



Event Type: Mass Casualty Incident

Date: May 25-31, 2026

Location: Egberts Fire; South of Wells, Nevada

Rapid Learning Session (RLS)

Egberts Fire - Unknown Exposure, Secondary Contamination, and Firefighter Health

The Egberts Fire involved an unusual firefighter exposure that rapidly developed from an Incident Within an Incident (IWI) into a Mass Casualty Incident (MCI).

During mop-up operations, firefighters working on the north end of the fire began experiencing unusual symptoms, including eye irritation and swelling, hives, and respiratory involvement. As additional firefighters developed similar symptoms, crews were removed from the area and evaluated. Fifteen firefighters were transported for medical evaluation and treatment and were released that evening. The specific exposure agent remains undetermined.

The incident did not end with patient transport. Concerns continued regarding potentially contaminated PPE, clothing, tools, apparatus, and equipment. During subsequent cleaning activities, another firefighter developed symptoms after handling potentially contaminated gear, raising concerns about secondary exposure.

The Egberts Fire provides important lessons for managing unknown exposures, expanding IWIs, preventing secondary contamination, protecting personnel during decontamination, and coordinating complex multi-agency incidents.

Key Lessons Learned

Recognize unusual symptoms early.

Wildland firefighters routinely operate in smoke, dust, wind, heat, and difficult conditions. These conditions can make unusual symptoms easy to dismiss. When multiple personnel develop similar or unexplained symptoms, supervisors should recognize that something beyond normal fireline conditions may be occurring. Early reporting and medical evaluation are critical.

Expand the IWI organization as complexity increases.

The initial response quickly grew from one patient to multiple patients and ultimately an MCI. As an IWI increases in complexity, the ICS organization should expand early enough to maintain

patient accountability, triage, medical coordination, transportation, responder safety, resource ordering, and documentation. An IWI may also continue after patients have been transported.

Isolate an unknown exposure.

When multiple personnel experience unexplained symptoms in the same area, consider establishing an exclusion area until the hazard can be evaluated. Limit unnecessary personnel and equipment movement through the suspected exposure area.

Identify it. Isolate it. Limit exposure. Evaluate it before re-engaging.

Exposure may continue after leaving the fireline.

Potentially contaminated PPE, clothing, tools, apparatus, and equipment can create opportunities for secondary exposure during handling, cleaning, equipment inspection, demobilization, and return to quarters or home. When the contaminant is unknown, unnecessary contact should be limited until the hazard can be better evaluated.

Decontamination requires a plan.

Cleaning and decontamination are not necessarily the same thing. When the contaminant is unknown, agencies should determine what they may be decontaminating for, what protection decontamination personnel need, what technical guidance is available, what process is appropriate, and what criteria determine that equipment is safe to return to service. Personnel conducting decontamination should be protected from becoming additional patients.

Clean PPE is a firefighter health issue.

Wildland PPE routinely encounters smoke, ash, products of combustion, vegetation, biological material, and other contaminants. Heavily soiled or "seasoned" PPE should not be considered a sign of experience. Personnel should have access to laundering, showers, cleaning supplies, replacement clothing, and additional clean PPE whenever practical. Potentially contaminated PPE should be kept out of personal vehicles and homes when alternatives are available.

Bring technical resources in early.

Unknown exposures may require HazMat, medical, industrial hygiene, environmental, or other technical specialists. These resources can assist with sampling, medical guidance, exposure control, decontamination procedures, and equipment release criteria. Technical evaluation should drive decisions rather than speculation.

Coordinate the extended incident.

The Egberts Fire involved personnel from multiple local, state, and federal agencies. As the event continued beyond the initial MCI, operational, medical, decontamination, administrative, and employee-support responsibilities became increasingly complex.

Future extended IWIs should establish early:

- Incident authority and delegated authority.
- Who is coordinating the extended IWI.
- Agency representatives and points of contact.

- Medical and technical/HazMat coordination.
- Logistics and finance support.
- Employee support.
- Public information.
- A common operating picture.

A multi-agency incident should not become multiple agencies independently trying to solve the same problem.

Communicate what is known and what is not.

Unknown exposures create uncertainty and speculation. Communications should clearly identify what is known, what remains unknown, what is being done, what personnel should do, and when additional information will be provided. Avoid speculation about the cause until information can be supported.

Key Takeaways

1. **Do not normalize unusual symptoms.** When multiple firefighters experience similar symptoms, recognize the potential for a larger exposure event.
2. **Expand ICS early.** An IWI can rapidly become an MCI and can continue well beyond patient transport.
3. **Control the exposure.** Establish an exclusion area, limit unnecessary contact, and protect personnel from secondary contamination.
4. **Do not rush decontamination.** Establish what is known, obtain technical guidance, protect personnel doing the work, and determine appropriate release criteria.
5. **Clean PPE protects firefighters.** Access to showers, laundering, replacement clothing, and clean PPE is an important part of firefighter health and safety.
6. **Coordinate across agencies.** Establish authority, agency representatives, technical resources, and one common operating picture early.

Bottom Line

The incident does not necessarily end when firefighters leave the fireline.

The Egberts Fire demonstrated that an unknown exposure can continue through PPE, clothing, equipment, tools, and apparatus. Early recognition, appropriate incident organization, limiting additional exposure, deliberate decontamination, technical assistance, clean PPE, and coordinated interagency decision making can reduce the likelihood of additional firefighters becoming patients.