

Rapid Lesson Sharing

Event Type: Hit by Rock – Deadman Creek IWI

Date: September 11, 2025

Location: Katy Creek Fire, Colville National Forest, Washington

The Story and Lessons from this Injured Firefighter Extraction IWI

Executive Summary

On September 11, 2025, a member of an Interagency Hotshot Crew (IHC1) was struck by a rolling rock on the leg and suffered a minor injury.

Though ambulatory, the steep terrain made extraction of the injured firefighter necessary.

The Incident within an Incident (IWI) response included a Paramedic, an EMT, and a Reach and Treat (RAT) Team.

A low-angle rope system was installed and the injured

firefighter was transported uphill in a Stokes litter to the road, which was located several hundred feet above. The injured firefighter was then transported by ambulance to the hospital in Colville.

Narrative

On September 11, 2025, IHC1 was assigned to Division N of the Katy Creek Fire on the uncontained stretch of fireline located in the steep drainage of Deadman Creek (Figure 1).

Early in the shift, at 0915, a rock rolled down the steep slope and struck a crew member, CM1, of IHC1. The initial assessment by the crew EMT revealed that CM1 was ambulatory, alert and oriented. The patient was able to do a controlled slide down the completed handline on the very steep slope to the bottom of the drainage (Figure 1).

The IWI was called first over the Division's tactical frequency, setting in motion a response by nearby resources: Division N Supervisor (Div N), Safety Officer Type 3 (SOF3), a Paramedic (Medic) and EMT, and a RAT Team. Once on-scene, these resources split up, some going down the hill to help provide medical care to CM1 and some planning the extraction plan to get him up to the road on the north side of the drainage.

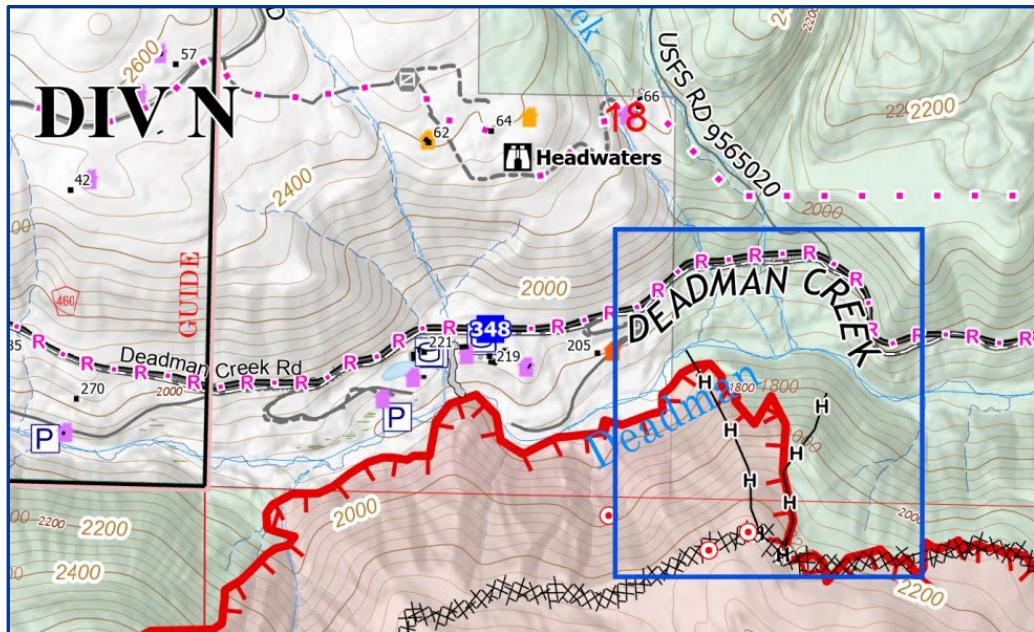


Figure 1 – Area on Division N of the Katy Creek Fire where the IWI occurred.

There were challenges to a simple “caterpillar” carry by the IHCs in the area: the very steep slope (Figure 2) and the two very steep banks of loose rocky soil along the extraction path.

SOF3 and Div N conferred on the need to call in the IWI with the full Medical Incident Report (MIR) over the Command channel. This triggered a discussion about the injury severity: Red, Yellow, or Green. It was clearly not a Red injury. By injury severity alone, it seemed to be a Green injury. But did the potential need for a rope system to bring CM1 up the hill elevate the severity to Yellow?

They decided to call the IWI into ICP Communications as a Yellow medical.

The Extraction Plan

Meanwhile, the rope system was set up using SOF3’s truck as an anchor on the road. The extraction plan was devised using the Primary-Alternate-Contingency-Emergency (PACE) model, with rope rescue the primary plan, caterpillar carry with two IHCs the alternate plan, and air medevac by short-haul helicopter the emergency plan.

The EMT was also a Rope Rescue Technician who assisted in setting up this 5:1 rope system. These numbers refer to the mechanical advantage of the rope system – in a 5:1 system, the set up produces 5 times more force than is inputted. This is how heavy loads are more easily lifted and moved. The EMT and one member of the RAT then hiked the Stokes litter down to the patient. The Medic, a Rope Rescue Team member, assisted the other RAT Team member at the road.

Rope System Jams

This first rope system was working, bringing CM1 up the hill, when a knot passed through the pulley and jammed the system. Even though they tried to free this knot, the system remained jammed. The RAT Team decided to abandon this first rope system and lower down another rope to the Stokes litter.

The RAT Team member on the road set up the new 3:1 rope system (Figure 3). After some coordination to get the slack out of the new line, the system worked as intended. CM1 was safely delivered to the road where he was picked up by an incident ambulance and taken to the hospital in Colville.



Figure 2 – Slope steepness in the vicinity of the accident, showing the difficult route up to the road.

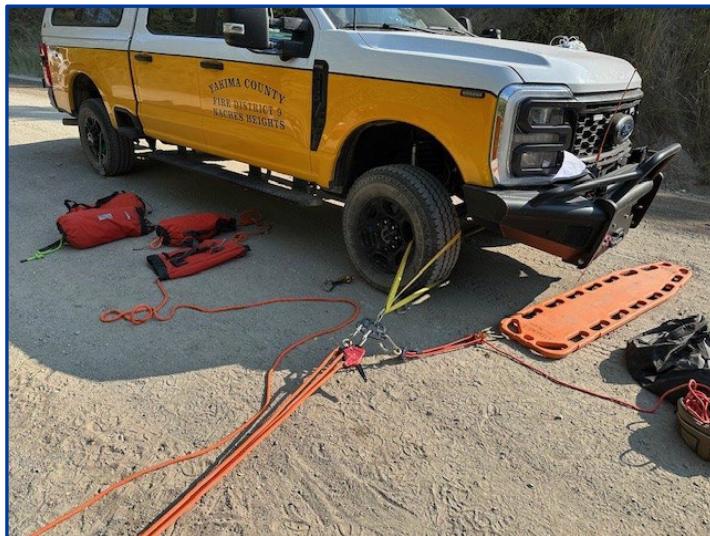


Figure 3 – The second rope system used to convey the injured firefighter to the road.

Lessons

In the end, the extraction of CM1 off of Div N was successful with a positive outcome for the patient.

The IWI organization used the skills of individuals on-scene, formed a multi-tiered plan, and responded to difficulties as they arose. The total time from arrival at the patient to delivery to the ambulance was approximately one hour. It is very likely that if CM1 had been more critically injured, a different course of action would have been taken to expedite medevac to definitive care.

That said, many lessons were learned by participants in this Deadwood IWI.

Communications

- ❖ A dedicated frequency for the IWI, or clearing the tactical channel for IWI use, would cut down on communication difficulties.
- ❖ Calling in a clear, complete IWI to ICP, including the MIR, would help the Medical Unit Leader (MEDL) and others at ICP to coordinate and anticipate resource needs. The Command frequency serves to separate communications of the IWI from other operations. With information gathering in mind, it is imperative to provide a clear picture to those who are not on-scene with a “snapshot of the incident.”

Managing Resources

- ❖ Call as early as possible for additional resources you may need for your IWI plan. Remember that mobilization and travel time will add to your total medevac time.
- ❖ The IWI IC’s role is to oversee the entire incident and communicate needs to ICP. The IWI IC should first brief resources on the objectives and plan for the extraction of the patient and then step back to see the operation from enough distance to get the entire picture. If the IWI IC mixes their role by also taking an active part in the operation, potential problems may be missed while the IC’s head is down.

Patient Injury Severity

- ❖ There is a common misconception in the wildland fire community that patient injury severity (Red, Yellow, or Green) is partly dictated by the extraction type needed. The color category of the injury is purely a characterization of the injury itself. It is perfectly legitimate for a Red medical patient to be extricated by ground or a Green medical patient to be extricated by short-haul helicopter—as long as the extraction type is the best option considering the numerous factors involved in patient medevac.
- ❖ Those involved in this incident stressed the importance of conducting patient extractions as efficiently as possible, regardless of the severity or extraction method chosen. This isn’t just good practice for all involved but shows respect and care for the injured firefighter, who, while may not be in mortal risk, is very often in physical and mental discomfort.

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