



The Davis Fire Emergency Medical Response Simulation

An Incident Within an Incident Response Assessment

Meeting the Dutch Creek Serious Accident Report
Procedures and Protocol Requirements
From the NWCG May 25, 2010,
Memorandum Guidance



Fire crews enroute to initial attack the Davis Fire on Thursday Aug. 26, 28 miles northwest of Helena Montana. (Photo on left courtesy Dylan Brown/Independent Record.)



On the fourth day of the 2,000-acre Davis Fire, burning on the Helena National Forest, the Secret Type 2 Incident Management Team conducts an emergency medical response “near real life” simulation.

This report summarizes this simulation and outlines its various lessons learned and follow-up recommendations.

October 2010

The lessons learned outlined in this report address and comply with the recently issued NWCG Guidance for Dutch Creek Mitigation Measures. On July 25, 2008, a firefighter working on the Iron Complex Fire on the Shasta-Trinity National Forest in California died as the result of a tree felling incident. A Serious Accident Investigation Team was convened to study this incident within an incident and provide a factual report to an interagency Accident Review Board (ARB). The Dutch Creek Accident Investigation Report was completed and presented to the ARB in July, 2009. The ARB accepted the report and recommended eight corrective measures to be taken by wildland fire agencies to prevent similar accidents from occurring in the future.

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This Davis Fire simulation, facilitated by IMT safety officers, was a “near real-life” scenario involving field staff, live incident radio frequencies, and Command and General Staff personnel.

1. Introduction

A. Background

On August 30, 2010, the Secret Type 2 Incident Management Team conducted an emergency medical response simulation on the Davis Fire (MT-HNF-000080), located on the Helena National Forest approximately 28 miles northwest of Helena, Mont. The intent of the simulation was to implement, in part, the required protocols identified in the Dutch Creek Serious Accident Investigation Report. (The Dutch Creek Report is referenced as NWCG #025-2010, dated May 25, 2010.)

For more information on this report, contact:

**Bob Habeck, SOF2
(406) 444-7305
bhabeck@mt.gov**

This Davis Fire simulation was facilitated by the IMT’s safety officers, Butch Fitzpatrick and Charles Tuss. It was a “near real-life” scenario involving field staff, live incident radio frequencies, and Command and General Staff personnel. Safety Officer Bob Habeck—not tied to Secret’s Type 2 IMT—was asked to conduct, monitor, take notes, and provide written documentation/recommendations on this “Incident Within an Incident” simulation.

“We asked Bob to participate because we realized that having an impartial (non-team member) perspective would be beneficial to the scenario and to our team,” explains Secret IMT Safety Officer Tuss. “We knew Bob was a detail-oriented person who understands Incident Management Team dynamics.”

Prior to its enactment, the simulation’s purpose and intent was widely announced to the local 911 dispatch and Helena Interagency Fire Dispatch. If an actual emergency medical situation was to occur during the simulation, all fire personnel were instructed to intervene the simulation.

Team safety officers facilitated an After Action Review (AAR) to discuss the Incident Management Team’s compliance to, and implementation of, the Dutch Creek Report procedures and protocols. The facilitated AAR proved to be beneficial to the IMT for advancing communication and procedures on a variety of emergency medical response behaviors.

B. Purpose

The purpose of the simulation was to observe and measure the Incident Management Team's response to an emergency medical situation. Specifically, the simulation served to test the following conditions:

- Use of Standardized Medical Emergency Procedures,
- Use of Standardized Communication Center Protocols, and
- Use of the Expanded ICS 206 Medical Plan.

C. Goal

The goal of the simulation was to ensure that:

- Efficient and effective emergency medical response occurs on incidents,
- Incident Management Team communication and collaboration occurs, and
- Components of the Incident Action Plan are reviewed and revised as necessary.

D. Objective

The plan to do the simulation was reviewed:

- The previous day at the Command and General Staff meeting,
- At the evening Ops. Debriefing, and
- At the 0600 morning Ops. Briefing for the day shift.

The simulation plan's purpose and procedures were reviewed, specifically how the exercise would be initiated and how simulation communication would be announced and handled throughout the exercise. In addition, a contingency was covered regarding how the simulation would be terminated if a real emergency should occur during the simulation. This contingency included how the cessation of the simulation would be announced via communications on the command channels to all resources on the fire.

Throughout, it was emphasized how this simulation exercise was a "drill" and *not* a test. It was explained how this simulation:

- Will provide this Incident Management Team an opportunity to ensure that the interagency fire organization is better prepared to respond to an emergency within an existing/ongoing incident, and
- Will help implement recommendations from the Dutch Creek Incident and improve our "Incident Within an Incident" (IWI) protocol.

It is emphasized that the Incident Management Team wanted to assure that everyone stayed safe during the simulation and that safety oversight was provided throughout the exercise.

2. Simulation Chronology

The simulation exercise—an adverse bee sting reaction to a firefighter on the line—was to be initiated at 10 a.m. and terminated after one hour. Expectations were reviewed with all personnel involved—both in fire camp and on the line—who were to make the response as realistic as possible.

In addition, it was emphasized that the Incident Management Team wanted to assure that everyone stayed safe during the simulation and that safety oversight was provided throughout the exercise.

It was not known which division would have the emergency. Safety Officer Type 2 Butch Fitzpatrick would travel out to the field and prepare and initiate the simulation.

A. Observations Prior to Simulation

It was noted that on the day prior to the simulation exercise, the resources at the Davis Fire incident helibase took action to help define what the realistic response time would be to provide a medivac transport helicopter. Specifically, these personnel discussed how much time it would take to reconfigure (re-rig) the aircraft for patient transport. This involved time to remove seats etc.

The day of the simulation, it was also noted at the morning division breakouts that each Division Supervisor was taking time to go over the Medical Plan, IWI protocol, and reviewing contingencies if a medical emergency occurred on their division that day. They wanted to ensure that personnel and resources on their division were prepared to respond.

On the way out to Division A, the medical EMT called the Division Supervisor on the radio and communicated their location. At 0930, line weather observations were communicated.

Safety Officer Type 2 Fitzpatrick travelled out to the Division A Supervisor. (By Fitzpatrick being at the staging/helispot, it clued line personnel as to which division the simulation would most likely be taking place.) Fitzpatrick talked briefly to the Division A Supervisor to clarify if he wished the trainee Division Supervisor to handle the emergency.

Fitzpatrick walked approximately three-tenths of a mile up to Division A's left flank where the Fort Belknap #1 Crew was performing handline construction and improvement in a scree area. Crew Boss was Ivan Wing and trainee Crew Boss was Deon Lodge. At this time, Lodge was assigned to be the mock victim. (Crew members saw Fitzpatrick talking to Lodge, therefore, they most likely assumed that something was about to happen regarding the simulation using their crew.)

Fitzpatrick reviewed the scenario with Lodge—providing sideboards on symptoms, the role of play acting, and discussing potential problems. At 1000 hours, ICP communications was called and asked to make the announcement on both command channels that the simulation was to begin. Communications made this general announcement.

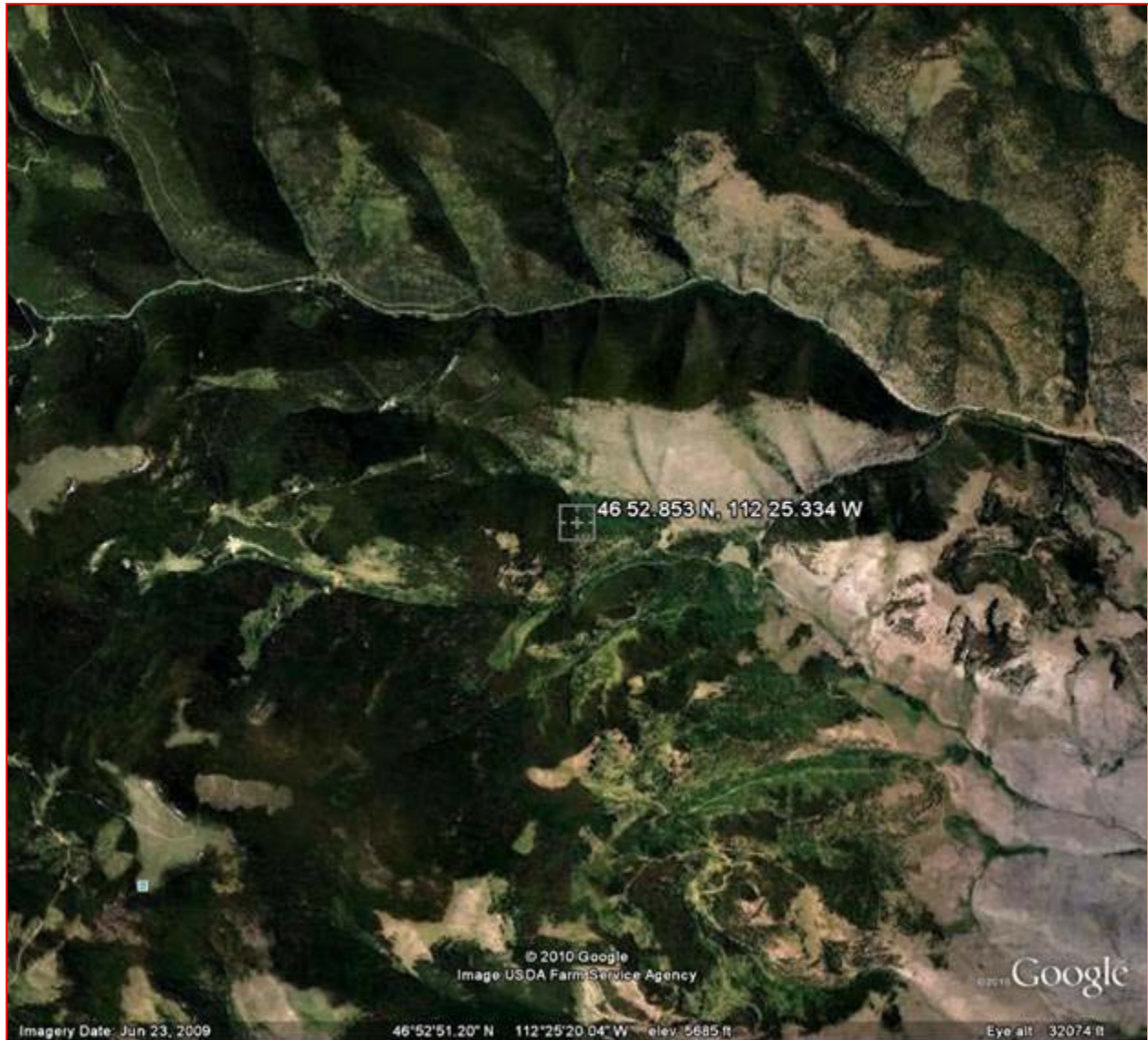
B. Chronology of Simulation Events

At the beginning of the simulation, the Fort Belknap #1 Crew was located just above a small mid-slope scree area, approximately 75 yards uphill from lat/long N 46 52.853 by W 112 25.334. The Northern Cheyenne Crew was building handline just above the Fort Belknap #1 Crew.

The Fort Belknap #1's Trainee Crew Boss, Deon Lodge (the simulation's mock victim) informed adjacent firefighters that he had been stung by a bee. They asked if he was allergic. He said no, he was fine.



The general location of the area in which the simulation is initiated—where the firefighter said he had been stung by a bee. (Photo taken before the Davis Fire occurred.)



The general location of the area in which the simulation is initiated.

1002 Hours

- ❖ A Fort Belknap #1 Squad Boss calls the Crew Boss and notifies him that Trainee Crew Boss Deon Lodge has been stung by a bee and there was no adverse reaction.

1003 Hours

- ❖ Lodge begins to have some minor symptoms. He sits down. The Task Force Leader is notified that Lodge has been stung.
- ❖ Communications are between crew members, Crew Boss, and the Task Force Leader.

- ❖ Task Force Leader Hetts communicates an ETA of approximately 10 minutes.
- ❖ Inter-crew communication goes out that the crew does not have an EpiPen. *[An EpiPen® is an “auto-injector” that injects a single dose of epinephrine (into the person’s thigh) for the emergency treatment of severe allergic reactions (anaphylaxis). Using this instrument to treat an allergic reaction immediately, provides the time for the person to then receive hospital or medical center care.]*
- ❖ The Northern Cheyenne Crew—working directly above the bee sting incident—continues to saw and build line.
- ❖ There is radio traffic that Alpha Medical is moving up from current position.
- ❖ More radio traffic provides Alpha Medical information about bee sting victim’s location.
- ❖ Lodge’s symptoms worsen. He says that he doesn’t feel well. He is now lying stretched out on the ground.
- ❖ A Fort Belknap #1 Squad Boss asks immediate crew members to hold up on line building.
- ❖ An EpiPen is brought down from the Northern Cheyenne Crew. *[For the simulation purposes, it is assumed that the EpiPen is administered—but is ineffective.]*
- ❖ Radio communication from Fort Belknap #1 Crew Boss to Task Force Leader informs that the patient has been given the EpiPen, but it is not helpful. There is some talk that the victim is allergic to epinephrine—and that Lodge has said this.
- ❖ It is noted that Lodge is mobile at this time. With help, he can be assisted in moving downhill.
- ❖ *[During these first several minutes, good inter-crew communications among the Fort Belknap #1 crew members are apparent on this sudden incident within an incident.]*

1008 Hours

- ❖ Fort Belknap #1 Crew Boss Wing is designated as “Point of Contact”.
- ❖ Over the radio, it is announced that Operations Chief Thompson will handle fire operations and the other Operations Chief will respond to the (bee sting) incident.
- ❖ Inter-crew communications indicate that the victim’s symptoms are worsening. It appears that he is going into shock.
- ❖ The Point of Contact (Crew Boss Wing) directs crew members to cover the victim and elevate his feet. They try talking with him, but he is in and out of coherency. This updated condition is communicated on the radio from Point of Contact/Crew Boss Wing to Davis ICP Communications.
- ❖ Radio comms occur between Task Force Leader Smith and Alpha Medical.

- ❖ Radio traffic from Davis ICP Communications to Point of Contact Wing asks if there are EMTs or responders on site. Point of Contact answers: No.
- ❖ Division Supervisor Sampson radios his location and ETA to the scene.

1013 Hours

- ❖ Radio commo from Point of Contact Wing requests medivac for the victim. Division Supervisor Sampson confirms.
- ❖ Task Force Leader Hetts is on scene and assumes on-scene command.
- ❖ Victim is still on the ground, covered, being kept warm and dry. (*It has started to lightly drizzle out on the line.*)

1014 Hours

- ❖ Patient is having more problems. His eyes are swelling. Having some problems with breathing. This is communicated from Point of Contact/Crew Boss Wing to Task Force Leader Hetts.

1015 Hours

- ❖ The decision is made to start transporting patient downhill using crewmembers. Task Force Leader Hetts helps direct. Crew Boss Wing takes charge of organizing how to carry patient.
- ❖ Crew Boss Wing directs his Fort Belknap #1 Crew to stop work, drop tools, and assist in the patient transport. At this point, the entire crew is engaged with this medical emergency. The North Cheyenne Crew, located directly above, continues working on their line building assignment.
- ❖ An effective “carry out” technique is utilized, with seven to eight crew members—three on each side, one on head and one below.
- ❖ Task Force Leader Hetts is walking directly beside and below the carry-out, helping direct.
- ❖ Radio commo is made from Point of Contact/Crew Boss Wing to Davis ICP Communications that the patient is being carried down by the crew and that there is still no relief to adverse symptoms.

1018 Hours

- ❖ Transfer of Point of Contact from Crew Boss Wing to Task Force Leader Hetts is announced over radio.

- ❖ Radio communication/updates are established between the Task Force Leader and Division Supervisor Trainee.
- ❖ The Fort Belknap #1 Crew members continue to try to verbally communicate with the patient. Patient carry is orderly.
- ❖ Radio communication regarding the ETA of Mercy Flight (the local hospital's "life flight" emergency helicopter unit) being 45 minutes out is broadcast between Davis ICP Communications and Division A Supervisor Trainee Sampson.
- ❖ Task Force Leader Hetts radios his ETA to the Mercy Flight landing site to Division A Supervisor Trainee.

1020 Hours

- ❖ Rain is making footing slick and more hazardous. To avoid anyone slipping and hurting themselves during the simulation, Safety Officer Type 2 Fitzpatrick asks Task Force Leader Hetts to suspend the carry out due to this wet and slippery footing in the scree area. Fitzpatrick directs everyone to walk (not carry victim) through this hazardous scree area to the handline, where it will be safer to resume the carry-out process.
- ❖ A third Point of Contact transition is made from Task Force Leader Hetts to Division Supervisor Sampson.
- ❖ Radio communication updates are given regarding information on the medivac, ETAs, and medical info.
- ❖ The Division A Safety Officer and Point of Contact/Division Supervisor Sampson establish radio communications.
- ❖ Medivac site is being readied for helicopter landing zone. Vehicles are being moved to clear the landing zone area. (This activity is well organized with good control on exact location, lat/long GPS coordinates etc.)
- ❖ Fort Belknap #1 Crew continues to carry the patient down the handline until Alpha Medical Bink and Augustine are met on the handline.
- ❖ EMT Bink immediately assumes medical leadership, asking specific questions and following protocol for a bee sting victim. Additional Epi-injections are (mock) given. Vitals are taken and communicated. The patient is covered to keep warm. A tarp is used to keep him dry.

1030 Hours

- ❖ The Point of Contact remains on scene with medical. There is good control. No overlap problems occur between medical leadership and on-scene transport/evacuation leadership.

- ❖ EMT Bink makes decision to transfer the patient to a plastic roll-up stretcher (sked). This is done in an orderly fashion—protecting the patient. The patient is secured, covered and wrapped-up to safely transport.

1034 Hours

- ❖ Vital signs are taken and communicated.

1035 Hours

- ❖ Radio traffic indicates an ETA of Mercy Flight at 30 minutes.
- ❖ (Point of Contact/Division Supervisor Sampson informs Safety Officer Type 2 Fitzpatrick that the Point of Contact transition from Hett has been confirmed by the incident's communication unit.)
- ❖ Patient is carried downhill. (Crew was transporting him in an orderly and safe manner. Attention is made to footing and obstacles to help safeguard those assisting in the carry.) [Note: The Fort Belknap #1 Crew is conducting the carryout. No additional help is asked for from adjacent crews/personnel.]

1049 Hours

- ❖ Communication unit radios to Point of Contact that Mercy Flight ETA is now 10 to 15 minutes.

1053 Hours

- ❖ It is confirmed that helispot and conditions are still OK for the Mercy Flight.

1054 Hours

- ❖ The carry out is temporarily stopped so EMTs can do a reassessment of the patient's vital signs.

1057 Hours

- ❖ It is communicated from Point of Contact to Davis ICP Communications that patient is approximately two minutes from the helispot.
- ❖ The patient's vital signs are communicated from Point of Contact to Davis ICP Communications.

1100 Hours

- ❖ The simulation exercise is concluded. This is communicated via command to all units—who confirm that they copied that the simulation had ended.

Helpful dialogue and discussion occurred about how things went—as well as what could be done differently next time.

3. After Action Reviews

A. Field After Action Review

A quick “After Action Review” was conducted on site at the location to which the patient was carried. The typical AAR format was utilized.

For more information on the field After Action Review with line personnel, see Attachment D.

Safety Officer Type 2 Butch Fitzpatrick said that, from his perspective, the simulation went well, there was good leadership and response to the situation, and everyone maintained safety and safe outcomes during the one-hour exercise.

In addition, helpful dialogue and discussion occurred about how things went—and what could be done differently next time.

Key AAR Recommendations

- There were three Point of Contact transitions during the simulation event—from Crew Boss to Task Force Leader to Division Supervisor. We need to determine if a transfer of the Point of Contact is necessary when the current Point of Contact is handling the on-scene leadership and communication as needed.
- During the morning briefing, we need to reinforce what medical is available for each division and where and how a response will be made to a serious incident.
- We need to know back-up transport if flight does not work and helispot is not OK to land.
- They could have started moving the patient downhill sooner when he was still mobile.
- They could have asked for help from adjacent crew with the victim carry out. While this was not an issue for this specific incident, had the pack-out been longer and more difficult, there would be a need to ask for additional help from other crews in the area.
- There was good medical response and comms on locations, ETAs etc. However, there was some confusion on radio traffic being given on estimated time of departures and estimated time of arrivals.
- There is a need to know both primary and secondary medivac response.
- If first option is not working, we need to be thinking contingency.
- We need to confirm that the exact nature of the emergency is clearly understood and ask for feedback and response time.

- There was good coordination on making the helispot available for the Mercy Flight and monitoring weather conditions for the landing.
- There is a need to consider having more medivac sites identified, ensuring that they are known and are located closer to where crews are working.
- Overall, the resources on the line felt good about the exercise. The bottom line is that the patient received medical care in 28 minutes from bee sting site to meeting the EMTs on the line.
- With proposed ETAs of Mercy Flight, the patient would have been transported to the helispot when the flight arrived. Therefore, there would not have been much of a delay from sked carry to helicopter.

B. Fire Camp After Action Review

A one-hour—from 1200 to 1300—AAR, led by Safety Officer Type 2 Charles Tuss, was conducted in fire camp involving most of the Incident Management Team. High-quality, active and constructive dialogue in the AAR format occurred on: what went well, what could be done differently next time, and some proposed recommendations for future consideration.

For more information on the After Action Review held in fire camp, see Attachment C.

Safety Officer Type 2 Bob Habeck, who facilitated the event in the field, provided insights on how the simulation proceeded from his perspective.

Key AAR Recommendations

- We need to be sure that we are aware of medical helicopter capabilities on the incident and any constraints on use and what it would take to use a ship for medivac.
- If radio channel is being used to respond to the incident, ask commo to clear the frequency early on. This can be Tac if being handled locally, or Command if needed at the next level.
- We need to ensure that we have a back-up transport should the primary transport fail to be available. For example, continue with land ambulance as well as the Mercy Flight.
- Assure that the incoming flight knows the proper communication channels.
- Regarding Point of Contact transitions, we need to make a judgment call if the transfer is needed—especially if all seems to be going OK.
- Be sure response time is known. That involves getting flight ready: the time from their launch to the onsite helispot, then return flight with the patient.

- Know what medical is on board, or if additional medical is needed to travel with the patient.
- Make sure ETA and ETDs are not getting confused. Make sure info is confirmed by those who need to know.
- In case not all pertinent info is being given, have a set of prompting questions in comms.
- Need to add additional specific info—that clearly identifies available resources—to the 206 Medical Plan.
- We need to use available resources to expedite medical evacuations and not get into the scenario of waiting for a flight to arrive.
- We need to make sure to daily review the knowledge of how we would respond to a medical emergency.
- The simulation was good. We learned from it. The recommendation is to do more such simulations in the future on this IMT on “live” incidents.
- If things are not going well on an actual incident, who has the overall say as to how things are being handled?
- We need to daily designate which helicopter will be the medivac ship and know exactly what its capabilities are.
- If first option is not working, have contingencies in place.
- Be sure that a land ambulance is launched as a backup and keep this unit coming until the patient is in the air.
- Several recommendations from the air folks for assuring that everything is in place for flight communications and response—radio channels, frequency, protocol of landing spot, etc.

- We need to separate the Incident Within an Incident (IWI) protocol to have simple “need to do” type response steps for those on site. An additional page would outline the steps that need to be taken by others supporting the response operation. Currently, there is too much information on the IWI protocol page. It needs to be simplified.
 - More detail is needed in the medical plan which daily spells out how a response would be made to a medical emergency.
 - In the IWI protocol, we need to be sure that we spell out responsibilities for on-scene Crew Bosses and Task Force Leaders and the various positions below the Division Supervisor organizational level.
 - If the response time for Advanced Life Support to personnel working the fire is not acceptable (one hour, according to Medical), then this needs to be addressed in the 215 A to identify the hazard and incorporate possible mitigation measures, such as consideration of more medivac sites, EMTs on the line and closer to crews, etc.
 - When moving a patient in a stretcher, be sure to lineup enough personnel to carry safely—especially on steep/rugged hazardous ground.
 - Will a helispot be dedicated to solely medivac purposes, or can other work be done out of it?
 - One recommendation was to establish a protocol to be understood that we only request a helicopter medivac when the event/situation is life threatening.
 - Make sure that medical personnel are on board the helicopter medivac flight that is responding. Know these personnel’s specific life support capabilities.
-

4. General Recommendations

General Recommendations

From the Simulation's Facilitator, Safety Officer Bob Habeck

A. Incident Action Plan Components

- Revise and expand the ICS 206 Medical Plan to include the following two attachments:
(1) Incident Medical Emergency Plan (Plan); and
(2) Incident Within An Incident Roles and Responsibilities Checklist (Checklist);
- Properly identify all field EMT resources, skill level, resources, and daily locations on ICS 206; and
- Adopt Example Plan and Checklist that are attached to this report.

B. Simulation Behaviors

- Continue team-building exercises to maintain positive two-way communication;
- Evaluate behaviors and communication methods for the Medical Unit Leader in medical emergency situations;
- Evaluate procedures for developing transportation options that result in best patient care; and
- Review Dutch Creek protocols for minor behavior and communication details such as determining:
 - Actual patient injury evaluation;
 - Point of Contact name and position;
 - EMS name and position;
 - Actual transportation ETD/ETA times to the patient;
 - Number of patients and their weights;
 - Air resource communication channels;
 - Prior clarification on medivac sites that may also be used for drop points, sling sites, etc.; and
 - Command and General Staff communication/interaction techniques.

Attachment A

Example Incident Medical Emergency Plan

INCIDENT MEDICAL EMERGENCY PLAN

Medical Emergency = Any Life-Threatening Injury or Illness*

[***NOTE**: Non-medical emergencies requiring transport should be clearly stated as such.]

The following actions must be taken during a medical emergency by the Division Supervisor or his/her designee:

- (1) Declare the medical emergency to the Communications Unit.
- (2) Request a designated frequency to be cleared for emergency radio traffic.
- (3) Identify nature of medical emergency; current patient assessment, treatment and location.
- (4) Identify on-scene Point-of-Contact person. Include Name and Position.
- (5) Identify on-scene Medical Contact person. Include Name and Position.
- (6) Identify preferred mode(s) of transportation. If by helicopter, i.d. number of riders and individual weights.
- (7) Identify any additional resources / equipment (transport and medical).
- (8) Identify any relevant changes to situation as it occurs: contact persons, patient assessment, location, transportation, weather, fire behavior, etc.
- (9) Document all information received and transmitted on the radio and/or phone.
- (10) Follow through with ICP Medical, Safety, and Operations.

Procedures and Protocols

- (1) **Reference ICS 204** – Division Assignment List. Identify information regarding specific site concerns, environmental influences, and/or other challenges.
- (2) **Reference ICS 220** – Air Operations Summary. Identify information regarding incident aviation resources, capabilities, response times, frequencies, medivac, DP, other Long/Lat information; and/or other aviation challenges.
- (3) **Reference ICS 206** – Medical Plan. Identify / confirm appropriate medical response through patient evaluation checklist (2010 IRPG page 42), including identification of potential evacuation / evaluation resource assigned to incident.
- (4) **Reference 215A** – Incident Safety Analysis. Identify specific hazards associated with transportation response including Advanced Life Support and the identified mitigation tactics.
- (5) **Contingency Planning** - Identify alternative response plans and/or procedures if the preferred option becomes unavailable or identified resources

Attachment B

Example Incident Within An Incident Roles and Responsibilities Checklist

Primary Responders Checklist

Line Manager (CRWB, STLC, STEN, TFLD)

- Immediately respond to scene
- Provide leadership to situation
- If necessary, delegate to subordinate

Division Supervisor

- Immediately respond to scene
- If necessary, delegate to subordinate
- Implement IAP Medical Emergency Plan

Communication Unit leader

- Notify Medical Unit and CGS
- Document all communications
- Follow IAP Medical Emergency Plan

Medical Unit Leader

- Assess nature of patient injury
- Follow 2010 IRPG page 42
- Follow IAP Medical Emergency Plan

Operation Section Chief

- Responsible for IWI
- Responsible for continued fire op's
- Follow IAP Medical Emergency Plan

Safety Officer (line and team)

- Assist DIVS in field (line)
- Assess ICP response (team)
- Follow IAP Medical Emergency Plan

Air Operations Supervisor

- Coordinate all IWI air support
 - Provide on-site assistance
 - Follow IAP Medical Emergency Plan
-

Secondary Responders Checklist

Incident Commander

- Notify agency administrator ASAP
- Ensure for normal fire operations
- Coordinate with PIO on message

Public Information Officer

- Coordinate with Incident Commander
- Gather facts, prepare media message
- Ensure for normal fire operations

Logistics Section Chief

- If at ICP, take command of scene
- If on line, coordinate transportation
- Coordinate with other CGS

Liaison Officer

- As necessary, contact local officials
- Coordinate with stakeholders
- Coordinate with other CGS

Plans Section Chief

- Incident Stress Debriefing Team?
- Ensure for all documentation
- Coordinate with other CGS

Attachment C
AFTER ACTION REVIEW NOTES
CAMP PERSONNEL

**Davis Fire
Incident within an Incident
After Action Review – August 30, 2010**

Introduction: Charles Tuss

The goal in doing this simulation is to:

- 1) Determine if the medical evacuation and 'Incident within an Incident' plans meet protocols.
- 2) Determine how well we followed the plan.
- 3) Determine if there are any shortfalls or processes that could be improved upon.

Overview: Butch Fitzpatrick, on site SOF2

- Butch observed Divisions reviewing procedures for the 'Incident within an Incident' during breakouts after the morning briefing, including reviewing helispots. Helibase worked on some tactics that would make them respond faster to the incident after briefing. They also timed what it would take to re-configure for medivac flight.
 - Is this being done daily, or just today since we are having a simulation?
 - Maybe this should be incorporated daily into the IAP or briefing discussions.
- Scenario: Fort Belknap crewmember was stung by a bee at 10 am. At first, no reaction.
 - Good initial reaction by crews, although it took a while for the Crew Boss to contact Safety Officer.
 - Initial call went to Communications at 1009 hours
 - At 1005 hours, the emergency was declared on site.
 - Good heads up from leadership and crew.
 - Crew nearby wasn't engaged except for bringing down an epinephrine (epi) pen
 - Spent quite a bit of time with victim on site. Could have moved the patient sooner
 - Point-of-contact (POC) – 2 confirmed – just because a higher qualified person shows up doesn't mean you have to transition immediately to them as the POC. We need to keep the same POC to reduce confusion. There were 3 POC transitions.
 - Didn't hear any confusion with terminology (on site commander vs. point of contact)
 - Trainee DIVS transferred the fire suppression operations to the other DIVS and remained the POC for the 'Incident within an Incident'.
 - Good initial on site EMT use, once the patient met EMTs on the line.
 - Simulation facilitator suspended pack out operation due to slippery and steep slopes.
 - Line EMT response time was good – met EMT on the line during transport. (28 minutes)

- EMT assessed patient and what response would be needed.
 - To pack a patient off the line, this takes quite a few people – the patient was initially carried using a fireman’s carry, then was transferred onto a backboard.
 - Good communication on response of Mercy Flight. Everyone knew of this response. ETAs were announced.
 - Transferred patient over to packable stretcher.
 - Good communication on vitals – this was acknowledged by Communications Unit.
 - Not a designated medivac site. At beginning, site was made ready & site was confirmed okay. Vehicles were moved to accommodate.
 - Overall, communication went well.
 - Reassessment of patient went well and was periodic.
 - The request to clear radio traffic happened on Command Channel, but not on the Tactical Channel. This was confusing. Was there a need to clear radio traffic?
 - Overall, a good job done by all who participated.
- Main points:
 - Transitions of POCs.
 - DIVS realized the incident was on a tough piece of ground. Everyone needs to have situational awareness and be thinking of other possible scenarios.
 - No one got hurt today during the simulation and potential was there.

Feedback: Bob Habeck

Bob assessed the IAP and implementation of the Medical Evacuation and ‘Incident within an Incident’ plans.

- How do the human factors effect interaction of the Command & General Staff members.
 - No egos or fighting among the C&G, everyone was cooperative.
 - The team Safety Officers, Operations Section Chief, and Medical Unit Leaders all communicated and compared notes well.
- On site, the crew boss could have been able to give vitals that would be valuable to any incoming EMT’s or the Medical Unit.
- The team should look into establishing expectations of EMTs by the Medical Unit. Needs to be a constant establishment of vitals within a time frame. For example: Vitals can be reported every 5 minutes.
- Assess the medical “camp” vs. medical in-the-field operations.
- Patient Transportation via vehicle
 - Very good discussion
 - Should keep ambulance coming even if a medivac helicopter or Mercy Flight has been ordered.
 - We need to be doing what is best for the patient.
- ETDs and ETAs
 - Big differences between these.

- We need to know the location of the patient and where this person will be picked up (i.e. drop point vs. helispot)
- Overall, folks got along, no egos were involved.

Discussion

- The Medical Unit Leader commented on getting patients vitals. She doesn't want to overload the on-site EMTs with being on the radio when they need to be taking care of the patient.
- Air Operations
 - When medivac ship was requested – was it an incident ship or a Mercy Flight?
 - Ties into what's the best thing we need for the patient. Is there a better way to do things?
 - Team Safety Officer commented that this was confusing – need to iron out this situation.
 - Should Communication Unit be talking to Helibase? We need to decide if we go to AOB or helibase. There is a potential for breakdown in communications from the helibase.
 - Air Guard was a big thing and would be a useful tool. Helibase or ground resources can talk to Life or Mercy Flight – everyone has the frequency. We can't run the whole incident off Air Guard though, just the coordination of the aircraft.
 - Medivac Site
 - Was it a new site or preexisting? Needs to be communicated.
 - How do we maintain going about keeping track of the medivac sites – documenting and approving them?
 - Is the spot going to be strictly a medivac or a multiple-use site?
 - Who makes the call to deconflict? How do we go about doing all this?
 - Will there be Air Ops on site to manage aircraft? What does that mean? Will there be a manager and EMT on board of a medivac helicopter?
 - Do we need to know if an EMT is on scene with the patient? In this scenario, the Medical Unit had to ask.
 - EMTs on site would like to interface with medivac and Mercy Flight
 - Call for Medivac ship on Air to Ground
 - Need to designate a Medivac helicopter for the shift.
 - Mercy Flight is 1st choice, then incident medivac for this area.
 - IMT Safety Officer: There is confusion in the medical plan – should have been the first order – our knowledge was we didn't have a helicopter on site to do a Medivac.
 - In the plan, we made a decision to call ALS
 - Air Support Group Supervisor: The Team Medical staff could coordinate needs to be included in the plan – talk to local resources.
 - IMT Incident Commander: 1st trigger regular ALS; in ICS 220 – we could list the helicopter capabilities and make them well known.

- Question: Air resources vs. Air Guard
 - Priority Air Guard (if an incident occurs, all other ships will be listening to the Air Guard channel of the incident and would be distracted).
 - On smaller incidents, would shut down entire air operations.
 - Air operations should contact each aircraft on the incident.
 - Is working off of Air Guard more of a detriment than a benefit?
 - No, it is a well known by incoming Mercy Flights.
 - Is it legal to use Air Guard for the communications for emergency?
 - Communications Unit Leader: Air Guard is an emergency frequency.
 - Air and Communications Units will work on this and get it in the plan.
- How did our plan meet the protocols?
 - Simulation Facilitator: All IMTs need to incorporate this protocol into daily operations.
 - Changes to the 206 – with an attachment outlining the 9 or 10 step process.
 - DIVA got prompted but used the protocol.
 - Need to include time frames, ETDs and ETAs.
 - The plan should be a tool to prompt questions to ask during an 'Incident within an Incident'.
 - Need to do a few formatting edits.
 - Identify options and what can be done.
 - 'Incident within an Incident' plan should be used as a prompting tool – needs to be geared to all personnel.
 - Doesn't fit everyone
 - Doesn't have the crewboss or TFLD identified.
 - With a little formatting and work, the current plan would be dialed in.
 - IMT Safety Officer: Kicking around options – would like to work on it in the off-season and present the improved plan at next year's pre-season meeting.
 - Medical Unit Leader: Medical Question. When the incident was first called in – didn't know who was 1st on scene and if it was a life-threatening emergency. The Medical Unit didn't have enough information.
 - IMT Safety Officer: Should medical ask these questions or should the point-of-contact know?
 - Medical Unit Leader: More communication upfront would be useful.
 - Plans Unit Leader: Primary vs. Secondary Response
 - Primary would be Medical Unit and Communications.
 - Secondary would let the folks do what they needed to do to allow the players to take charge and do the tasks assigned to them.
 - Operations and IC need a remote antenna installed into their tents/trailers to alleviate congestion in the Communications tent but to remain informed.
 - IMT Safety Officer: Need to identify hazards and mitigations on 215A.

- 206 vs. Incident within an Incident.
 - Only heard Division A Supervisor on the radio. Can have an on scene communications and Point-of-Contact
- IMT Incident Commander and Incident Commander Trainee: Good job at implementing the simulation. Very useful.
- Documentation: Give to Plans, they will file it into the documentation packet
- IMT Incident Commander to IMT Safety Officer: Look at the Wildland Fire Lessons Learned website to see if there would be any useful information that we could put into our plan.

[These notes were taken by Karly Krausz on August 30, 2010 at 1200 hours.]

Attachment D
AFTER ACTION REVIEW NOTES
LINE PERSONNEL

Davis Fire
Incident within an Incident
After Action Review – August 30, 2010 (Line Personnel)

Introduction: Charles Tuss

The goal in doing this simulation is to:

- 1) Determine if the medical evacuation and 'Incident within an Incident' plans meet protocols.
- 2) Determine how well we followed the plan.
- 3) Determine if there are any shortfalls or processes that could be improved upon.

Overview:

Joe Sampson DIV A (t) gave an overview on what went on with the simulation on the line.

Bob Habeck gave an overview of the interaction/response at ICP

Issues

- The request for vitals over and over was a distraction.
- Personnel on the line sensed confusion in what helicopter was coming.
- Question were raised on how/why we don't have dispatch qualified personnel running the radios.
- More medivac spots may be needed.
- Better maps are needed.
- There was discussion on the tradeoff with point of contact is need to be known at camp—or, is this tradeoff even needed at all?
- Frequencies for the helicopter to use for IWI needs to put in the plan.
- Who makes the decision on the helicopter?
- We need more EMTs and paramedics.
- The use of air ambulance vs. medivac ship was discussed.