Rapid Lesson Sharing

Event Type: Heat-Related Illness Extraction

Date: August 4, 2017

Location: Devils Lake Fire
Fremont-Winema National Forest; Oregon

This Medical Incident is Complicated by Decisions Made on the Ground and a Lack of Authority for the IMT to Order an Air Ambulance

On August 4 at 1930 hours a medical emergency is declared in Division Delta on the Devils Lake Fire, located eight miles southeast of Bly, Oregon.

At first, this medical event seems like a routine medical on the fireline for a heat-related illness. However, it quickly becomes complicated by decisions made on the ground and a lack of authority for the Incident Management Team to order an air ambulance.

The Patient receives medical treatment, but the timeline and turn of events could have resulted in a negative outcome had it been a more serious injury or trauma incident.

NARRATIVE

Extrication Timeline

1930 Hours

A minor medical incident is declared on Division Delta by the Line EMT. The nearest Crew Boss, who is a contract firefighter, becomes the Medical Incident Commander. The Patient, a 180-pound, 34-year-old male, is dehydrated and vomiting. The Patient is being walked out by the EMT and Crew Boss to the ambulance staged at Helispot 8 (H8). This medical incident is categorized as a "Green" (Priority 3) per the 9 Line Medical Incident Report form. A Lat/Long is conveyed to Communications.

Contents

An Incident-Within-an-Incident Team is activated by the IMT. Assigned personnel are being assembled in the Devils Lake Communications room.

1933 Hours

The IC upgrades the medical incident to a "Yellow" (Priority 2) severity and requests a helicopter for extrication of the Patient.

1935 Hours

The Helibase is contacted by Communications. The Air Operations Branch Director (AOBD) contacts them to ready the designated Type 2 Helicopter with Paramedic and respond to H8. Hearing the radio traffic, Helibase had already started the process for launching the ship with Medic prior to being contacted.

1943 Hours

Communications is advised to stand down the helicopter because the Patient is close to the ground ambulance at H8.

1951 Hours

The IC states more hands are on scene to help, including a Task Force Leader and Paramedic.

After consultation with the Paramedic from the ambulance and the Task Force Leader, the IC then requests a medivac helicopter from Klamath Falls (Air Link) to respond and land at Helispot 4 (H4).

At this time, the Medical Unit Leader (MEDL) contacts 911 (Klamath County 911) to activate Air Link and give them the Lat/Long for H4 in degrees-decimal-minutes. This seems to confuse the 911 Dispatcher.

1956 Hours

The IC asks for status and estimated time of arrival of medivac helicopter.

During this time, the Medical Unit Leader is conversing with 911 Dispatch, who is trying to ascertain and confirm the exact location of the scene. They ask for someone on scene to call 911 so their cell could be "pinged" to lockdown the incident's exact location.

2001 Hours

Communications advises that the IC needs someone to go to H4 and call 911 so they can ping their phone. The IC responds that when they can get someone to H4 they will do so.

2007 Hours

The IC advises he is heading to H4—with a 10-minute ETA. There is still no ETA for the Air Link medivac helicopter.

2013 Hours

Due to Lat/Long issues and the IMT not being authorized to order a medivac helicopter, the Medical Unit Leader is still having trouble with 911 Dispatch to get a medivac helicopter off the ground.

2016 Hours

The IC requests an incident helicopter to launch and haul the Patient from H4 to H8 where the ambulance was staged. At this time, it is estimated to take 30 minutes to get the Patient to H4. However, the IC is advised that no incident ships are now available.

2019 Hours

The IC advises that they are now carrying the Patient to H8.

2021 Hours

Division Delta Actual calls night operations, who was in Communications, via cell phone to advise that the Patient is being transported on a backboard to H8 and is conscious and talking. An IV has been established. The Patient is thought to be a crew member off of a 20-person hand crew. [They will later learn this is incorrect. The Patient is actually the Line Paramedic.]

2057 Hours

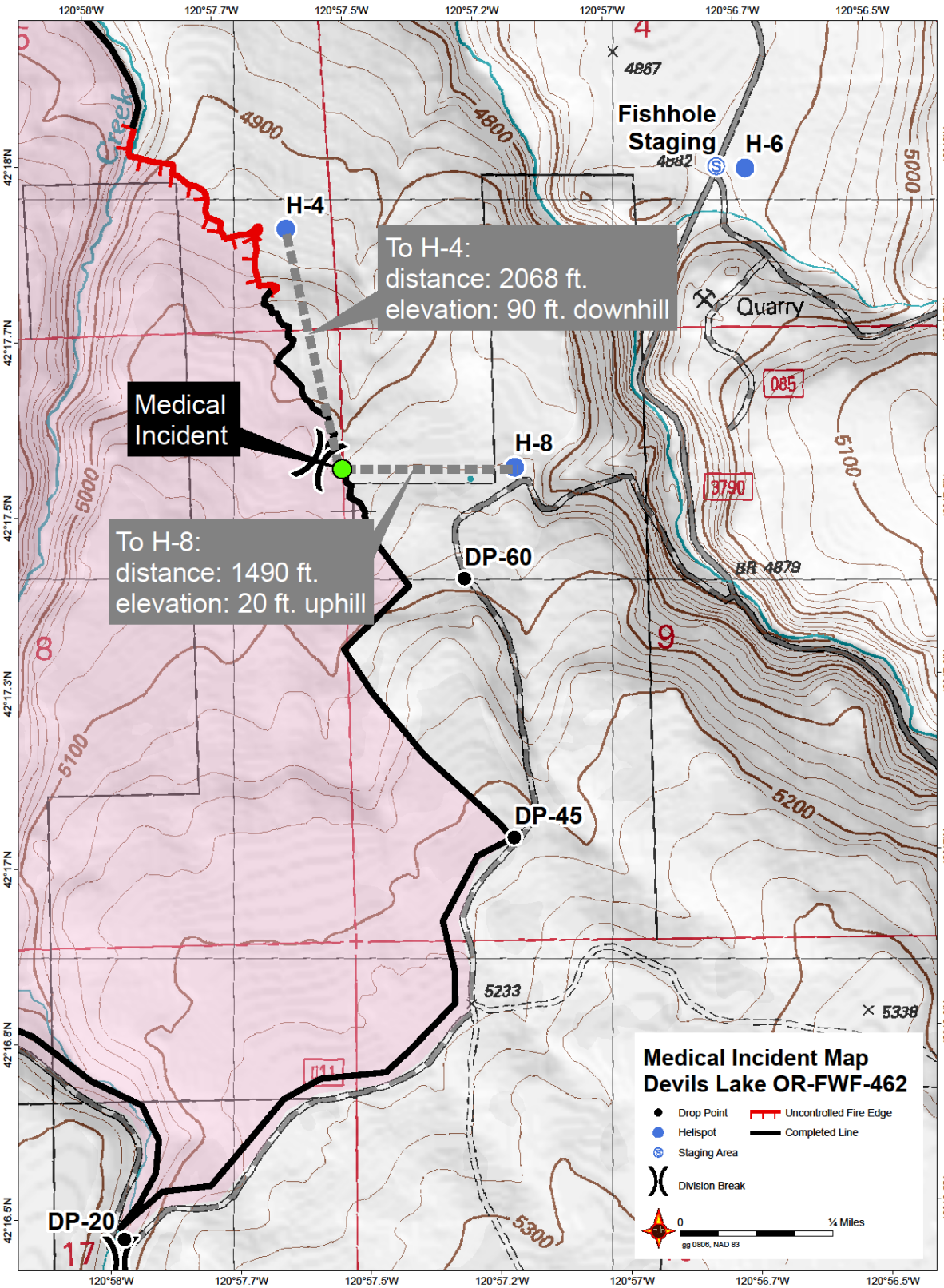
The IC advises the Patient is at H8 and the ambulance.

2102 Hours

The ambulance is enroute to the hospital in Klamath Falls.

Division Delta Actual calls Operations again and advises: that the Patient is actually the Paramedic assigned to the Division; he is stable; and (confirms) he is on the way to the hospital via ground ambulance.

Incident Map



2130 Hours

The Incident-Within-an-Incident Team holds an AAR.

The Next Morning

Division Delta conducts an AAR with pertinent personnel and later briefs Operations, Command, Plans, and the Medical Unit.

Background Details Summary

The Patient, who was the Line Paramedic, began feeling sick to his stomach at approximately 1715. He began vomiting sometime after that, figuring it was something he ate. Without any relief, he began to feel even worse.

The Line Paramedic was sick for more than two hours before, finally, a notification went out about this medical emergency. This postponement delayed treatment and the time to extricate.

The Crew Boss from a contract hand crew (who becomes the IC for this medical Incident-Within-an-Incident) arrived to find the patient's EMT partner distraught that no medical care was being given. This was due in part to the EMT being new to the medical field and having a past relationship of some level with the Patient.

The medical incident IC then declared it an emergency and asked the Pike Interagency Hotshot Crew to help with two of their crew EMTs providing care to the Patient. The Task Force Leader arrived at some point. But because the Crew Boss was acting as IC of this medical incident and the Task Force Leader believed he was doing a competent job, the Task Force Leader did not take command of the medical incident.

Division Actual and his trainee were still walking out of the canyon. They were not close to the medical incident.

Discussion about Who's In Charge of Extrication

During the time of the incident, the Paramedic from the contracted ambulance staged at H-8 walked in to the Patient's location. Prior to the ambulance Paramedic's arrival and taking over all patient care decisions, the Patient, himself, (being the Line Paramedic) was trying to dictate some of the care and extrication decisions.

After the ambulance Paramedic's arrival, there was some discussion over who was in charge of the extrication.

The ambulance Paramedic ended up making the decision to request the medivac helicopter from Klamath Falls and carry the patient by backboard to H4—not knowing that it was twice as far to H4 than to H8 for foot transport.

An IV was started and the crew then transported the Patient toward H4.

After both the medivac helicopter and the IMT-assigned helicopter were deemed unavailable, the decision was then made to haul the Patient back to H8 via backboard, where the Patient was transported by ground to Klamath Falls.

SUCCESSES

- In the end, the Patient was treated and transported to the Hospital's Emergency Room. He returned to camp later that night with no permanent injuries or damage.
- The Incident-Within-an-Incident process worked as planned and practiced for IMT members in camp.

- The Air Operations Branch Director was able to convert Lat/Long to degrees, minutes, and seconds very quickly for 911 Dispatch.
- Prior to being requested, the Helibase personnel were proactive in readying the helicopter and personnel to launch to the scene after hearing the radio traffic.
- The Incident Management Team learned to work closer with hosting agency Dispatch and coordinating agencies in tailoring the Medical Plan (ICS 206) to local resources.

LESSONS

1. The 911 Dispatch in Klamath Falls had been contacted when the IMT first arrived. However, there was no record of that conversation. Thus, this 911 Dispatch did not recognize the IMT as a "legitimate entity" able to order a medivac ship. Later that night, the Medical Unit Leader was able to follow-up with 911 to establish medivac service and ordering procedures and to confirm that the IMT was a recognized entity with authority to order the medivac helicopter.

   For future incidents it is recommended that hosting units inform their 911 call centers that an IMT with medical services will be in their response area and should have approved ordering authority for air ambulance services. IMT Medical Unit Leaders should follow-up with 911 centers and air ambulance services to ensure direct ordering protocols and authorities are in place.

2. When 911 received the Lat/Long from the Medical Unit Leader in degrees-decimal-minutes, those coordinates would not come up in the 911 Center's CAD system. The ability to convert to degrees-minutes-seconds is critical.

   This will remain a challenge for the fire community.

3. The Division Supervisor and Incident-Within-an-Incident personnel didn't realize that the Patient was the Line Paramedic until the medical incident was almost over. The relationship between the Patient (Line Paramedic) and his EMT partner hindered the ability to provide care in a timely manner. The EMT was also fairly new to the process and career in wildland fire.

   The lesson learned here is that medical personnel don't always make the best patients, may complicate things, and the IC of the incident should try to identify who the person is.

4. Confusion over who was in charge of the extrication once the ambulance Paramedic was on scene became a critical delay in Patient care and inhibited the dispatch of the medivac helicopter located closest to the helispot. The ambulance Paramedic did not know the area or the relationship of the two helispots in relation to the location of the Patient. This Paramedic who created the confusion was off of a contract ambulance and was not versed on who has the IC role in a wildland fire medical incident. This created confusion. The fact that the medical incident IC was a Crew Boss off of a contract crew may have also aided in the confusion of who was in charge. The Task Force Leader should have recognized the lack of control in the incident and taken over. In addition, The 9 Line Medical Incident Report was not utilized well and provided limited information.

   For future incidents we will ensure that the Medical Unit Leader brief contract ambulance personnel on patient care vs. incident command and control. This doesn't appear to be an issue with the Incident Medical Service EMTs and medics who receive training and medical

direction specific to wildland fire. It is also possible that the contract Crew Boss, while familiar with the medical incident report protocols, wasn't aware that the Paramedic should have been focused on patient care and not serving as the IC. It is recommended that contractors receive specific training to be aware of the roles during a medical incident, as well as knowing when to ask for a more experienced IC for an incident.

5. After initially ordering the incident's helicopter and cancelling and ordering the air ambulance which was determined to be unavailable, the request for the incident helicopter was requested again but the IMT was unable to launch due to darkness.

   For future medivac situations with the potential to elevate, the IMT intends to launch a helicopter to the nearest Helispot to ensure fast patient care. For this incident, it's unclear if the Line Paramedic knew there was a Paramedic assigned to the Helibase. Future incidents will have a Paramedic at Helibase and that will be conveyed in the ICS 206 and in briefings.

This RLS was submitted by:

Incident Overhead

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