a longer-duration event. With a plan, staff, and resources in place, the Incident Management Team began to burn sections of the burn unit within the "action boundary," the pre-identified boundary in which to contain wildland fires. Within the first few operational periods, the smoke from these burning operations began to impact Highway 12—a school bus route for Liberty County.

The index values for the Low Visibility Occurrence Rating Index (LVORI) were consistently high overnight and Operations began planning to reduce the size of acres burned in each operational period. As they decreased the size of units, they began identifying interior lines to dissect the two burn blocks into smaller units.



The Tree Strike

Burning and holding operations continued over the next several days, accomplishing burn outs of 100-300 acres each day—depending on the conditions and available holding features. On April 23, the incident organization accomplished approximately 100 acres of burn outs in which the holding features consisted of: the previous days' burned "black" area; roads; and a small portion of the Florida National Scenic Trail connected back to the road system by a short stretch of tractor plow line. At the end of this burn out operation, personnel were spaced along the Florida National Scenic Trail, monitoring for spot fires and waiting for a helicopter to fly overhead to ensure that no fire had escaped their containment line for that day. The Division Supervisor was standing on the trail with an Engine Boss, the Senior Firefighter from the engine, and Tractor Plow Operator.

The four stood in the smoke and watched the fire burn together. The Tractor Plow Operator happened to look up into the tree canopy and noticed a tree trunk start to move. In the blink of an eye, the Tractor Plow Operator saw that it was falling toward the Engine Boss and shouted: *"Snag Falling!"*

The Engine Boss heard this call, identified a tree that they could shelter behind and made two steps toward this shelter tree when—CRACK!—the falling snag impacted him and broke over the top of his hard hat. Remnants of the snag fell to the ground around him. The Engine Boss never fell, never lost consciousness, and looked to those around him to seemingly assess what had just happened.

The Division Supervisor ran over to check on the Engine Boss. *"Are you OK?! You just got hit by a tree!"*

The Engine Boss, while dazed, indicated that they felt fine. The Division Supervisor informed: *"The engine right over there has EMTs. I can get them to come check you out if you want?"* The Engine Boss declined.

Engine Boss is Transported Back to ICP

Once the initial shock wore off, the Engine Boss started to notice some pain and pressure in his head, neck, and back. Because he was still mobile, they elected to walk out and return to the Incident Command Post (ICP) to be assessed by the incident's EMT.

Their fireline was still holding. The Engine Boss therefore walked back to his engine and he and his Senior Firefighter drove to ICP—approximately 10 minutes away.

The Division Supervisor made a phone call to the incident's Operations Section Chief (Operations) Trainee to inform him that the Engine Boss had been hit by a tree, and he was on his way to ICP to get checked out.

The Operations Trainee notified the Incident Commander Trainee, the qualified Operations, and Safety Officer—who were all back at the ICP. Once the Engine Boss arrived at ICP, the EMT began their assessment. The EMT put on their nitrile gloves, put on their nomex, and worked through a patient assessment. Firefighters noted The Engine Boss, who had more than 15 years' experience as an EMT—including experience on a municipal structure fire department—aided the ICP EMT in their own patient self-assessment.

While this assessment was occurring, the Safety Officer, the Agency Administrator Trainee, and the Operations Section Chief looked across the parking lot and saw the Engine Boss being attended to. They walked across the parking lot and gathered around the ongoing patient assessment to inquire about the Engine Boss's status.

Now, many personalities and positions had suddenly entered conversation in the immediate vicinity of the Engine Boss, who was still working through their self-assessment, trying to decipher whether or not they were actually OK.

This reported caterwaul of voices added to the confusion of the situation.

Nonetheless, without a higher-level of diagnosing capability, the ICP EMT and the

Picture of the snag that fell. Red hard hat located approximately at the location of impact.

Engine Boss both knew that they would be unable to do anything in the field. Therefore, the Engine Boss should be transported to a hospital.

The Agency Administrator Trainee later reflected: *"I immediately put on my District Ranger hat because this was one of our employees. I made the call to send them to the emergency department. I don't know if that was my call to make, but I made it anyway."*

Before leaving for the hospital, the Engine Boss asked for confirmation from the AA Trainee and Incident Commander that if a physician cleared them they would be allowed to return to their firefighting duties. Neither said *"Yes"*—just that they would see what the diagnosis was and go from there.

Hospital Liaison Requested; Patient Transported to a Level II Trauma Center

The Engine Boss, still dazed, told the AA Trainee that he wanted a Hospital Liaison and requested a friend. The friend, who was a Hospital Liaison Trainee, was the Support Service Specialist for the local Ranger District. She received phone calls from a qualified Hospital Liaison, the AA Trainee (also her normal supervisor) and the Operations Section Chief for the Juniper Swamp Fire.

While she said that, initially, she didn't feel up to this task, she was assured by all the if she needed any consultation or advice, the qualified Hospital Liaison was just a phone call away.

Calhoun Liberty Hospital was the nearest hospital to the incident, listed on the Incident Medical Plan. However, the EMT, AA, OSC all agreed that the care provided would be higher at a rated trauma center, and no one disagreed with this assertion.

The Engine Boss got into his engine's chase truck and he and his crew departed ICP for the Tallahassee Memorial Hospital, a Level II Trauma Center, an approximate one-hour drive away.

After the Engine Boss and his crew departed ICP, the AA Trainee told the Incident Commander Trainee and incident Safety Officer that they would manage notifications up the chain of command and any forthcoming patient updates. The qualified IC for the day (who was not at ICP and was filling in for one operational period) received a phone call from the AA Trainee for an unrelated topic. The tree strike injury was discussed during this call.

The IC, assuming that all other notifications regarding this medical incident had been made, called the Regional Risk Management Officer (who was also acting as the Regional Safety Manager), to check in. The AA Trainee notified the qualified AA, who was also the Forest Supervisor, to inform them of what had occurred and where the Engine Boss was going for treatment. The AA Trainee also notified the Forest Duty Officer. Atypical from the normal notification process, the regional Risk Management Officer contacted the Forest Safety Manager, which turned out to be the first notification to the Forest Safety Manager.

Engine Boss Receives a CT Scan

At the hospital, the Engine Boss was attended to promptly by hospital staff and was sent for a CT scan. The Hospital Liaison Trainee arrived after the Engine Boss had already been sent for the CT scan. The advice that the Hospital Liaison Trainee received from the qualified Liaison was to ensure that the hospital did not collect personal insurance information and that she should assure the hospital that they would be working through the federal worker's compensation process.

The Hospital Liaison Trainee sat in the waiting area and was approached by the hospital receptionist to provide information about the injured Engine Boss. After a few hours, the Engine Boss was released, and the Hospital Liaison Trainee was able to see him.

That evening, the physician provided the Engine Boss with a "return to full duty" note with no restrictions. The Hospital Liaison Trainee later reflected that if she had been more outspoken and confident in the role, she might have questioned the physician more and asked for more information. However, she was unsure of what was and wasn't

allowed to do as a Liaison. The Engine Boss left the hospital to bed down at a hotel in town for the evening. He planned to return to the fire and be at briefing the next day with his crew.

What's Now Best for the Engine Boss?

The next day, the assignment for the Engine Boss and his crew was intentionally low-stress and low-intensity to allow him to still be engaged and with his crew without risk to his physical and mental wellbeing. They were assigned to manage a dip site. This work was meaningful and contributed to the operations on the fire, while simultaneously allowing the Engine Boss's body to recover from the tree strike while he was still experiencing stiffness and soreness. His crew kept a watchful eye over him. The day proceeded without incident.

The following day, the Engine Boss was removed from the line and told to remain at ICP while his crew would continue to work on the incident. The Engine Boss, who was still hoping to engage in meaningful work, instead, spent that day moving boxes at ICP.

The Forest Supervisor who ordered this change in duties and the Engine Boss thought about this day very differently:

The **Forest Supervisor** (also the qualified Agency Administrator) had heard that the Engine Boss was experiencing headaches. The Forest Supervisor wanted to ensure that his firefighter would be returning home to his family after this fire. The Forest Supervisor advised that he was not concerned about the firefighter's feelings. The Forest Supervisor also recounted past personal experiences with medical misdiagnoses, stating: *"Doctors aren't God. He (the Engine Boss) can get mad if he wants. But, d*****, nobody is dying under my watch. Especially when I have the power to ensure that he is safely returned to his family."*

While remaining at ICP, the **Engine Boss** was lost in his own thoughts and feelings. Without engaging work to accomplish and without the ability to decompress his injury incident with his crew, he was left to wrestle with complex and dark thoughts alone. The Engine Boss's past included multiple medical responses to firefighters who had been struck by trees on other wildfire incidents. The Engine Boss had seen significant trauma and death occur with other firefighters. He was now left to wonder: *"Why me?"* While he was grateful that he walked away from that tree strike, the Engine Boss was now left in isolation. He believed that this was the absolute worst place for him to be for his mental health and traumatic-event processing.

The third day following the tree strike incident, the Engine Boss was allowed to rejoin his module. The burn operation planned for that day required local knowledge on burning tactics that the Engine Boss and his crew members could provide. They reengaged as a crew and went back to work. Together, they all got back in the saddle and got the job done. They remained operational on the Juniper Swamp Fire for the next several days and were relied on by the Incident Management Team to help accomplish objectives and implement firing operations throughout the course of the fire's "action boundary."

A Positive Outcome

The outcome of this Juniper Swamp tree strike incident was positive. No permanent injuries were diagnosed for the Engine Boss. At the conclusion of the RLS Team interviews, the engine crew remained engaged on the fire. The care of the Hospital Liaison and others on the Forest extended for several days and weeks after the incident. This included continually checking in on the Engine Boss to see how he was doing and how he was feeling. The fear and uncertainty associated with traumatic brain injuries requires a delicate balance of respecting the individual's autonomy and continual check-ins and assessments.

Wildland firefighting is a dangerous job where risk can never be reduced to zero. As a result, caring for employees after injuries remains a top priority for Incident Management Teams, Agency Administrators, and co-workers on the Forest.

Lessons Learned by those Interviewed by the RLS Team

On Communication

If there is a significant mechanism of injury, a Medical Incident Report (MIR) should be used and read over the radio for all to hear. In this incident, personnel who witnessed the tree strike were dissuaded from calling a formal MIR. As a result, notifications were jumbled and an appropriate response tempo was not established. Interviewees reflected that going through a MIR could have caused them to be less casual about making notifications or encouraging the Engine Boss to seek assessment and treatment.

There were contributory factors that interviewees attributed to why a MIR may not have been read over the radio for all to hear. There were several opposing initial thoughts around injury severity. If the patient says, *"I'm fine"* and ultimately pushes back, who are they to override the patient's own feelings regarding their injury severity?

Crews on the Apalachicola National Forest struggle with reliable radio signals. Many Forest employees know where "dead spots" are and where radio communications can be compromised. As a result, "work arounds" have been developed.

In addition, cell phones and text messaging are increasingly being utilized with greater prevalence. Some interviewees noted that this is not only utilized out of efficiency, but also preferentially because they are more comfortable with a phone than with a radio.

Within the same interviews, many admitted that radio communication does present advantages for broad notifications and information sharing. The juxtaposition between the "right way" to communicate and the "effective way" to communicate was acknowledged and discussed—although no solution was apparent. Some interviewees reflected that on some complex incidents (managed by a Complex Incident Management Team [CIMT]), it is an expectation that every injury—even minor—will have a MIR filled out and read over the command channel. Others reflected that without effective, reliable, and commonly practiced radio communication, cell phone communication has become the norm.

On Roles and Responsibilities

Beyond the issues associated with utilizing cell phones for primary notification pathways, it was also noted that a "normal" phone tree of communication, oriented to the chain of command, was not adhered to during this tree strike incident. The speed at which stakeholders outside of the incident, but still within the U.S. Forest Service "need to know" chain, were notified of an injury was confusing to many.

The Regional Risk Management Officer was made aware of this tree strike incident before the Forest Supervisor's Office, leading to a flurry of calls from the Supervisors Office, trying to gain further information.

During this incident, information flowed incredibly quickly to employees at the Regional level. At the same time, notifications were moving slower to the Forest level. This caused communication challenges when the Region was asking for information that the Forest had not yet been able to collect. Allowing time for appropriate notification and inquiry at the local level did not happen before external communications. After considering how confusion was created by these atypical notification procedures, interviewees later acknowledged the importance of using chain-of-command notification procedures, particularly when they pertain to injured firefighters.

When the acting District Ranger, also the Agency Administrator Trainee, decided to send the Engine Boss to the hospital, he reflected: *"I don't know if it was my call to make, but I made it anyway."* While well-intentioned, the acting District Ranger made a decision that had been delegated to the fire's Incident Commander to make. The function of sending an injured firefighter to definitive care is typically managed within the Incident Command System (ICS). However, there are often instances in which local support is required to provide adequate response—for positions such as Hospital Liaisons.

Similar to the communications dialogue (discussed above) about ensuring proper notifications and awareness, when the responsibility of caring for an employee who has been transferred to the unit, on this medical incident, the Incident Management Team was not as informed as they would have preferred to have been.

On Hospital Liaison Protocol

During her interview, the Hospital Liaison Trainee lamented that she was not as confident as she would have liked to have been. She believed that someone with more knowledge of this position could have been more helpful to advocate for the injured Engine Boss. Without having full knowledge of what information should be made available to a Hospital Liaison by medical providers, she didn't know what questions she could and could not ask regarding the employee's status.

Ensuring that Hospital Liaisons know what questions they are allowed to ask regarding patient status could aid in clarity and care for employees when they return to work. Without an associated position task book or descriptive incident position standards, Hospital Liaisons are often left to a "trial and error" learning style, gaining confidence and experience over time and incidents. Having a "How-To" guide for Hospital Liaisons would have been helpful in this instance—and could also prove beneficial in the future.

On Snag Conditions in the Southeastern Region

On the Juniper Swamp Fire on the Apalachicola National Forest firefighters had observed an increasing trend of trees falling inside the burned area. It would be logical to think that trees damaged by fire enough to fall would fall immediately.

Local fire specialists speculate that several things are happening to the overstory trees when a fire burns through an area. Dead trees that are dry enough to burn can be partially consumed by fire, especially at the base where accumulations of fine fuel can smolder and effectively girdle the trees. As the wood is consumed, it exposes inner wood fibers that had previously been protected by the outer layers. These wood fibers can now rapidly degrade through fungal or insect activity. The newly exposed wood may dry and shrink further, which further reduces the ability of the trees to remain upright.

Live trees can sustain damage that also has a time delay. The effects of damage to the roots near the surface can take time to impact the stability of the tree. Removal of duff and organic material at the surface may be just enough to allow a tree to tip over. This delayed damage and tree falling seemingly without a reason can be a surprise to firefighters working in the area in the days and weeks following a wildfire event.

There is likely another factor at play here with the cumulative effects of a drier atmosphere. Recent years have been slightly warmer than past decades. Records show these slight increases since the 1960s. Warmer temperatures allow the atmosphere to hold more water than it does at cooler temperatures. This creates a deficit in the amount of water the atmosphere is holding compared to how much it can hold—making the air have greater drying power or need for moisture.

There is only so much water in the environment. If the air is drawing more moisture, it must come from somewhere. That means that the standing dead trees, living vegetation, soil, surface litter, duff, and dead woody debris on the forest floor are becoming a bit drier and more available to burn. This means standing dead trees and living trees are both more susceptible to the effects of fire and either burn or become weakened.

Discussion from the RLS Team

System Communication and Relationship Communication

There is a saying that in moments of stress we fall to our level of training. It can also be said that in moments of stress we communicate to our level of comfort. There were many times during this medical incident in which communication was done not in line with the chain of command in ICS. Rather, it seemed to be more aligned with the comfort or habit

of pre-existing communication modalities, both in the method of communication (radio vs. phone) and who communicated with whom (ICS supervisor or day job supervisor).

We can think of communications taking place within a system (ICS) or relationships and how those might differ. In a system, the communications follow a guide that is established among participants. This allows a clear delineation of responsibility both up and down the chain of command—as opposed to the lines of communication in a web of relationships. That model can get murky.

When stressed, an individual may tend to reach out to their day job supervisor or a long-time coworker, even if that person would not be the appropriate person to contact when following the chain of command. It's easy to understand why someone might be more inclined to use a more relationship-based model of communication. A high level of familiarity, a common base of knowledge, and a shared history lead to a high degree of comfort between parties. Simply put, in times of stress you reach out to someone you know.

For this incident, muddying the waters between following the chain of command and using existing relationships caused both a quick escalation of notifications and a communication pattern that was out of order. This leads to confusion, frustration, and agitation among participants. The use of relationships also helped provide a level of comfort for the patient. For instance, when they were able to request a Hospital Liaison whom they had an existing relationship with—allowing for a level of care potentially beyond that of a stranger. Accepting and adhering to standard operating procedures about injured firefighter notifications can streamline the process, remove barriers to communication, and make the path to effective notifications clear.

The Patient, the Employee, and the Person

When there is a medical incident on a wildfire, before anything else, we need to treat the patient.

Over the years, many lessons have been learned in wildland fire to ensure that an injured firefighter's access to medical care is both safe and expedient. Medical Incident Reports, Incident within an Incident protocols, fireline medical personnel, etc., are all examples of ways to improve healthcare outcomes when a firefighter is injured and becomes a medical patient. The fire management organization will move mountains to ensure that a firefighter is cared for and makes it to definitive care. When the firefighter becomes the patient, the first and foremost consideration is their physical well-being and giving them the best chance to make a full recovery.

After the firefighter has become the patient, we then turn our attention to how the employee is cared for and how the cost for medical treatment is taken care of. The fire management organization has learned countless lessons about how important it is for the employee compensation process to go smoothly to ensure that following a medical incident, the employee is not saddled with medical bills.

Hospital Liaisons and Family Liaisons help employees and their families navigate the complexities: of the Federal Employment Compensation Act; the Department of Labor; or in instances of line-of-duty deaths, helping with funeral arrangements, public service officer's benefits, and more. The fire management community has learned through numerous negative outcomes that if left uncared for, the employee and their family can have a great amount of financial and emotional harm inflicted upon them as an unintended outcome of care provided to a patient.

Preceding, following, and during their time as a patient and employee, the firefighter was and is still a person. The RLS Team spent a good deal of time discussing the intersection between a patient, an employee, and a person—and the decision making that is motivated in consideration of each title. Choices that are unilaterally made within the context of a specific situation, pertaining to a specific subject, are often not fully understood by those who these decisions effect. This causes confusion and frustration, particularly when the decision impacts one of the other personas.

In this tree strike incident, a decision was made to take a patient off the fireline. This individual had been struck in the head by a tree and was experiencing headaches—a symptom of concussion—greater than 24 hours, but less than 72

hours, after the incident. As a result of deciding for the patient's wellbeing, the employee was removed from duties that they felt were necessary, contributory, safe, and part of their responsibility on the fire to fulfill. The patient was also impacted by the decision to protect them by being placed in a job role in which their mental unrest was allowed to overwhelm them because they weren't actively engaged in what they believed to be meaningful work.

The RLS Team used the framework of the patient/the employee/and the person to help understand how the subtle differences in context can positively impact one of these personas while damaging the other. In instances in which injuries are obvious and life-threatening, it is very clear when decision making in the best interests of a patient can and should override the other two. But when injuries are not obvious and there is uncertainty about the best path to recovery, it is difficult to determine what contextual decision-making rubric should override the others. In lieu of full context for decision-making rationale, it was at least helpful for the RLS Team to consider who the subject being considered was at the time the decision was being made.

When a person is impacted by a decision and they are not "co-owners" of that decision, or their input doesn't seem to be heard or considered, friction and frustration often surface. The perception of a unilateral decision, without context, alienates and can invalidate the concerns of the person being impacted. If time allows for bringing all impacted parties into the discussion on the decision, co-ownership is created and trust is built. In lieu of collaborative decision making, following-up with a discussion to share context and viewpoints can often go a long way to mend relationships and share different perspectives. While decision making in the best interests of the patient and the employee will typically be front of mind for most leaders and managers, it is important to consider that, at the end of the day, it is the person that is left with the scars of being all three.

A Possible Consideration, Concussion Protocol

Concussions have seen a great deal of attention and focus in recent decades. As science has developed in the field and more is understood about the latent impacts of multiple injuries to the brain, we have seen changes in behaviors throughout society, more prominently in athletics, where concussion protocols have been developed. In youth and collegiate sports, there has been a much higher tolerance for taking away the authority of the athlete to say: *"Put me in coach, I'm fine."* Societally, there has been more acceptance to bench the star athlete when the game is on the line when there is a possibility that the health of their brain is also on the line.

Unfortunately, the nature of traumatic brain injuries in the wildland fire environment are often far more damaging than player on player or player on ball impacts. The forces at play in the fire environment are more aptly described as player on rock, player on tree, or player on vehicle impacts. Being hit by a fire-weakened tree more often presents obvious and life-altering injuries, if not resulting in fatalities. It is likely that concussions are rarely considered in wildland fire environments because there are often more imminent life-threats to consider. However, as more is understood about traumatic brain injuries, it could be worth discussing how wildland firefighters better address and care for impacts to the head, when immediate hospitalization is not the answer, but neither is a full return to duty for suspicion of an undiagnosed traumatic brain injury. Recently, the FS added some concussion language into the Emergency Medical Services Protocols and Procedures in the Traumatic Brain Injury protocol. A call to the on-line medical control physician can help guide field decisions as outlined in the EMS Protocols as well.

There are a wealth of available resources to consider when discussing concussion protocols for employees who experience a *"direct blow to the head, neck, or body resulting in an impulsive force being transmitted to the brain…this initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change, and inflammation affecting the brain…"* (6th International Conference on Concussion in Sport, 2022).

Resources worth reviewing to spur discussion amongst crews on the importance of addressing a head injury include, but are not limited to:

Concussion Safety Protocol Checklist, NCAA Sport Science Institute

This is a template designed as an aid to NCAA schools to consider using to satisfy concussion safety protocol legislation. While it is designed for collegiate athletes, the template offers a helpful starting point to discuss creation of what a concussion protocol could look like if a unit chose to adopt one.

Recovery Guidelines, US Centers for Disease Control and Prevention

This is the CDC's patient discharge instructions following a mild traumatic brain injury. It shares possible symptoms, trigger points to seek follow-up care, what to expect for recovery, and several helpful links.

Current Concepts in Concussion: American Family Physician

An academic discussion on evaluation and management of concussions, as found in the American Family Physician Journal.

Master Agreement Between Forest Service and National Federation of Federal Employees (NFFE)

Many units of the Forest Service are organized into union locals with the NFFE. Employee wellbeing and work assignments are at the center of the areas of interest and are topics negotiated by the agency and the union and formalized in the Master Agreement. Familiarizing yourself with Master Agreement language is always a best practice when beginning these discussions. For instance, it is important to understand employee rights and the perspective of the Union if they were to perceive reassignment as retributive for reporting the injury.

Work with your local unit's EMT, EMS coordinator, your local emergency medical advisor (LEMA), and agency medical director if considering a concussion protocol for use by non-medical personnel. Even if not formally adopted, the protocol could better guide discussions around head injuries, informing employees of what to be on the lookout for, even without advanced medical training.

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