

# Rapid Lesson Sharing

**Event Type:** Bucking Accident  
**Date:** August 14, 2014  
**Location:** South Cle Elem Ridge Fire



***The downhill portion of the ponderosa pine broke free of the main bole, pinching and dragging the Sawyer. At the same time, the uphill portion snagged the Squad Leader who was trying to scramble out of the way.***

## **NARRATIVE**

This assignment was not out of the ordinary.

A Hotshot Crew was tasked with hotspotting and securing the fireline along DIV C. Two crew members (Squad Leader and Sawyer) came across a large 30-40-inch DBH Ponderosa Pine laying down the slope with the top's limbs laying in the fire's edge.

After evaluating this large log, the Squad Leader and Sawyer agreed that the tree had some "binds" to it, thus had potential to roll when it was bucked-up.

They cleared the area of other crewmembers and the Sawyer went to work. After cutting a few rounds, the Sawyer—positioned downslope from the Squad Leader—gave these cut rounds a couple kicks to dislodge them.

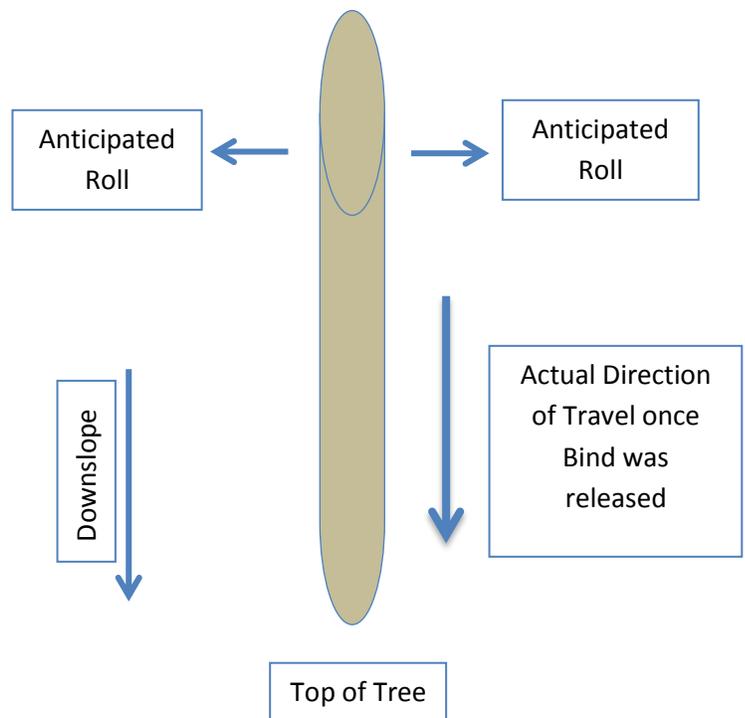
The round broke free, but instead of the log rolling to either side, the log slid down the 60-70 percent slope—with force. Next, the downhill portion of the ponderosa pine broke free of the main bole, pinching and dragging the Sawyer. At the same time, the uphill portion snagged the Squad Leader who was trying to scramble out of the way.

The Sawyer's leg and foot was violently pinched between the cut pieces as the bole jolted downslope; while the limbs snagged the Squad Leader and he rode down the slope on top of the log. Once everything came to a stop and they realized what had happened, the Squad Leader radioed for medical assistance.

### **Confusion Begins**

This is where the confusion first began. This crew, having worked in the area for several days, had named certain features in their Division. The previous day they had a discussion with their Task Force Leader identifying these geographic areas on the maps. Some of the other resources working in the area understood where these names and geographic features corresponded. However, not everyone on the fire did.

In the midst of the radio chatter and confusion, the Task Force Leader (TFLD) (a Wilderness First Responder Instructor) overheard DIV C trying to contact Medic 1. ("Medic 1" is an emergency medical response unit consisting of a Paramedic and an EMT assigned to area.) The TFLD, who knew approximately where they were working, offered to help guide in Medic 1, currently located next to her at the drop point.



The first report had the accident located on the “J spur” off the #4510 Road. After the TFLD got to the #4510 Road, another update came in that there was better access to the accident site off the #114 Road (also called the spur road) on Division C. The TFLD changed her route of travel to the #114 Road while asking the Communications Unit at ICP (COMS) to divert another handcrew because she knew extricating two patients was going require a lot of extra help.

Many resources began arriving at what became designated as the “parking area” along the #114 Road. This “parking area” was the closest point to the accident site in which they could get vehicles. From this location, the TFLD and Medic 1 got on a UTV with the IHC CRWB and drove as close as they could get to the two patients.

They then all hiked up a steep hill through some pretty gnarly brush to the two patients’ location. The TFLD also confirmed with DIV C that the TFLD would be the IC for the Incident-Within-Incident. IHC had a wilderness first responder (WFR) on scene who had already made an initial assessment of both patients.

### **Possible Tibia/Fibula Fractures; Formulating an Extraction Plan**

The WFR was concerned that there were possible tibia and fibula fractures, but felt both patients were stable. The TFLD communicated to DIV C the patient status and a need for Advanced Life Support (ALS) for one patient and Basic Life Support (BLS) for the other. The TFLD and WFR also discussed getting the crew’s stokes litter up the hill to assist with transporting the patients off the hill. While this plan was being formed, DIV C acted as a human repeater, relaying information to COMS.

The plan formulated on-the-spot was to utilize the two crews to transport the patients down the hill by a “conveyor belt” method. Some of the firefighters began using chainsaws to clear the route down the hill in preparation for this extraction.

### **While Patient #1 is Extracted, Fire Flares Up Around Patient #2**

Initially, confusion existed at the accident site regarding who was in charge of the patient treatment and who was in charge of formulating a plan for extraction—but this was resolved. While everyone was discussing the plan and waiting for the stokes, one of the patients began to go in and out of consciousness. The WFR and Medic 1 therefore reassessed Patient #1 and changed his status from non-emergency to emergency medivac. The decision was made to not wait for the stokes. They extricated Patient #1, taped to a backboard, down the hill to the UTV and then used the UTV to transport to DP 1, where an ambulance was waiting.

While the crews were moving Patient #1 down the hill, the fire began to flare up around the Patient #2. Some of the firefighters with Patient #2 quickly worked to contain the fire. This new situation added their Incident-Within-Incident’s overall complexity. Next, Patient #2, also on a backboard, was extricated down the hill utilizing the same “conveyor belt” method. Medic 1 stayed with Patient #1; the WFR stayed with patient #2.



*Crew uses “conveyor belt” method for extracting Patient #1.*



*Crew suppressing fire near Patient #2's position prior to extraction.*

### **At the Same Time This is Happening . . .**

Earlier, when the accident was first broadcast on the radio, Medic 2 (also a two-person module) got the call to assist Medic 1. The radio communications were scratchy, but they copied that they needed to head to the “J spur”. Medic 2, thinking they knew this location, drove—along with an additional hand crew—until they found DIV C and DIV A.

They were told to go down the #114 Road and someone would direct them in. They were met at an intersection and were told to park and hike in. They called the TFLD on the radio and asked for more directions. They were told to go to the end of the road and up the dozer line. When they hiked up the dozer line, they found another dozer line. They stopped and asked the TFLD to “give them a hoot”—but they didn’t hear anything.

What actually transpired: They got off on the wrong road and ended up hiking due north of the accident site. After more than 40 minutes of hiking, they came out onto a main road and caught a ride back to DP1. They arrived moments before Patient #1 arrived.

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***However, halfway to the hospital, Patient #1's status became worse. The medics changed their minds and decided to finish Patient #1's transport to the hospital via helicopter.***

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#### **Both Patients Taken to Seattle Hospital**

Back at DP1, both patients were transferred to ambulances. After a discussion between Medic 1 and the ambulance medics—due to both patient's alert status—it was decided that ground transportation was suitable and a helicopter was not required. However, halfway to the hospital, Patient #1's status became worse. The medics changed their minds and decided to finish Patient #1's transport to the hospital via helicopter.

Both patients were transported to a Seattle hospital, one by helicopter, one by ambulance. Patient #2 was treated and released. Patient #1 remained in the hospital for four nights. Neither patient had any broken bones or serious injuries.

The next day, the Team conducted a safety stand down and covered their risk assessment and medical plans with all the resources working on the fire.



***Crewmember points to the top of the tree with the bole of the tree to the right.***

### **Incident-Within-Incident Chronology**

#### **Summary of Information Conveyed to Communications Unit at Incident Command Post**

- 1200** – TFLD requests Crew #2 to respond to DP1
- 1204** – Initiate 9-Line Emergency for DIVS C
- 1214** – DIV C request Ambulance to DP1. Dispatch Medic 1 and 2.
- 1220** – Medical information relayed: 2 patients. Code Yellow. Injuries described.
- 1230** – Both patients stable. Non-emergency transport. Will be escorted by TFLD.
- 1242** – Update: Patient #1 condition change. Now need medivac from DP1.
- 1249** – MEDL ask for confirmation if need hoist or patient is packaged and ready
- 1250** – No medivac available due to weather. Continue with ground transport
- 1252** – Helicopter with medic is available from Snag Canyon Fire. EMT will use South Cle Elum Air-to-Ground frequency. Establish ground contact.
- 1312** – Ambulance arrive at DP1.
- 1315** – Patient #1 extracted enroute to DP1.
- 1317** – Medic 25 arrives at DP1.
- 1329** – Patient #1 is stable and will be transported by ground to Spokane. Patient #2 is stable and will be transported by ground to Seattle.
- 1333** – Cancel medivac. Patients stable for ground transport.
- 1355** – Both patients enroute to Seattle.

## LESSONS

- ✓ Situational awareness is very important regardless of the size of the fire. It is important to know where you are and be able to communicate that location to anyone.
- ✓ We need to get back into the habit of having the Division Group Supervisors and Task Force Leaders walking the line and interacting with the crews to ensure that they know more about where the crews are and the conditions in which they are working.
- ✓ Know the big picture and ask questions. Everyone needs to understand the medical response plan and their roles and responsibilities for that plan. There was information in the IAP regarding medical response plans, hospitals, etc. However, personnel on the fireline did not know that this IMT had worked hard to establish a plan with ambulances in the area regarding transporting injured personnel off different parts of the fire. The plan involved predetermined exchange sites or transfer points with local ambulances

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### **What does 'hoist capable' mean?**

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from the fire. They had also established protocols regarding who would be in charge of patient care when arriving on an accident scene. This information was briefed to the medical personnel who were working on the fireline but other personnel were unaware of the entire plan. This information endeavors to establish clear lines of communication and command and control of an incident to facilitate efficient and rapid treatment.

- ✓ If you think you might need it, order aircraft and ground resources to respond to your medical incident. It is better to turn around what you don't need, than to be behind the curve ball.
- ✓ There was no aircraft assigned to this incident. The air ambulance requested was unable to fly due to weather conditions. However, another aircraft was requested from another nearby large incident. There is still confusion regarding the exact capabilities of the helicopter that was going to be sent from this other incident. It was assumed they have hoist capabilities, but no one has been able to confirm that information. Further discussion has centered on terminology: What does "hoist capable" mean? Does it mean there is a Line Medic that can drop down on a line with a litter to extract a patient? Or does it mean the helicopter arrives with a longline but no medic? Or does it mean they can longline in a medic but have to land to extract the patient?
- ✓ A point to ponder: Who calls the families and home unit of the injured? Who do you want to call your loved ones? The incident? Your fireline supervisor? Be aware that even if you are on the other side of the country, away from your duty station, the media can grab onto the information and broadcast it back home before families and coworkers receive it.
- ✓ After the team AAR there were several comments made regarding the level of professionalism and resourcefulness of the two crews involved in the extrication of both patients. Medic 1 commented that he had never seen a "conveyor belt" style of extraction and was pleased with its efficiency on that kind of terrain.

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### **Who calls the families and home unit of the injured?**

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**Submitted By: Persephone Whelan**  
With support from the Pacific Northwest  
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