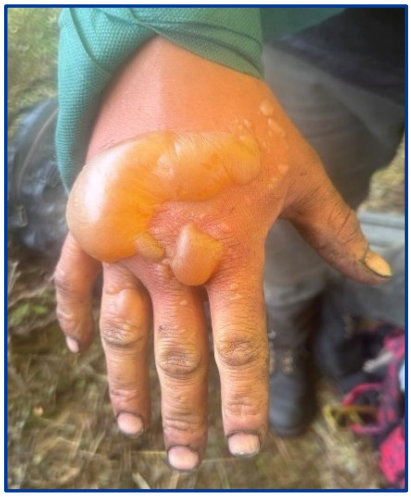
Rapid Lesson Sharing

Event Type: Burn Injury

Date: June 23, 2026

Location: Beluga Fire, Alaska

The Story and Lessons from this Campfire Burn Injury Incident



The burn injuries that occurred to the firefighter's right hand.

This burn injury incident occurred on the remote Beluga Fire in Alaska. The fire was staffed by a 17-person crew and one Incident Commander.

On these remote incidents, a morning campfire is established each day to prepare coffee and hot breakfast. This routine supports crew readiness by providing warmth, nutrition, and a consistent start to daily operations.

At approximately 0615 hours on June 23, a firefighter on this crew received a burn injury while attempting to light a morning campfire.

The firefighter had added saw fuel to the fire and then used a small piece of cardboard to ignite it. During ignition, residual fuel on the firefighter's hand caught fire, resulting in burns to his right hand. The firefighter immediately extinguished the flames by placing his hand into nearby mud.

This burn injury occurred early in the morning before the remainder of the crew had begun their normal wake-up routine. Only one other person was awake at the time.

Medical capability on the Beluga Fire consisted of five EMTs assigned to its 17-person crew, including one designated Lead EMT who coordinated medical response and patient care for the injured firefighter.

An initial assessment by the crew's Lead EMT identified what appeared to be second-degree burns to the top of the firefighter's right hand with a smaller affected area on the palm.

Coordinating Begins for Aviation Extraction of Patient

The injury was reported to the local unit's Fire Management Officer (FMO), who began coordinating aviation transport from Helispot-5 (H-5) for the firefighter to receive a higher level of medical care. (This was one of two helispots established near the Beluga Fire and served as the primary means of transportation to and from the incident.) Dispatch notification was also initiated for official reporting.

At approximately 0936 hours, the Alaska Division of Forestry & Fire Protection Medical Program Coordinator contacted incident personnel and provided treatment recommendations. Per direction from the Medical Program Coordinator, the firefighter was advised to take: Acetaminophen 1000 mg (2 tablets), Meloxicam 15 mg (1 tablet), and Moxifloxacin 400 mg (1 tablet).

These medications were carried on the incident in a designated trauma kit. All crew members received training at the beginning of the fire season on the contents of this kit, the indications for use, and how to administer the medications in accordance with established protocols.

The burn was covered by the Lead EMT with a dry sterile burn dressing and secured with a Cravat XL sterile burn dressing to keep the injury protected, clean, and dry. The firefighter continued to be monitored.

Conditions Unsafe for Helicopter to Access Medical Incident Location

At approximately 1048 hours, the helicopter attempted to access this medical incident location for transport. However, due to low ceilings and unfavorable aviation conditions, the pilot determined conditions were unsafe to continue and returned to Palmer.

The firefighter remained stable. It was determined transport could be delayed until aviation conditions improved. Throughout the day, weather and aviation conditions continued to be monitored for safe opportunities to transport the firefighter to a higher level of care.

Due to limited visibility and unsafe flying conditions, the firefighter remained on the Beluga Fire. Personnel continued monitoring the firefighter's condition throughout the day.

At approximately 1830 hours, the blistering on the firefighter's hand began to drain. The Medical Coordinator, who was contacted again, provided additional instructions to loosely wrap the hand with an OLAES Modular Bandage (an advanced, all-in-one trauma dressing) and secure it with a Cravat XL.

The firefighter was monitored by the Lead EMT for changes, including any loss of feeling in the hand, fever, or signs of illness. If any of these symptoms occurred, the Incident Commander and Crew Boss were instructed to contact the Medical Program Coordinator immediately to coordinate additional transport options, including military aviation or air ambulance resources if needed.

Injured Firefighter is Flown to Palmer Municipal Airport

At approximately 1930 hours, the helicopter contacted Beluga Command and advised that weather conditions had improved enough to safely access the incident. At approximately 2020 hours, the helicopter arrived at H-5 and the injured firefighter was loaded and transported back to the Palmer Municipal Airport for a higher level of medical care.

Upon arrival at the airport, the Patient Advocate met the firefighter and transported him to the hospital for evaluation and treatment. (The Patient Advocate is the person assigned to support the injured firefighter by coordinating care, maintaining communication, and ensuring the patient's needs and well-being are represented throughout treatment and transport.)

At the medical facility, the firefighter received treatment for the burn injury, including sedation during wound care. The firefighter was later released to his home with care instructions and follow-up appointments planned with physical therapy and medical provider.

Lessons

- Burn injuries related to cooking/warming fires are common in the Alaskan wildland fire community. The most common factor in these burn injury incidents is the use of saw mix as an accelerant.
- Firefighters should know—and use—other proven methods that can be used to assist in campfire ignitions. These include—if available—using birch bark, moss, or drip torches.
- Delayed patient extraction due to weather should be factored into medical plans and risk analysis.
- Develop and train personnel to use the best available medical kits.
- Although this type of injury is often underreported, many wildland firefighters have either witnessed or heard of similar incidents occurring while starting or maintaining a campfire. Because these incidents are viewed as minor or part of camp life, they may not always be formally documented. This can limit opportunities to identify trends and improve prevention efforts.

This RLS was submitted by:

Incident Overhead

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