

Rapid Lesson Sharing

Event Type: Firefighter Injury and Evacuation

Date: August 3, 2017

Location: Sandy Fire
Shasta-Trinity National Forest; California

NARRATIVE

On August 3 a contract firefighter was injured when struck by a limb from a snag while working on the Sandy Fire on the Shasta Trinity-National Forest. The firefighter complained of neck and shoulder pain but was stable.

The Sandy Fire was burning approximately ½ mile north of Highway 299 in timber and shrub on a 40 percent slope (see photo on right).

Record temperatures had been reported during the incident with highs in excess of 110 degrees. Because of this excessive heat, a heat-related injury was of concern and extraction options had been discussed.

This discussion took place between the Type 3 Incident Commander, Agency Administrator, District Duty Officer, Forest Duty Officer, and Dispatch Floor Manager.

Decision Made to Use Air Support

The injury took place at 1900 hours. Patient assessment and the 9 Line Medical Incident Report form determined that this was a "Routine-Green" severity of emergency (not a life threatening injury or illness).

However, because of the terrain, the hot temperatures, and extraordinary effort that would be needed to transport by hiking, the decision to use air support was made.

After a brief discussion between which air resource would be appropriate, the California Highway Patrol hoist helicopter was ordered to move the patient from the evacuation site to an awaiting ambulance on the highway below the fire.

The patient was hoisted to this ambulance located down on the highway and was ground transported to Trinity Hospital, located 15 miles away. Later that evening, the injured firefighter was released to full duty. Due to bruising, the injured firefighter was advised to treat pain with ibuprofen.

Excellent Risk Management Decision

Although it was a short horizontal distance on a map from the evacuation site to the highway, the terrain and hot temperatures were such that it would have created much more risk to the firefighters to attempt to



The steep, high-risk terrain on the Sandy Fire would have required a difficult ground evacuation for the injured firefighter. Therefore, the decision to use air support was made. The tools for a hoist helicopter extraction on this fire had already been discussed and planned for.

complete the medivac on the ground by hand, with an estimated extraction time of two hours—that would have required hiking into the night.

This excellent risk management decision was made quickly and decisively—because the tools for this situation and their availability had been previously discussed and planned for.

LESSONS

Three Key Elements That Contributed to this Successful Outcome

These three key elements contributed to the successful outcome of this firefighter injury extraction from difficult terrain and circumstances:

- ❖ The Shasta-Trinity National Forest Dispatch trains monthly on medical response and the use of the 9 Line Medical Incident Report.
- ❖ The previous planning and discussion of options for helicopter extraction due to the concern over a potential heat illness incident. This discussion took place between the Type 3 Incident Commander, Agency Administrator, District Duty Officer, Forest Duty Officer, and Dispatch Floor Manager.
- ❖ Launching Air Attack when ordering Air Ambulance or Rescue Helicopter to provide Air Space Coordination and Communication Coordination.

What medivac tools do you have available?

What is your plan B and C?

Medivac Tools that are Currently Available to You

Short-Haul

The primary mission of the Forest Service Emergency Medical Short-Haul Program is to ensure safe and efficient use of Short-Haul capabilities when and where needed. In some cases, Short-Haul may be the most expedient means to extract an injured or ill employee for transport to definitive medical care.

Hoist

(Military, State, Private)

The hoist system allows the rescuer and patient to be retrieved and loaded into the helicopter for faster and safer transport to awaiting medical care. Several different types of patient capture devices are used in the Air Rescue Program and can accommodate patients in full C-Spine protection, patients in the water, and patients stuck on the side of a steep rocky cliff.

Review the “Emergency Helicopter Extraction Source List” (last updated in June 2015) on the Wildland Fire Lessons Learned Center website: www.wildfirelessons.net/viewdocument/emergency-helicopter-extraction-sou.

Aerial Support

An Air Tactical Group Supervisor (ATGS) can be ordered to help with Air Space Coordination with aircraft already on scene as well as with incoming resources. ATGS is also useful for Communication Coordination between aircraft and ground resources.

Jumpers and rappellers can be ordered for rescue equipment such as a rescue wheel or trauma gear. Both resources can also provide extra personnel to support a ground-based evacuation.

Rapid Extraction Module Support (REMS)

Rapid Extraction Module Support (REMS) is a pre-staged rescue team assigned to a wildland fire to provide firefighters a safe, effective and efficient method of egress off the fireline in the event of injury or illness incurred during firefighting operations.

Local and Assigned Medical

Know what the local resources are in your area and plan accordingly. On many large fires these days it is not uncommon to have EMTs and Paramedics assigned to your fire or Division. Review your medical plan in the Incident Action Plan and be familiar using the 9 Line Medical Incident Report.

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