

# Rapid Lesson Sharing

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**Event Type:** Medical Event on Thompson Ridge Fire

**Date:** June 5, 2013

**Location:** 100 Yards West of Drop Point 10



## **Narrative – Breakdown in Communications**

At approximately 1900, the Medical Unit Leader Trainee [MEDL(t)], located at a spike camp, evaluated a 20-year-old male camp crew member having an “anxiety attack.” Crewmember stated he had been off psychotropic medications for 4 days because he forgot them at home. His history included: schizophrenia, anxiety disorder, and “Attention Deficit Hyperactivity Disorder” (ADHD). Crewmember said his anxiety was triggered by another crew member’s comment and he was now having difficulty controlling his anger. He stated that he felt like: “*I could hit that guy*”.

After MEDL(t)’s evaluation determined crewmember was safe to transport, MEDL(t) radioed Communications asking for a non-emergency transport to the hospital from DP-10. MEDL(t) was uncertain about stating over the radio that crewmember was having a psychiatric episode. The other medics assigned to that Division were positioned out in the field. MEDL(t) attempted several times to radio these medics to assist her with the 100-yard transport to DP-10—with no success. (MEDL(t) later learned that the medics’ positions had changed and they were unreachable on the channel she was using.) MEDL(t) proceeded down to DP-10 with a driver from Ground Support.

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Communications relayed the call to the Medical Unit Leader (MEDL) located at base camp. MEDL, together with the Logistics Chief Trainee [LSC2(t)], decided that because it was a non-emergency transport, instead of using one of the ambulances assigned to the fire, the MEDL and another medic would pick up the crewmember and take him back to ICP for another evaluation.

At this point, MEDL was unaware that this was a possible psychiatric condition that they were dealing with.

Upon arriving at the Drop Point where the crewmember had been transported by Ground Support and MEDL(t), the crewmember was reevaluated. MEDL(t) relayed the medical status of the crewmember and also stated that there was a concern that the crewmember wanted a box cutter to hurt himself and others.

Based on this new information, MEDL made the decision that security needed to be involved. MEDL radioed Communications and requested assistance from Security for a possible restraint. He used code “918” which basically indicated that they were dealing with a “mentally-impaired” person. However, no one at base camp knew what this code meant.

This communication, made on the Command channel, was overheard by LSC2(t). LSC2(t) took control of the situation—thinking this had escalated from a non-emergency transport to a situation where Security was requested to possibly restrain this crewmember. LSC2(t) envisioned the crewmember becoming violent with the medical personnel. LSC2(t) therefore radioed Security and stated that he needed them at DP-10 responding to Code “3”—which, to him, meant go to the scene with no questions asked.

Security asked for the nature of the incident. LSC2(t) responded with code “99” or “906”. LSC2(t) used these codes because he believed this was a critical situation and he didn’t have the time to explain. At this time, LSC2(t) did not know the crewmember had a psychiatric condition.

Security heard Code “10-99” and “906”. To them, this meant a Police Officer was in distress and needed backup. They immediately proceeded to the scene with lights and sirens. They called the State Police unit assigned to the Incident to also respond with lights and sirens. Thinking they were responding to an Officer in distress, they aggressively accessed the scene.

What they found instead were the medical personnel with a crewmember having a psychiatric episode. The crewmember was visibly in distress, rocking back and forth and pacing up and down. MEDL(t) stated he looked like he wanted to bolt into the forest. The medical personnel said that the crewmember may be a threat to himself and others. Security suggested the crewmember be transported to a local hospital in an ambulance with one of their security personnel riding along to ensure the safety of all involved.

MEDL stated he needed to consult with LSC2(t). Shortly after being contacted, LSC2(t) arrived on the scene. LSC2(t) was brought up to speed on the situation. The decision was made to send the crewmember—who had calmed down considerably—in a county ambulance (not assigned to the fire) after Security had patted him down.

### Lessons

- ❖ Follow the existing medical emergency protocol (IRPG pg. 49 or IAP).
- ❖ Have a plan for how you will communicate sensitive information (specific channel, cell phone, etc.).
- ❖ Always Remember: Clear text communication is a crucial element of the ICS system.

**Submitted By**  
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